



**Andy Beshear**  
GOVERNOR

**Jacqueline Coleman**  
LIEUTENANT GOVERNOR

**PUBLIC PROTECTION CABINET**  
**Kentucky Office of Claims and Appeals**

**Crime Victims Compensation Board**  
500 Mero Street, 2SC1  
Frankfort, KY 40601  
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**Ray A. Perry**  
SECRETARY

**DJ Wasson**  
DEPUTY SECRETARY

**John Hardesty**  
EXECUTIVE DIRECTOR

## NOTICE OF REGULAR MEETING

Date: June 11, 2024

Time: 10:00 AM Eastern Standard Time (EST)

Location: 500 Mero St., Frankfort KY, Conference Room 259SW with Microsoft Teams option

- Call to order and roll call
- Approval of May 2024 minutes
- Executive Director's Report
- Final review of CVCB subpoena form and discussion on how subpoena power will be utilized
- For Instructions from the Board
- Recommended Orders-Awards
- Recommended Orders-Denials
- Sexual Assault Examination-Awards
- Sexual Assault Examination-Denials
- Review of calendar and next meeting
- Adjournment

Microsoft Teams link: [Join the meeting now](#)

Meeting ID: 249 355 873 265

Passcode: idEVbS

Commonwealth of Kentucky  
Public Protection Cabinet  
Office of Claims & Appeals  
kycc.ky.gov



**CIVIL**  
 **SUBPOENA**  
 **SUBPOENA DUCES TECUM**

Case No. \_\_\_\_\_

Crime Victims Compensation Board

IN RE:

CLAIMANT

**Pursuant to KRS 49.020(7)(b), and the authority granted therein:**

Name \_\_\_\_\_

Address \_\_\_\_\_

**You are to appear at:** \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_ at \_\_\_\_\_  a.m. OR  p.m.  Eastern  Central Time

To testify in behalf of \_\_\_\_\_

To produce \_\_\_\_\_

To give depositions

**You are commanded to produce and permit inspection and copying of the following documents or objects (or to permit inspection of premises):** \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_ at \_\_\_\_\_  a.m. OR  p.m.  Eastern  Central Time  
at the following address: \_\_\_\_\_

_____ Issuing Officer
By: _____

_____ Name of Requesting Attorney/Pro-Se Party
_____ Address
Phone # _____
E-mail: _____

**PROOF OF SERVICE**

This subpoena was served by delivery of a true copy to: _____	
This _____ day of _____, 2____	By: _____
	_____ Title

**Print Form**

**Reset Form**

# Office Of Claims And Appeals

## Crime Victims Compensation Board

### Agenda

June 11, 2024

Total  
Claims: **75**

Executive Director Hardesty reported to the Board that for May 2024:

**Crime Victims Compensation:**

- 54 claims were received
- 54 claims were set up
- 26 full investigations were completed
- 52 claims were assigned/reassigned to investigators
- 15 claims were awarded
- Total Awarded: \$104,005.44 (includes additional and emergency awards)
- 1 additional award was rendered
- 7 claims were denied
- 1 claim was ordered withdrawn

**Restitution and Collections:**

- Restitution figures are still being compiled
- Donations figures are still being compiled
- Subrogation figures are still being compiled
- PIECP figures are still being compiled
- Total received is still being compiled

**The Sexual Assault Examination Program:**

- 71 claims were received
- 71 claims were set up
- 34 claims were awarded
- Total Awarded: \$18,875.17
- 6 claims were denied

64 total claims were decided by the Board for May 2024.

