

WebFile User Guide for Claimants



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VIRGINIA VICTIMS FUND
Helping Innocent Victims of Crime
OFFICIALLY CRIMINAL INJURIES COMPENSATION FUND



Welcome

Welcome to the Virginia Victims Fund's WebFile Portal guide for claimants.

Using the WebFile Portal, claimants are able to file claims with the Virginia Victims Fund, as well as upload documentation and obtain status of these claims.

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About the Virginia Victims Fund

(Officially the Criminal Injuries Compensation Fund)

The mission of the Virginia Victims Fund (the Fund) is to administer the Compensating Victims of Crime Act in a compassionate, fair and efficient manner. In so doing, the Fund strives to treat every victim and survivor with dignity and respect, recognizing the tremendous impact that violent crime has upon the victim and our society.

The Virginia Compensating Victims of Crime Act was enacted to compensate victims who suffer injuries as a result of a crime. The program is administered by the Virginia Workers' Compensation Commission through the Virginia Victims Fund.

The program is funded through fees levied against individuals convicted of misdemeanors and felonies in Virginia courts and through federal Victim of Crime Act (VOCA) grants. Virginia law (Va. Code Section Va. Code § 19.2-368.11:1 (A), (B), and (D)) distinguishes between mandatory and discretionary expenses. Wage loss is a mandatory expense, and discretionary expenses include things like medical bills, mental health bills, and funeral expenses. The Fund prioritizes mandatory expenses, and the reimbursement of discretionary expenses is contingent upon available funding.

The Fund also administers the Sexual Assault Forensic Exam (SAFE) Payment Program, which is supported by state general funds. The Fund is also responsible for receiving restitution from Virginia courts and locating victims for whom the restitution belongs.





WebFile: Claimant Portal Overview

The WebFile Portal is the Virginia Victims Fund's online portal system designed for electronically filing claims and submitting needed documentation. Using the WebFile Portal, claimants are able to file claims, submit claim documentation and check the status of claims.

Benefits of the Claimant WebFile Portal:

- Submit claim applications quickly and securely
- Upload necessary documentation to process payments
- Verify receipt of documents submitted
- View items still needed to complete the application process

WebFile can be accessed from a computer or smartphone.





Getting Started

Things to Know

- ✓ The Virginia Victims Fund is a state program that reimburses eligible victims of crimes for certain out of pocket expenses.
- ✓ This WebFile platform allows victims of crime to apply to the Fund and if eligible, access their claims online.

Eligibility

- ✓ Before beginning an application, please visit the VVF website for a complete explanation of the crime situations that are eligible and ineligible for the program.

The program reimburses certain expenses directly related to the crime as funding is available. Claimants accepted into the program are still responsible for paying their bills.

Your responses to the prompts on the screen will determine eligibility.

- ✓ Before you begin, please make sure you review the Virginia Victims Fund website for information about how the claims process works and the types of documentation likely needed to process your claim.





WebFile Security

The WebFile system uses a variety of security protocols to help ensure that case records remain confidential. Key components of this structure, which governs access rights, usernames and passwords.

Username

All WebFile users will have individual usernames. The username cannot be changed after the registration and activation process is complete.

Username Criteria

- ✓ Minimum of 6 characters
- ✓ Maximum length of 50 characters
- ✓ Cannot be an existing username
- ✓ May have any of the following: Letters, digits, allowed special characters (@,_,+,.)

Passwords

All users are required to use a password along with their unique username. The initial password will be set up by the Virginia Victims Fund. The user will then set up a new password at the time of activation/registration.

Password Criteria

- ✓ Must be at least eight characters in length
- ✓ Must have at least one number
- ✓ Must have at least one letter
- ✓ Must contain one special character (e.g., \$#@!)

Timeout Feature

The system has been set up with a 45-minute timeout feature. If there is no activity within 45 minutes, the user will receive a message notifying them that they will need to extend the session in WebFile to continue.



IMPORTANT

Entering data is viewed by the system as being idle time--users who take longer than 45 minutes to submit data, or conduct other transactions, will be automatically logged off of the system. All information not saved will be lost.



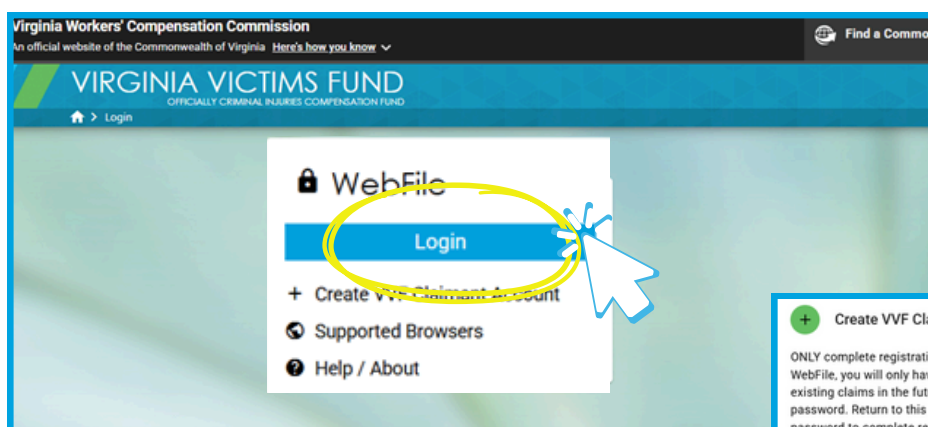
WebFile Registration

- Visit virginiavictimsfund.org.
- Click on “Webfile/Provider Portal Login” above the grey dropdown menu near the top of the screen.

