



VIRGINIA VICTIMS FUND

Helping Innocent Victims of Crime

OFFICIALLY CRIMINAL INJURIES COMPENSATION FUND

CLAIM WITHDRAWAL FORM

Claim Number	
Claimant Name	
Claimant Address	

I hereby withdraw the above-referenced claim from consideration with the Fund and waive all rights and further interests in this claim, including the right to appeal.

CLAIMANT PRINTED NAME:

CLAIMANT SIGNATURE:

DATE:

Submit this form by fax to 804-823-6905 or
mail to P.O. Box 26927, Richmond, VA 23261