### **For Instructions From the Board**

CV-2023-00283/MM on behalf of LB (Lanola Parsons)

Grant Award - \$7,500.00 (Funeral/Burial) Paid -

Notes: Held over from March 2024 docket pending negotiations with funeral home

CV-2023-00290/MJ on behalf of LJ ()

Grant Award - \$0.00 (Medical/Dental) Paid -

Notes: Consideration to reopen claims

### **Recommended Orders - Awards**

CV-2023-00011/MQ (Bissell Roberts)

Grant Award - \$5,036.24 (Economic Support (Lost Wages/Support)) Paid -

Notes:

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CV-2023-00016/AC (Amy Leenerts)  
Grant Award - \$19,454.31 (Economic Support (Lost Wages/Support)) Paid -

Notes: \$2,343.84 for LOE and \$17,110.47 for LOS

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CV-2023-00037/JG on behalf of (Lanola Parsons)  
SG  
Grant Award - \$1,265.11 (Medical/Dental) Paid -

Notes:

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CV-2023-00049/JD (Bissell Roberts)  
Grant Award - \$3,025.00 (Medical/Dental) Paid -

Notes: Prior authorizations totaling \$510.61 for Amfab Company and The Bath Outlet expenses remain in place to be paid once Claimant incurs debts for them and submits proof of same to the Board

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CV-2023-00053/CS (Bissell Roberts)  
Grant Award - \$563.37 (Medical/Dental) Paid -

Notes: \$563.37 for outstanding M/D. Expenses from Envision Physician Services to be placed in abeyance for sixty (60) days pending further investigation

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CV-2023-00102/DR on behalf (Bissell Roberts)  
of DR  
Grant Award - \$1,770.05 (Economic Support (Lost Wages/Support)) Paid -

Notes:

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CV-2023-00119/DB (Lanola Parsons)  
  
Grant Award - \$4,864.97 (Medical/Dental) Paid -

Notes: \$4,564.97 for outstanding M/D and \$300.00 for LOE

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CV-2023-00164/RT (Amy Leenerts)  
Grant Award - \$1,000.00 (Medical/Dental) Paid -

Notes: R/O Granting an Additional Award

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CV-2023-00265/BL (Lanola Parsons)  
Grant Award - \$754.44 (Medical/Dental) Paid -

Notes: Denial for credit card bill because the Board is without authority to pay that expense

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CV-2023-00267/SB (Bissell Roberts)  
(Medical/Dental) Paid -

Grant Award - \$1,502.30 Notes:

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CV-2023-00339/MK on behalf of RS		(Amy Leenerts)
Grant Award - \$1,440.00		
Notes:	(Mental Health (Includes Medical Related Medications))	Paid -
CV-2023-00354/MJH on behalf of SJ		(Amy Leenerts)
Grant Award - \$5,164.00		
Notes:	(Funeral/Burial)	Paid -
CV-2023-00363/PB on behalf of JR		(Bissell Roberts)
Grant Award - \$2,500.00	(Funeral/Burial)	Paid -
Notes:		
CV-2024-00005/MD		(Amy Leenerts)
Grant Award - \$8,194.60		
Notes:	(Economic Support (Lost Wages/Support))	Paid -
Notes: R/O Granting an Additional Award		
CV-2024-00020/GJ on behalf of AB		(Lanola Parsons)
Grant Award - \$1,375.00		
Notes:	(Funeral/Burial)	Paid -
Notes: Authorization to be paid once approved by the Board and contract has been submitted by Claimant showing purchase of cremation stone and burial service		
CV-2024-00077/DM		(Lanola Parsons)
Grant Award - \$3,350.00		
Notes:	(Economic Support (Lost Wages/Support))	Paid -
Notes: \$550.00 for outstanding M/D and \$2,800.00 for LOE. Denial for 1/8/2024 date of service w/ U of L Physicians totaling \$30.00 because amount was not incurred by Claimant as direct result of the crime		
CV-2024-00099/EM		(Amy Leenerts)
Grant Award - \$840.00		
Notes:	(Mental Health (Includes Medical Related Medications))	Paid -
Notes: R/O Granting an Additional Award. Denial for DOS 8/17/2023, 9/14/2023, 9/25/2023, and 10/3/2023 totaling \$560.00 because they have already been paid in prior Orders by the Board		
CV-2024-00104/LP		(Lanola Parsons)
Grant Award - \$182.25		
Notes:	(Mental Health (Includes Medical Related Medications))	Paid -
Notes: R/O Granting an Additional Award		