Supported Browsers

We recognize that our users may use a variety of Internet Browsers. In order to provide you with the best experience possible, we recommend using a modern browser such as Google Chrome. These browsers have been tested to ensure optimal usability.

- Click “Create Claimant Account” to begin.



- A popup will appear allowing you to register by entering your email address and name. ONLY complete registration here if you are a Victim/Claimant. By creating an account you will not have access to any claim information until a PIN is entered. Upon completing this page, you will be e-mailed a temporary password. Return to this page and log in using the Email Address provided and temporary password to complete registration. Once registration is complete, you will be able to create and view your claim application using the PIN emailed to you.

Create VVF Claimant Account

ONLY complete registration here if you are a Victim or Claimant. During this initial phase of WebFile, you will only have access to new claims that are entered. We will be adding access to existing claims in the future. Upon completing this page, you will be e-mailed a temporary password. Return to this page and log in using the Email Address provided and temporary password to complete registration.

Email*

Required Field

First Name*

Middle Name

Last Name*

☐ I am a Victim/Claimant

☐ I accept [Terms and Conditions](#)

Register

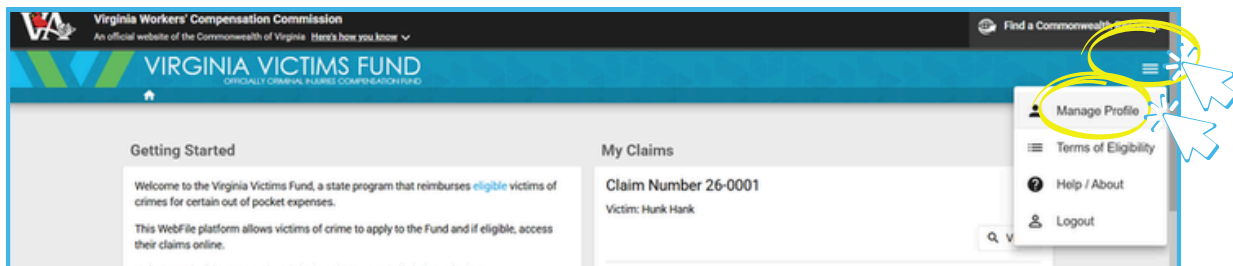
Change Password, Profile Information, Correspondence Preferences and Associated Service Providers



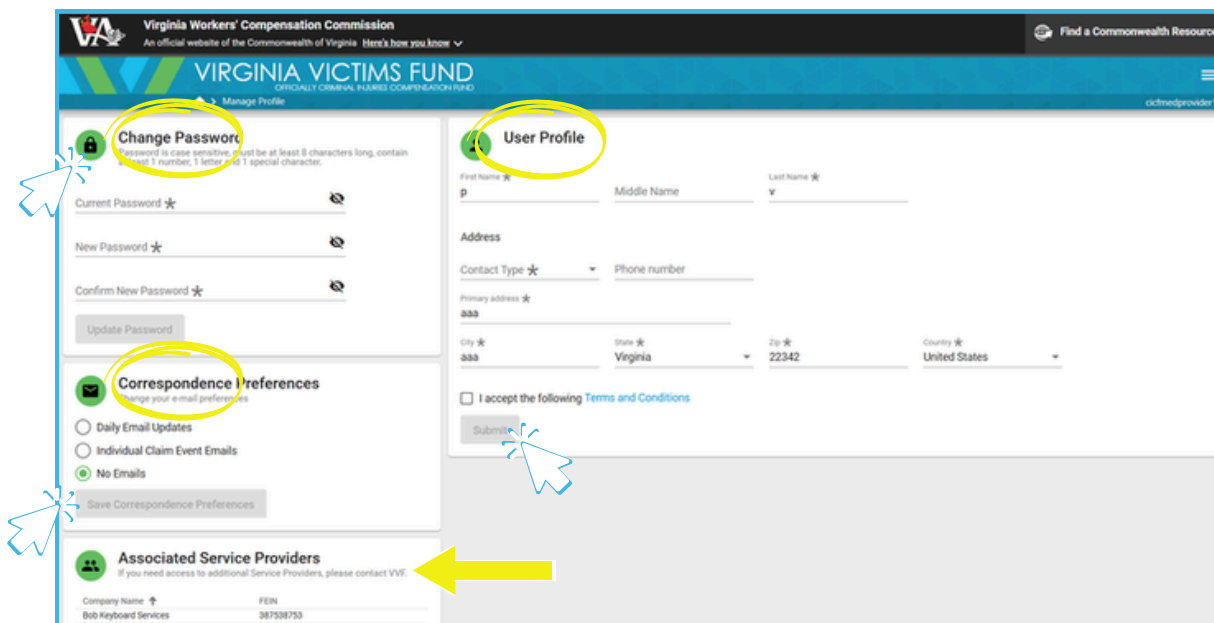
New Users: How to change a password, profile information, correspondence preferences and associated service providers after a profile has been created:

After logging into the WebFile Provider Portal Website,

1. Click the menu dropdown (≡) in the top right



2. Select "Manage Profile"
3. From here, you can choose "Change My Password," "Correspondence Preference," "User Profile," or "Associated Service Providers" and change the information accordingly. (Please note that to change associated service providers, you must contact VVF.)



