



# Van H. Wanggaard

Wisconsin State Senator

March 28, 2023

## Testimony on Senate Bill 57

Thank you committee members for hearing Senate Bill 57 today. As many of you know, I have spent many years fighting for crime victims and their families. The bill that I am bringing forward today addresses a unique problem facing certain crime victims that I believe needs to be addressed.

Senate Bill 57 makes a change to the Crime Victim Compensation Fund (the Fund) by allowing building owners, whose building was damaged or destroyed by means of fire or explosives (arson) to be eligible to be reimbursed through the Fund for expenses that resulted from that crime.

The Crime Victim Compensation Fund is one way for innocent victims to recoup expenses that were a result of a crime. The Fund has very specific rules for who is eligible. Currently, in order for someone to be eligible, they need to be a victim of a crime specified by DOJ, and have suffered physical injury, or be a family member of someone who was killed, among other things.

In addition to the eligibility requirements, there is a \$40,000 maximum claim limit that can be awarded to a person. In 2021-2022 the average amount paid per claim was \$4,092. Therefore, the award amount may not always cover all of the victim's expenses but it is meant to alleviate some financial stress.

For many people, the largest investment a person will make in their life is in their home. For small business owners, it may be in their business, or the building that their business is in – which for some is their home too. Losing it has devastating financial consequences. Unfortunately, if a person loses their home or their business due to arson they are not eligible for the Crime Victim Compensation Program. I believe this is wrong, and that's why I propose we make this change.

Arson victims lose their shelter, sources of income, and livelihoods. Providing them assistance in their moment of need will alleviate some of the financial burden, and help individuals get back on their feet.

Thank you for your consideration of Senate Bill 57. I encourage you to support its passage.

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# SHAE SORTWELL

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STATE REPRESENTATIVE • 2<sup>nd</sup> ASSEMBLY DISTRICT

**Hearing Testimony**  
**Senate Committee on Judiciary and Public Safety**  
**March 28, 2023**  
**Senate Bill 57**

Chairman Wanggaard, my co-author, and members of the Senate Committee on Judiciary and Public Safety – Thank you for giving me the opportunity to speak on SB 57, which would provide victim compensation for damage to a building by means of fire or explosives.

Innocent victims of violent crimes often undergo financial hardships as a result of the offenses committed. As a resource for compensation to pay for these hardships, such as medical treatment, lost wages, and funeral expenses, the State of Wisconsin provides a Crime Victim Compensation Program for victims of certain crimes.

One serious crime not included as compensable is damage to a building via fire or explosive (arson), which is currently a Class C felony. Although not physically injured, arson victims suffer significant financial loss. We all heard the tragic stories of the building and small business owners who were victims of the 2020 Kenosha rioting. You will also hear from one of my constituents, who would have benefited from this bill when his barn was set on fire and insurance did not cover the full amount.

This legislation would add arson victims as a party to potentially be compensated by the Crime Victim Compensation Program. The financial assistance will help victims and their families get their lives back on track and help rebuild their homes and small businesses.

I appreciate the opportunity to testify on this legislation and would gladly answer any questions the committee may have.


**WISCONSIN**

# CRIME VICTIM COMPENSATION PROGRAM APPLICATION INFORMATION

An application may be filed by, or on behalf of, a person who was injured or died as a result of the crime. The Program may help with certain expenses such as medical or mental health bills or other losses directly related to the crime. **Personal property losses including cash and "pain and suffering" cannot be reimbursed by the Program.**

## WHAT TO DO – KEEP THIS INFORMATION SHEET FOR YOUR REFERENCE

- **PLEASE PRINT CLEARLY.** Separate applications must be completed for each injured victim.
- Enclose **itemized** copies of crime-related medical bills. Send copies of other itemized crime-related medical bills as they are received. This Program requires that the bills be itemized.
- Crime-related medical bills must first be sent to all other payment sources available, i.e. health insurance, Medical Assistance, Badger Care or another payment source. You must use a medical provider that accepts your insurance plan. Otherwise, this Program may not be able to reimburse for those expenses.
- This Program may pay expenses incurred within 4 years of the date of the crime or until the claim reaches \$40,000 maximum, whichever comes first.
- Send the completed application to the Crime Victim Compensation Program as soon as possible. Do **not** wait until court is over or treatment is completed.
- Return the completed application to the address listed on the bottom of this page. The applicant will receive a letter or, if specified, an email from the Crime Victim Compensation Program acknowledging receipt of the application. Notify the Program of any change in address, email or phone number. If you have any questions, call the Office of Crime Victim Services at 608-264-9497 or 1-800-446-6564.