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CV-2024-00124/MW on behalf of BA	(Bissell Roberts)
Grant Award - \$7,500.00	
Notes: (Funeral/Burial)	Paid -

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CV-2024-00137/MWB on behalf of MB	(Bissell Roberts)
Grant Award - \$4,872.61	
(Funeral/Burial)	Paid -
Notes: R/O Granting an Additional Award	

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### **Recommended Orders - Denials**

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CV-2023-00009/HP	(Lanola Parsons)
Grant Award - \$0.00	
(No proof of financial loss)	Paid -

Notes: With leave to refile if Claimant submits copies of itemized billing statements from UK Hospital to the Board

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CV-2023-00133/EK	(Lanola Parsons)
Grant Award - \$0.00	
(No proof of financial loss)	Paid -

Notes: With leave to refile if Claimant obtains needed documentation to substantiate her claim and submits same to the Board

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CV-2023-00156/RB	(Amy Leenerts)
Grant Award - \$0.00	
(No proof of financial loss)	Paid -

Notes: With leave to refile if Claimant obtains necessary documentation to substantiate claim and submits same to the Board

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CV-2023-00175/DK	(Bissell Roberts)
Grant Award - \$0.00	
(No proof of financial loss)	Paid -

Notes: With leave to refile if Claimant is able to obtain all necessary documentation to substantiate claim and submits same to the Board

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CV-2023-00186/JGR	(Lanola Parsons)
Grant Award - \$0.00	
(No proof of financial loss)	Paid -

Notes: With leave to refile if Claimant is able to obtain sufficient documentation to substantiate claim and submits same to the Board

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CV-2023-00239/DD on behalf of RD	(Amy Leenerts)
Grant Award - \$0.00	
(Paid by other sources)	Paid -

Notes:

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CV-2023-00347/LL on behalf of DL	(Amy Leenerts)
Grant Award - \$0.00	
(Paid by other sources)	Paid -

Notes:

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**Sexual Assault Examination Awards**

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SA-2024-00032/Baptist Health  
Hardin Hospital on behalf of  
BW

Grant Award - \$204.00                      Sexual Assault Exam Fee                      Paid -

Notes: Balance after Insurance

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SA-2024-00081/Baptist Health  
LaGrange on behalf of KF

Grant Award - \$650.00                      Sexual Assault Exam Fee                      Paid -

Notes: Exam, Fac., Lab, Med

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SA-2024-00186/Baptist Health  
Hardin Hospital on behalf of  
NC

Grant Award - \$1,401.46                      Sexual Assault Exam Fee                      Paid -

Notes: Exam, Fac., Lab, Med - \$650; HIV Initial Exam - \$380; HIV First Follow up - \$600; Less Insurance - \$228.54

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SA-2024-00178/CAC of the  
Bluegrass on behalf of KC

Grant Award - \$894.00                      Sexual Assault Exam Fee                      Paid -

Notes: CAC Fee

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SA-2024-00179/CAC of the  
HW

Grant Award - \$894.00                      Sexual Assault Exam Fee                      Paid -

Notes:

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SA-2024-00174/Cincinnati  
Childrens Hospital Medical  
Center on behalf of JB

Grant Award - \$450.00                      Sexual Assault Exam Fee                      Paid -

Notes: Exam, Fac.

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SA-2024-00176/Kentucky Clinic  
Pharmacy on behalf of MW

Grant Award - \$230.00                      Sexual Assault Exam Fee                      Paid -

Notes: HIV Initial Meds - \$230

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SA-2024-00217/Kentucky Clinic  
Pharmacy on behalf of HA

Grant Award - \$86.00

Notes: Balance after Insurance

Sexual Assault Exam Fee

Paid -

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SA-2024-00151/Lexington  
SANE Program on behalf of  
MW

Grant Award - \$200.00

Notes: SANE Fee

Sexual Assault Exam Fee

Paid -

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SA-2024-00152/Lexington  
SANE Program on behalf of  
KH

Grant Award - \$200.00

Notes: SANE Fee

Sexual Assault Exam Fee

Paid -

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SA-2024-00153/Lexington  
SANE Program on behalf of  
DD