4. Be sure to click "Update Password," "Submit" or "Save Correspondence Preferences."
5. A confirmation message will appear.

Contact the Fund at status@virginiavictimsfund.org if you cannot remember your password or security question answers. Answers are case sensitive.

- A confirmation message will appear and an email will be sent.
- Retrieve the email from noreply@workcomp.virginia.gov containing the new, temporary password. This password will expire in five days. The email could also land in a spam or junk folder. After logging in with your username and temporary password, you will be required to create a new permanent password and set up three security questions.



Reset Password

Before You Get Started

Remember the WebFile Password Criteria:

- ✓ Must be at least 8 characters
- ✓ Must have at least one number
- ✓ Must have at least one letter
- ✓ Must contain one special character (i.e. @, #, \$, %)

How to reset a password:

On the log in screen, you have the option to request a new password.

1. Click the “Forgot Password” link.

The screenshot shows the WebFile login interface. At the top, there's a 'Login' header with a key icon. Below it is a green box containing a disclaimer: 'By logging in you agree to the below. WebFile is a Commonwealth of Virginia information system. WebFile usage may be monitored, recorded, and subject to audit consistent with privacy accommodations. Unauthorized use of WebFile is prohibited and subject to criminal and civil penalties. Use of WebFile indicates consent to monitoring and recording and acceptance of [WebFile Terms and Conditions](#).' Below this are two input fields: 'Username*' and 'Password*'. The 'Password*' field has a red 'Required Field' message below it. At the bottom, there are two links: 'Forgot Username' and 'Forgot Password'. The 'Forgot Password' link is circled in yellow, and a blue hand icon points to it. A 'Login' button is located at the bottom left of the form.

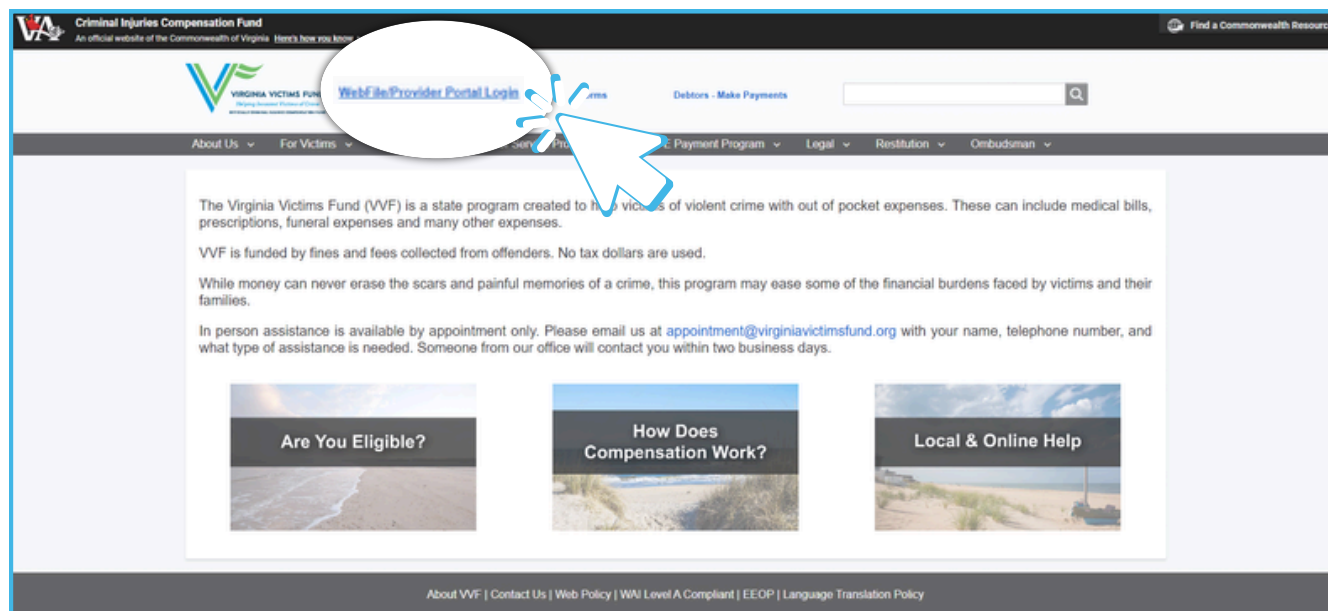
2. A confirmation message will appear and an email will be sent. The email received will contain a “link to reset credentials” directing the user to enter a new password. (No temporary password is sent.)

- 3 After logging in with your username and temporary password, you will be required to create a new permanent password and set up three new security questions. Contact the Fund at info@virginiavictimsfund.org if you cannot remember your password or security question answers. Answers are case sensitive.

