South Carolina Attorney General's Office
South Carolina Crime Victim Services Division
Department of Crime Victim Compensation (DCVC)

DCVC Additional Counseling Sessions Request Form

Today's Date: ____/____/_______ Date of this victim's first session: ____/____/_______

- DCVC's mental health policy provides an incremental approach to outpatient mental health sessions' limitation.
- This form must be submitted to request approval/preauthorization for payment of additional sessions.
- Approval/preauthorization is contingent upon the rationale behind the need and the details provided.
- The information provided must include a goal-directed treatment plan and a summary of your assessment toward meeting those goals.

Specific training and qualification: The provider must be a Licensed Mental Health Professional, who has received specific training in evidence based treatment that has been shown to be effective in meeting the needs of criminal victimization on adults, children and families.

Crime Victim Information

Victim's Legal Name: ____
Claimant (if a different person): ______________________________________
Claim #: ___________ Crime Date: __________

Diagnosis Information

What is your diagnosis?____
Briefly describe the symptoms/conditions you are treating that are a **direct** result of the crime.

Provide the multiaxial diagnosis: ____

Treatment Plan

Has there been substantial progress toward recovery from the crime related condition? Yes ____ No ____
Estimate treatment duration: From: ____/____/____ To: ____/____/____
How many additional sessions are you requesting? _____
What is your evidence-based treatment model? ____
What is your training in the use of this model? ____
What is your plan for termination? ____
____

Provider Information

Provider must furnish the following information. The victim must sign and date this form.
Print name: ____License type and number: _________________
Name of Facility/Business: ____________________________Phone Number: ___________________________
Victim/Claimant signature and date: ____

Department of Crime Victim Compensation (DCVC)
Edgar A. Brown Building, 1205 Pendleton Street, Room 401, Columbia, SC 29201
Telephone 803-734-1900 ● Facsimile 803-734-2261