## ELIGIBILITY REQUIREMENTS

Eligibility for Crime Victim Compensation:

- The crime must be reported to law enforcement within 5 days of the date of the crime or within 5 days of the time when a report could reasonably be made.
- The application must be filed within 1 year of the crime date.
- These requirements may be waived in the interest of justice. If the crime was not reported within 5 days or the application was not filed within 1 year, include a brief but detailed written reason for the delay.
- The victim must cooperate with the investigation and prosecution of the case.
- A restitution request must be made to the District Attorney's Office if the criminal case is being prosecuted. Provide all restitution information promptly to the District Attorney's Office as they request it.
- Parents of victims who are under the age of 18 may be eligible for lost wages and counseling expenses incurred due to the crime. Limits apply and itemized bills or documents are required.
- Adults victimized as children can apply for benefits. The program can pay eligible expenses for four years or \$40,000 maximum. Other eligibility requirements still apply.

**NOTE:** If a claim is approved, the Program may be able to assist certain family/household members of the deceased victim with losses due to emotional/physical reactions to the death. More information can be obtained by calling the Crime Victim Compensation Program.

- Any money received from other sources such as restitution, lawsuits, insurance settlement, etc. **must be repaid** to the Crime Victim Compensation Program for crime related expenses paid by the Program.

**Wisconsin Department of Justice**  
**Crime Victim Compensation Program**  
 Post Office Box 7951  
 Madison, WI 53707-7951  
 (608) 264-9497 or 1-800-446-6564 (Toll-free)  
[www.doj.state.wi.us/ocvs](http://www.doj.state.wi.us/ocvs)

*All information will be verified by the Crime Victim Compensation Program.*  
*Section 949.17 of the Wisconsin Statutes provides penalties for persons who submit fraudulent applications.*

	WISCONSIN	<h1 style="margin: 0;">CRIME VICTIM COMPENSATION APPLICATION</h1> <p style="margin: 0;">Post Office Box 7951 Madison, WI 53707-7951 (608) 264-9497 or 1-800-446-6564 (Toll-free) WI Statutes Chapter 949</p>	<p>CLAIM NO: _____</p> <p>DATE RECEIVED: _____</p> <p style="text-align: right; font-weight: bold;">(For Office Use Only)</p>
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PLEASE BE SURE TO SIGN THE APPLICATION ON THE LAST PAGE  
THE APPLICATION MUST BE FILED WITHIN 1 YEAR OF THE DATE OF THE CRIME

SECTION 1: VICTIM/DECEASED VICTIM INFORMATION					
1. Victim's First Name		Victim's Last Name		2. <input type="checkbox"/> Female <input type="checkbox"/> Male	3. Date of Birth / /
4. Last Four Digits of Victim's Social Security Number XXX - XX - _____		5. Mailing Address			Age at time of the crime <input type="checkbox"/> 0-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-59 <input type="checkbox"/> 60 and older
6. City		7. State	8. Zip Code		9. County
10. Home Telephone ( )		11. Cell Phone ( )		12. E-mail I prefer to be contacted by e-mail. <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Is the victim/applicant represented by a personal attorney due to this crime:  In filing this application? <input type="checkbox"/> Yes <input type="checkbox"/> No In a civil lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No In an insurance action? <input type="checkbox"/> Yes <input type="checkbox"/> No			14. Name of Attorney Telephone ( )		
			Street Address		E-mail
			City		State      Zip Code
15. <i>The following information is used for statistical purposes only and is needed to comply with federal regulations</i>				Do you need a Spanish interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Disabled  Before Crime: <input type="checkbox"/> Yes <input type="checkbox"/> No After Crime: <input type="checkbox"/> Yes <input type="checkbox"/> No		B. Race/Ethnicity:  <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Other		If you need interpretation services in another language, please identify the language: _____	
C. How did you learn about the Compensation Program? (Check all that apply)					
<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Attorney <input type="checkbox"/> Probation or Parole <input type="checkbox"/> Friend <input type="checkbox"/> Poster or Brochure <input type="checkbox"/> District Attorney <input type="checkbox"/> Sexual Assault Program <input type="checkbox"/> Newspaper <input type="checkbox"/> Relative <input type="checkbox"/> Public Service Announcement <input type="checkbox"/> Victim/Witness Program <input type="checkbox"/> Domestic Abuse Program <input type="checkbox"/> Funeral Director <input type="checkbox"/> Hospital <input type="checkbox"/> Other					