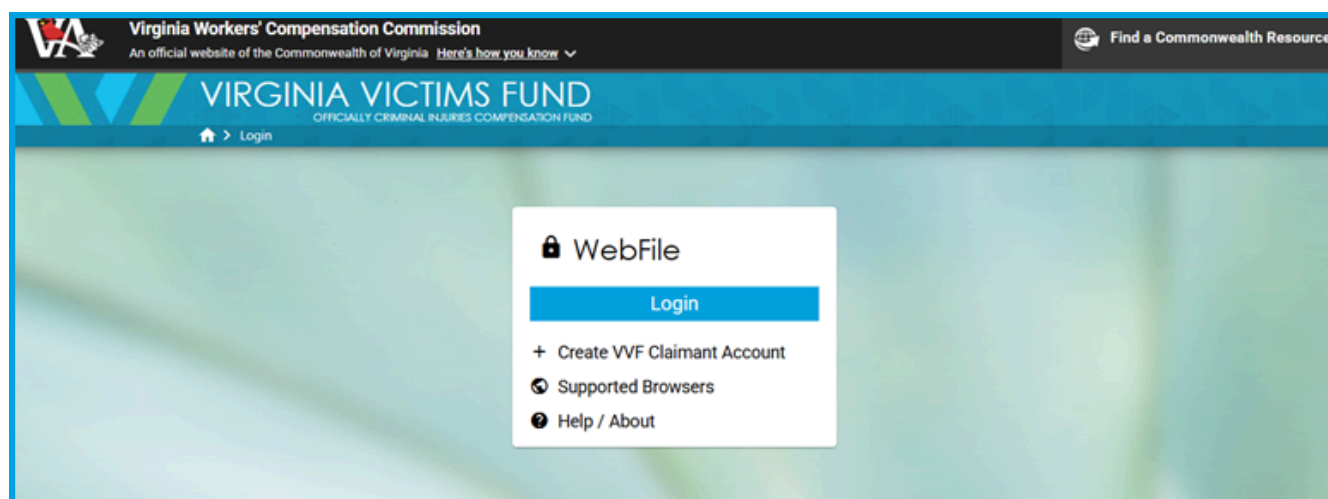


Logging Into WebFile

- Visit virginiavictimsfund.org.
- Click on “Webfile/Provider Portal Login” above the grey dropdown menu near the top of the screen.



- A new page will appear, prompting you to add your username and password. For technical assistance, please contact the Fund at info@virginiavictimsfund.org.





Two-Factor Authentication

Things to Know

- ✓ 2FA reduces the risk of unauthorized access, giving important documents and systems greater security from cyber threats.
- ✓ Remember Me Feature: 2FA remembers your browser on your device for 30 days. This same device and browser won't be prompted for 2FA until after 30 days, provided the user doesn't clear the cache on their browser.

Steps to Log in to WebFile with 2FA:

- ✓ After entering the username and password, an email like what is shown below, containing a one-time two-factor authentication code, will be sent to the email address associated with your account. **This code will expire in 15 minutes.** If you do not see the email in your inbox, be sure to check your spam or junk folder.

- ✓ Find your 6-digit access code in WebFile as shown in the email below:

Project WebFile - Identity Verification

Development.WebFile.Support@workcomp.virginia.gov


Please do not respond directly to this email. The originating email account is not monitored.

One-Time Identity Verification Security Code

520988

This code is valid for 15 minutes.

- ✓ Enter your 6-digit access code in WebFile as shown below, select Remember Me for 30 days if desired, and click Submit or Resend Code if you need a new, unexpired code:


 **Two-Factor Authentication**

An access code has been sent to your email address.
Enter your 6-digit access code

520988|

☐ Remember me for 30 days

Submit

 Resend Code

Cancel



Creating a New Claim Application

The Claim Applications (Home) screen will show you all claim files you have submitted and Incomplete Requests/Drafts you have saved.

To start a new application, click “Create a Claim Application” on the bottom right side of the page.

The screenshot shows the Virginia Victims Fund website. The 'Getting Started' section on the left provides information about the fund. The 'My Claims' section on the right lists several claims with their numbers and victim names. A yellow circle highlights the 'Create a Claim Application' button in the bottom right corner. A blue arrow points from this button to the 'Claim Application' form shown below.

Click to choose if you are applying for yourself or someone else. If you were the victim of the crime for which you are applying for VVF funding, click “Myself.” If you are applying for someone else, click “Someone Else.” Then click “Start Application.”

Applying for Myself/ I am the victim: Victim Information

When prompted, enter your full name and then click “Next.”

The screenshot shows the 'Claim Application' form. The 'Victim Information' section is highlighted with a green checkmark. The form asks for the user's name (First Name, Middle Name, Last Name, and Suffix) and provides a 'Next' button at the bottom right. A yellow circle highlights the 'Next' button, and a blue arrow points to it.



Creating a New Claim Application

Applying for Myself/ I am the victim: Victim Information, Continued

Enter your Date of Birth, and then click “Next.”

Enter your Social Security Number and click “Next.”

- Note: If you do not have a Social Security No., click “I do not have a Social Security Number, which will prompt a popup asking the reason. Click “Not a US citizen,” then click “Next.”

Enter your full address and click “Next.”

You will be asked to give the following information:

- Relation to the person that committed the crime, if any
- Phone Number
- Gender
- Marital Status
- Ethnicity
- Referral Source

Then click “Finish.”



