NEW MEXICO CRIME VICTIMS REPARATION COMMISSION
6200 UPTOWN BLVD NE SUITE 210 ALBUQUERQUE, NM 87110
Phone: (505) 841-9432 • Toll-Free: (800) 306-6262 • Fax: (505) 841-9437
Website: www.cvrc.state.nm.us • E-mail: cvrc.office@cvrc.nm.gov

REQUEST FOR ADDITIONAL SESSIONS

Client Information	
Client Name	Client Date of Birth
Claimant Name	CVRC Claim No. (if applicable)

Financial Information (Please submit an itemized invoice)	
Client's health insurance carrier	
Health insurance policy number	Is the client uninsured? ☐ Yes ☐ No
Is insurance being billed? ☐ Yes ☐ No (if no, explain why)	

Request for Additional Sessions	
Current behaviors in treatment:	
Reason for requesting additional treatment:	
Revised treatment goals/plan:	
Other pertinent information:	
Number of sessions to date:	Number of additional sessions requested:
Current involvement between the victim and offender:	
Is treatment related to the victimization? Yes ☐ No ☐	

Provider Information			
Provider Name		License Number	
Mailing Address		City	State / Zip Code
Phone Number	E-mail Address		
Provider Signature		Date	