SECTION 2A: PARENT/LEGAL GUARDIAN INFORMATION IF VICTIM IS A MINOR; OR APPLICANT CONTACT INFORMATION IF VICTIM IS DECEASED					
1. Person's Name			2. Relationship to Victim		
3. Mailing Address			4. City	5. State	6. Zip Code
7. Home Telephone ( )		8. Cell Phone ( )		9. E-mail I prefer to be contacted by e-mail. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 2B: THIS SECTION IS FOR VICTIM ADVOCATES OR VICTIM WITNESS STAFF WHO ARE PROVIDING ASSISTANCE					
1. Name		2. Organization/Title		3. Work Phone ( )	
4. Address			5. E-mail		6. Alternate Contact for Victim <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SECTION 3: CRIME INFORMATION</b>				
1. Type of Crime (Check all that apply)				
<input type="checkbox"/> Homicide	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Hit and Run of Pedestrian, Bicycle or Buggy	<input type="checkbox"/> Drunk Driving / DUI	
<input type="checkbox"/> Attempted Homicide	<input type="checkbox"/> Child Physical Abuse	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Assault/Battery	<input type="checkbox"/> Child Sexual Abuse	<input type="checkbox"/> Robbery		
Did the crime involve? <input type="checkbox"/> Domestic or Family Violence <input type="checkbox"/> Bullying <input type="checkbox"/> Elder Abuse <input type="checkbox"/> Hate Crime <input type="checkbox"/> Mass Violence				
2. Location of Crime: Street Address _____		3. City _____	4. State _____	5. County _____
6. Date of Crime / /	7. Date Crime Reported / /	8. Law Enforcement Agency to which crime was reported _____		Officer's Name _____
If crime date is approximate, provide details.				
9. Offender(s) Name(s): _____				
10. Did victim know offender(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what way? _____				
Description of crime (optional): _____				
<b>SECTION 4: MEDICAL/MENTAL HEALTH EXPENSE INFORMATION</b>				
1. Name and address of medical facility where victim was first treated: _____			2. Date of Treatment: / /	
3. Mental Health Treatment received, or to be received? By victim? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown By parent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
<b>SECTION 5: MISCELLANEOUS EXPENSES</b>				
Caretaker Services \$ _____	Documented Crime Scene Cleanup \$ _____			
Securing a Crime Scene \$ _____	Modifications to home to accommodate a disability \$ _____			
Clothing/bedding/telephone/electronic devices held as evidence and the reasonable replacement value of each:				
_____ \$ _____	_____ \$ _____	_____ \$ _____	_____ \$ _____	_____ \$ _____
<b>SECTION 6: INSURANCE AND BENEFIT INFORMATION</b>				
1. Was there insurance or other source of payment to cover expenses at the time of the crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach copies of any crime-related itemized bills and explanations of benefits.				
2. Check all that apply:				
<input type="checkbox"/> Employers/Union Group	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Medical Assistance/Title 19	<input type="checkbox"/> Homeowners Insurance	
<input type="checkbox"/> Veterans' Benefits	<input type="checkbox"/> County Assistance	<input type="checkbox"/> Victim/Spouse/Parent Insurance	<input type="checkbox"/> Badger Care	
<input type="checkbox"/> Lawsuit	<input type="checkbox"/> Disability	<input type="checkbox"/> Medicare	<input type="checkbox"/> Other (describe) _____	
<b>SECTION 7: CRIMES INVOLVING MOTOR VEHICLES</b>				
Did the victim have auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Name of company and policy limits: _____		
Did the driver have auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Name of company and policy limits: _____		
Did the offender have auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Name of company and policy limits: _____		
<b>SECTION 8: EMPLOYMENT INFORMATION</b>				
Complete the section <b>ONLY</b> if the victim/parent was employed at the time of injury.			2a. Is the victim/parent self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1a. Did victim miss time from work immediately following the crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			2b. May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1b. Did parent of a minor victim miss work immediately following the crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
3. Dates absent from work due to crime related injuries: From _____ To _____				
4. Name of Employer _____			5. Employer Telephone ( ) _____	
6. Employer Mailing Address _____		7. City _____	8. State _____	9. Zip Code _____



## Compensable Crimes

1. Abandonment of young child
2. Abduction
3. Abuse of children under 16
4. Abuse of residents of penal facilities
5. Abuse of vulnerable adults
6. Aggravated battery
7. Arson
8. Arson (other than a building)
9. Arson with intent to defraud
10. Attempted murder
11. Battery, special circumstances
12. Battery or threat to witnesses
13. Burglary
14. Car-jacking-operating vehicle without owner's consent
15. Causing mental harm to a child
16. Domestic abuse-adult
17. Domestic abuse-child
18. Enticing a child for immoral purposes
19. False imprisonment
20. Felony murder
21. Hazing
22. Hit and run a pedestrian or person riding a bicycle or buggy
23. Homicide by intoxicated use of vehicle or firearm
24. Homicide by negligent control of vehicle or weapon
25. Homicide by negligent control of vicious animal
26. Homicide by reckless conduct
27. Human trafficking
28. Incest with a child
29. Injury by intoxicated use of a motor vehicle
30. Injury by negligent use of a weapon
31. Kidnapping
32. Manufacturing methamphetamine in the presence of home of a child.
33. Mayhem
34. Murder (1<sup>st</sup> and 2<sup>nd</sup> degree)
35. Neglecting a child
36. Operating under the influence of an intoxicant
37. Reckless driving
38. Reckless injury
39. Representations depicting nudity
40. Robbery; purse snatching; confronting a person
41. Sexual assault-minor
42. Sexual assault-adult
43. Sexual exploitation by a therapist
44. Sexual exploitation of a child
45. Sexual intercourse with a child age 16 or older
46. Soliciting a child for prostitution
47. Stalking
48. Strangulation/Suffocation
49. Taking hostages
50. Tampering with household products
51. Theft
52. Theft, extortion, robbery--financial institutions
53. Trafficking of a child
54. Use of a computer to facilitate a child sex crime