Creating a New Claim Application

Applying for Myself/ I am the victim: Incident Information

Enter the offender's information, if known, then click "Next." If unknown, answer "no" to show that the offender is unknown, and click "Next."

Claim Application Home 52% Complete

This form is automatically saved on each step. You may step away and return to the form as needed with all of your progress saved.

Let's gather some information about the incident that occurred

Can you provide us with some information about the person who committed the crime?

Known Offender*
Yes

Offender First Name*
John

Offender Last Name*
Doe

Offender Social Security Number*
222-33-3444

Offender Date of Birth*
01/01/1966

MM/DD/YYYY

Next

On Behalf
Victim Information
Incident Information
Police Report
Expenses
Insurance

Enter the date of the incident and choose the type of incident from the drop-down list provided. Then click "Next."

- Note: Only incident types provided on the provided drop-down list are eligible.

Claim Application Home 60% Complete

This form is automatically saved on each step. You may step away and return to the form as needed with all of your progress saved.

Let's gather some information about the incident that occurred

On what date did the incident occur?

Date of Incident*
08/25/2023

MM/DD/YYYY

Please choose an Incident Type from the list below:

Incident Type*
Robbery

Next

On Behalf
Victim Information
Incident Information
Police Report
Expenses
Insurance

You will be asked to give the following information:

- Incident Address (street address where the incident occurred)
- Whether the incident occurred at your place of employment

Then click "Finish."

Claim Application Home 68% Complete

This form is automatically saved on each step. You may step away and return to the form as needed with all of your progress saved.

Let's gather some information about the incident that occurred

Please provide the address where the incident occurred

Incident Address*
123 Somewhere Over the Rainbow Lane

Incident City/County*
Alexandria

Did the incident occur at your place of employment?

Yes/No*
No

Finish

On Behalf
Victim Information
Incident Information
Police Report
Expenses
Insurance



Creating a New Claim Application

Applying for Myself/ I am the victim: Police Report Information



You will be asked to enter the following information:

- The date the crime was reported
- The law enforcement agency reported to
- Do you have a police report number to provide?



Is this a civil case?

- If yes, provide information adding the details of the case (ex. attorney information), then click “Finish.”
- If no, click “Finish.”



Applying for Myself/ I am the victim: Expenses



VVF reimburses some expenses related to injuries caused by crimes. Therefore, you must submit proof of a physical injury, or, an emotional injury caused by a crime listed in Va. Code §17.1-805 (C).



Here you will enter:

- Expense Type (from drop-down list)
- Service Provider for this expense
- Service Dates - start and end
- Acct. No. (with this service provider)
- Expense Summary (explanation)

Click “Save Expense” and then choose to add another expense or click “Next.”





Creating a New Claim Application

Applying for Myself/ I am the victim: Expenses, Cont.

Click to enter any other expenses from the incident.

Applying for Myself/ I am the victim: Insurance

Click to enter any other expenses from the incident.


Do you have insurance? If no, choose “no” from the drop-down and click “Finish.” If yes, choose the type of insurance from the drop-down menu and click “Save Insurance.” Choose to add another or click “Finish.”

If no:

If yes:

Creating a New Claim Application

Applying for Myself/ I am the victim: Submitting the Application

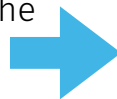
 Review the items entered on your application.



Read the Claimant Acknowledgement and Responsibilities section.



Claimant Authorization to Release Records: You, as the claimant, authorize the release of relevant records. This applies to claimants who are the victim of the crime as well as claimants who are applying on behalf of the victim of the crime.




Click the box on the bottom left to accept the terms and conditions, and click the box on the bottom right to submit the application.




Claim Application

This form is automatically saved on each step.
You may step away and return to the form as needed with all of your progress saved.

Please review your claim before submitting

Filing On Behalf Of Myself 

Victim 

Victim A. Application

Date of Birth: 01/01/2000 Social Security Number: No SSN


333 E. Franklin St.
#3
Richmond, Virginia 23219-2213

Related to Offender: No Reason for no SSN: Not a US citizen

Civil Phone: (804) 222-2222 Gender: Unknown

Marital Status: Unknown Ethnicity: Unknown

Referred By: Medical Provider


Incident 

Date of Incident: 08/25/2023 Incident Type: Robbery

Incident Location: 123 Somewhere Over the Rainbow Lane Alexandria


Known Offender? Yes Offender Name: John Doe

Offender Date of Birth: 01/01/1966 Offender Social Security Number: ***-**-3444

Police Report 

Date Reported: 08/26/2023 Law Enforcement Agency: Alexandria Police Department

Car Involved? No Civil Case? No

Expenses 


Prosthesis

Total Expense	Service Provider	Service Date	Through Service Date	Account #
\$25.00		08/27/2023	08/28/2025	222222

Expense Summary: New glasses to replace glasses broken in the robbery

Other Expenses

<input type="checkbox"/> Crime Scene Clean Up	<input type="checkbox"/> Domestic Loss of Support	<input type="checkbox"/> Lost Wages
<input type="checkbox"/> Moving	<input type="checkbox"/> Prescription	<input type="checkbox"/> Replacement Service
<input type="checkbox"/> Temporary Housing		

