



**New Mexico Crime Victims Reparation Commission
Priority Processing Cover Sheet**

Email: cvrc@state.nm.us

Fax: (505) 841-9437

Victim Information		
Last Name:		First Name:
Claimant Information (If Different Than Above)		
Last Name:		First Name:
Undue Hardship		
<p>Priority Processing means EXPEDITING the review of a NMCVRC application to determine ELIGIBILITY for compensation. There must be undue hardship to qualify for Priority Processing. Please explain the undue hardship to this individual.</p>		
District Attorney's Office Victim Advocate Information		
Last Name:	First Name:	Work Phone:
Email:	Judicial District:	Work Cell Phone:
Victim Advocate's Signature:		Date:
And/or Victim's Signature:		Date:
Have You Provided The Following Information (Please Check Boxes)		
<input type="checkbox"/> A priority processing cover sheet <input type="checkbox"/> A complete/signed NMCVRC application <input type="checkbox"/> A copy of the police report/any additional supplementals <input type="checkbox"/> A copy of the funeral bill/signed contract		
<p>NMCVRC will not be able to consider your request for Priority Processing unless all requested information is included.</p>		