Insurance 

Medical Insurance

Policy Owner/holder: Victim A. Application


Claimant Acknowledgements and Responsibilities

- Eligibility**
 - ☒ I hereby acknowledge that the Virginia Victims Fund (hereinafter "VVF") will only award compensation if all eligibility requirements are met.
- Documentation**
 - ☒ I understand that while VVF will try to obtain documents on my behalf, it is my responsibility to provide all necessary documentation to the Fund within 180 days from the date of submission and failure to do will result in a default claim status.
- Awards**
 - ☒ I acknowledge that I am financially responsible for debts incurred because of the underlying crime.
 - ☒ I understand that VVF is a reimbursement-based program.
 - ☒ I understand that VVF is a payor of last resort, and I agree to pursue all available collateral resources before seeking an award from VVF.
 - ☒ I understand that as a courtesy to me, VVF may issue an award for my benefit directly to the professional entity to which I owe money because of the crime.
 - ☒ I understand that any benefits awarded will be reduced by any monies I receive from another source as a result of this crime, including insurance, restitution, and civil suit settlements.
- Cooperation with Law Enforcement and Prosecution**
 - ☒ If my injury occurred before July 1, 2023, I affirm that I have fully cooperated with law enforcement and prosecution of the underlying claim that is the basis of this claim. I understand that failure to continue cooperating will result in this claim being denied and any monies awarded to me must be returned.
 - ☒ If my injury occurred on or after July 1, 2023, I understand that cooperation is not a condition for benefits. However, VVF encourages victims to cooperate with authorities.
- Subrogation**
 - ☒ I affirm that I have not received any compensation as a result of this crime.
 - ☒ I acknowledge that if I recover any money by legal judgment, settlement, restitution, or other source resulting from this crime, I will be responsible for repaying some or all amounts awarded to me, or on my behalf, by VVF.
 - ☒ As such, I hereby agree that in consideration of an award by VVF, I assign, transfer and subrogate all claims, interests and rights of action that I may have against other parties or authorities up to the amount awarded by VVF.
- Claimant Authorization to Release Records**
 - ☒ I authorize any hospital, physician, counselor, funeral director, or other person who attended or examined the victim and any municipal authority, employer or union, insurer, social service bureau, Social Security office, or any other person, firm, agency or organization to furnish to VVF (a division of the Workers' Compensation Commission), or its representatives, any information requested, including tax data and prior police records, required to complete the claim for benefits. A photocopy of this authorization shall be considered as effective and valid as the original. This authorization is for the collection of information related only to this claim.
 - ☒ I authorize VVF to disclose all information associated with my claim to the Victim Witness Assistance Program in the locality where the underlying crime occurred, except those documents legally protected from dissemination.
 - ☒ Pursuant to Virginia law (including Va. Code §§ 8.01-4.3 and 18.2-434), I declare, verify and attest under penalty of perjury that the foregoing information provided in this application is true and correct.

By clicking these terms, you are digitally signing the form

☒ Pursuant to Virginia law (including Va. Code §§ 8.01-4.3 and 18.2-434), I declare, verify and attest under penalty of perjury that the foregoing information provided in this application is true and correct, and agree to the terms and conditions for eligibility, documentation, awards, cooperation, subrogation, and authorization to release records described above.

08/26/2023 1:13 PM





Creating a New Claim Application

Applying for Myself/ I am the victim: Checking the Status of Your Claim/ Adding Documents

After submitting your application, you will return to the Home screen. Here you can see the application you just submitted. Click “View” to check the status of your application and submit required documentation.

Claim Number 26-0041
Victim: Victim Application

After you submit your application, select the 'View' option next to your claim to add supporting documents to your out of pocket expenses.

It is the responsibility of the victim/claimant to contact Virginia Victim's Fund to keep claim information up to date. To update claim information after submission, please contact VVF at 800-552-4007 or info@virginiavictimsfund.org.

Create a Claim Application

The Expenses tab will pop up, where you can view documents still needed to support the expense, and add documents for each expense, such as:

- Explanations of Benefits
- Itemized Receipts
- Medical Records
- Payment Receipts to Providers

Claim Number 26-0041

Expenses Documents Claim App

Prosthesis

Provider Name Initial Date of Service Expense Status
08/27/2025 New

Billed Amount Amount Paid by VVF Paid Date
\$20.00

Documents Needed from Claimant WebFile User:

- Upload Health Insurance explanation of benefits
- Upload Itemized payment receipts, detailing payment date, amount, who paid
- Upload Medical records from each prescribing doctor
- Upload Payment receipts to provider

Be sure to use the appropriate upload button in relation to the expense and document you are trying to upload.

When you click “Upload,” the “Upload Document” popup will appear, and you will be able to upload a PDF, choose the document type, enter the service date and enter a document description.

Documents Needed from Claimant WebFile User:

- Upload Health Insurance explanation of benefits
- Upload Itemized payment receipts, detailing
- Upload Medical records from each prescribing
- Upload Payment receipts to provider

Upload Document

Upload PDF

Required Field

Document Type*
Health Insurance explanation of be...

Service Date
08/28/2025

MM/DD/YYYY

Document Description
Health insurance explanation of benefits attached.


50/50

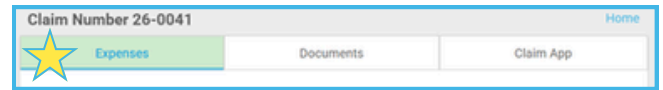
Upload Document




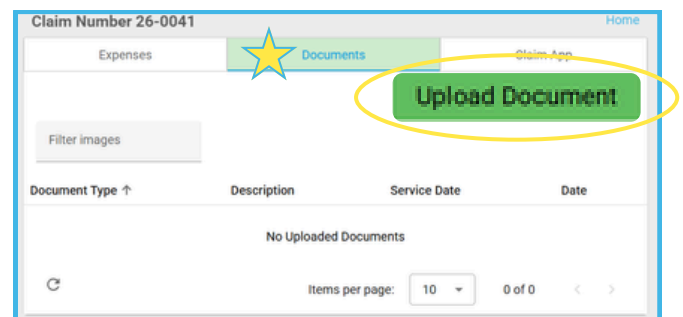
Creating a New Claim Application


Applying for Myself/ I am the victim: Reviewing Your Application

 You can move from Expenses to Documents to Claim App by simply clicking on the desired tab.



 On the “Documents” tab, you can view documents that have been submitted, and have the opportunity to upload more documents by clicking “Upload Document.”



 On the “Claim App” page, you can see a review of the application you have submitted, along with the documents you have provided.



 To return to the Home screen at any time, click “Home” at the top right.

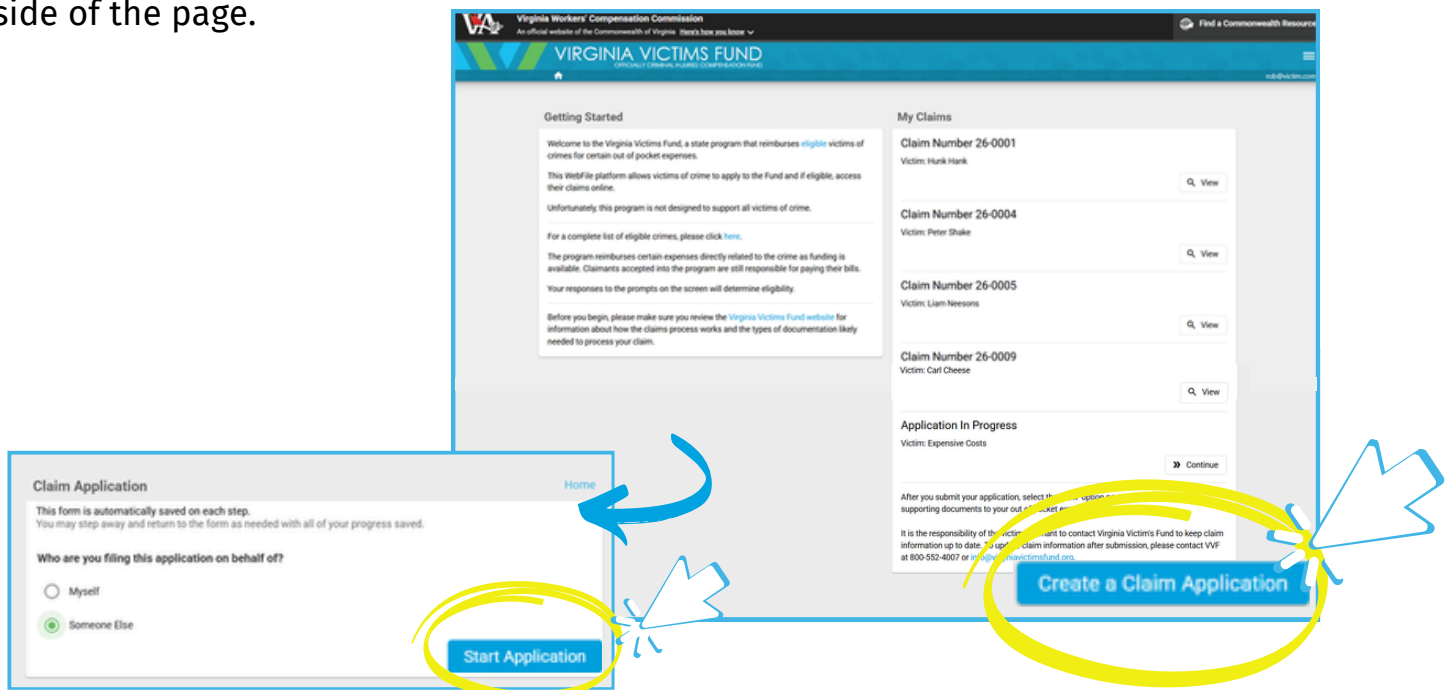




Creating a New Claim Application

The Claim Applications (Home) screen will show you all claim files you have submitted and Incomplete Requests/Drafts you have saved.

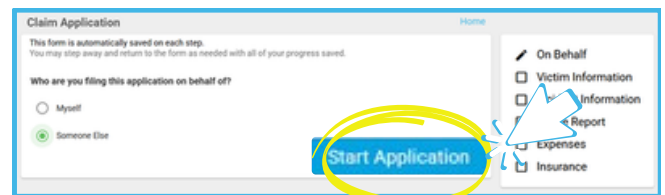
To start a new application, click “Create a Claim Application” on the bottom right side of the page.



Click to choose if you are applying for yourself or someone else. If you were the victim of the crime for which you are applying for VVF funding, click “Myself.” If you are applying for someone else, click “Someone Else.” Then click “Start Application.”

Applying for Someone Else

If you are applying for someone else, click “Someone Else” and then “Start Application.”





Creating a New Claim Application

Applying for Someone Else: Victim's Information

Enter the victim's name and click "Next."

Claim Application Home 3% Complete

This form is automatically saved on each step. You may step away and return to the form as needed with all of your progress saved.

Let's get started by gathering some information about the Victim to help you submit your claim application

What is the Victim's name?

First Name*
Joe

Middle Name

Last Name*
Smith

Suffix

☒ On Behalf
☒ Victim Information
☐ Claimant Information
☐ Incident Information
☐ Police Report
☐ Expenses
☐ Insurance

Next

Enter the victim's date of birth. If the victim is not deceased, choose "no" from the drop-down. If they are deceased, choose "yes" and give the date of death when prompted. Then click "Next."

Claim Application Home 9% Complete

This form is automatically saved on each step. You may step away and return to the form as needed with all of your progress saved.

Let's get started by gathering some information about the Victim to help you submit your claim application

What is the Victim's date of birth?

Date of Birth*
01/01/1950

Is the Victim deceased?

Deceased*
Yes

Date of Death*
08/27/2025

☒ On Behalf
☒ Victim Information
☐ Claimant Information
☐ Incident Information
☐ Police Report
☐ Expenses
☐ Insurance

Next

Enter the victim's Social Security Number, or choose "the victim does not have a social security no." Then click "Next."

Claim Application Home 17% Complete

This form is automatically saved on each step. You may step away and return to the form as needed with all of your progress saved.

Let's get started by gathering some information about the Victim to help you submit your claim application

What is the Victim's Social Security Number?

Social Security Number*
333-33-3355

The victim does not have a Social Security Number

☒ On Behalf
☒ Victim Information
☐ Claimant Information
☐ Incident Information
☐ Police Report
☐ Expenses
☐ Insurance

Next

Enter the victim's address, then click "Next."

Claim Application Home 22% Complete

This form is automatically saved on each step. You may step away and return to the form as needed with all of your progress saved.

Let's get started by gathering some information about the Victim to help you submit your claim application

What is the Victim's current Mailing address?

Address Line 1*
333 E. Franklin St.

Address Line 2

City/Country*
Richmond City

State*
VIRGINIA

Zip Code*
23219

Next



Creating a New Claim Application

Applying for Someone Else: Victim's Information



Answer the questions asked about the victim, and then click “Finish.”

- Please note: Only one claim application may be submitted for each incident, per victim.
- Multiple expenses can be submitted for the same claim application, and expenses can be added after applications are submitted.

Is the Victim related to the person that committed the crime?
Related* No Additional Detail Acquaintance

What is the Victim's Phone Number?
Phone Type* Cell Phone Phone Number* (555) 555-5555

What is the Victim's gender?
Gender Female

What is the Victim's marital status?
Marital Status Separated

What is the Victim's ethnicity?
Ethnicity Multi-racial

Finish

Applying for Someone Else: Claimant Information



As the claimant, enter your name, then click “Next.”

Claim Application Home 39% Complete

This form is automatically saved on each step.
You may step away and return to the form as needed with all of your progress saved.

Providing the following Claimant information will help us complete your claim application.

What is your name?
First Name* Claimant
Middle Name
Last Name* NotVictim
Suffix

Next



As the claimant, enter your date of birth, then click “Next.”

This form is automatically saved on each step.
You may step away and return to the form as needed with all of your progress saved.

Providing the following Claimant information will help us complete your claim application.

What is your date of birth?
Date of Birth* 01/01/1980 MM/DD/YYYY

Next



As the claimant, enter your social security number, then click “Next.”

- Choose “I do not have a Social Security Number” if you do not have one.

Claim Application Home 47% Complete

This form is automatically saved on each step.
You may step away and return to the form as needed with all of your progress saved.

Providing the following Claimant information will help us complete your claim application.

What is your Social Security Number?
Social Security Number* 555-55-5444

I do not have a Social Security Number

Next



Creating a New Claim Application

Applying for Someone Else: Claimant Information

As the claimant, enter your relationship with the victim, then click “Next.”

As the claimant, enter your full mailing address, then click “Next.”

As the claimant, enter the questions asked about you, then click “Finish.”

The rest of the application is the same for victims and claimants who are not the victims.

Return to pages 10-14 and follow the “Applying for Myself” directions for Incident Information, Police Report Information, Expenses, Insurance, Submitting, and Adding Documents.



Creating A New Claim in WebFile, Continued

Tips for Uploading Documents

- All supporting documents should be uploaded as PDFs. PNGs and JPGs cannot be accepted as supporting documentation.
- All bills should be uploaded as separate entries.
- EOB statements should be uploaded separately.
- All prescriptions should be uploaded separately if from a different pharmacy or a different date of service. Register receipts are not valid prescription documentation. Prescription documents must include Medication name, fill date, prescribing physician, victims name, amount paid.

Contact Us

Should problems arise

Email info@virginiavictimsfund.org should you have any troubles while working with WebFile.