Grant Award - \$200.00

Notes: SANE Fee

Sexual Assault Exam Fee

Paid -

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SA-2024-00154/Lexington  
SANE Program on behalf of  
AB

Grant Award - \$200.00

Notes: SANE Fee

Sexual Assault Exam Fee

Paid -

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SA-2024-00155/Lexington  
SANE Program on behalf of  
MA

Grant Award - \$200.00

Notes: SANE Fee

Sexual Assault Exam Fee

Paid -

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SA-2024-00177/Lexington  
SANE Program on behalf of  
AH

Grant Award - \$200.00

Notes: SANE Fee

Sexual Assault Exam Fee

Paid -

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SA-2024-00090/Medical Center  
Bowling Green on behalf of MG

Grant Award - \$1,000.00

Notes: Exam, Fac., Lab, Med - \$650  
HIV Initial Labs/Med - \$350

Sexual Assault Exam Fee

Paid -

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SA-2024-00141/Medical Center  
Bowling Green on behalf of JJ

Grant Award - \$650.00

Notes: Exam, Fac., Lab, Med

Sexual Assault Exam Fee

Paid -

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SA-2024-00183/Medical Center  
Bowling Green on behalf of  
JRH

Grant Award - \$200.00

Notes: SANE Fee

Sexual Assault Exam Fee

Paid -

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SA-2024-00189/Medical Center  
Bowling Green on behalf of LP

Grant Award - \$450.00

Notes: Exam, Fac.

Sexual Assault Exam Fee

Paid -

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SA-2024-00180/Mercy Health  
Lourdes - Paducah on behalf of  
MF

Grant Award - \$650.00

Notes: Exam, Fac., Lab, Med

Sexual Assault Exam Fee

Paid -

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SA-2024-00124/Owensboro  
Health Regional Hospital on  
behalf of FM

Grant Award - \$194.58

Notes: Balance after Insurance

Sexual Assault Exam Fee

Paid -

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SA-2024-00171/Owensboro  
Health Regional Hospital on  
behalf of FW

Grant Award - \$450.00

Notes: Fac., Lab, Med

Sexual Assault Exam Fee

Paid -

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SA-2024-00158/Pennyrile  
Children's Advocacy Center on  
behalf of KC

Grant Award - \$894.00

Notes: CAC Fee

Sexual Assault Exam Fee

Paid -

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SA-2024-00173/Southeastern  
Emergency Physicians, Inc. on  
behalf of TP

Grant Award - \$200.00

Notes: SANE Fee

Sexual Assault Exam Fee

Paid -

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SA-2024-00169/St. Joseph  
Hospital East on behalf of  
SY

Grant Award - \$200.00                      Sexual Assault Exam Fee                      Paid -

Notes: Labs, Meds

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SA-2024-00172/Still Waters  
Center at Ampersand on behalf  
of JT

Grant Award - \$200.00                      Sexual Assault Exam Fee                      Paid -

Notes: SANE Fee

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SA-2024-00190/Still Waters  
Center at Ampersand on behalf  
of BP

Grant Award - \$200.00                      Sexual Assault Exam Fee                      Paid -

Notes: SANE Fee

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SA-2024-00195/Still Waters  
Center at Ampersand on behalf  
of LB

Grant Award - \$200.00                      Sexual Assault Exam Fee                      Paid -

Notes: SANE Fee

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SA-2024-00163/The Center for  
Women & Families, Inc. on  
behalf of HL

Grant Award - \$450.00                      Sexual Assault Exam Fee                      Paid -

Notes: Fac., Labs, Meds

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SA-2024-00167/The Center for  
Women & Families, Inc. on  
behalf of CW

Grant Award - \$380.00                      Sexual Assault Exam Fee                      Paid -

Notes: Fac., Meds; HIV Anti-Nausea

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SA-2024-00160/University of  
Louisville on behalf of AC

Grant Award - \$200.00                      Sexual Assault Exam Fee                      Paid -

Notes: SANE Fee

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SA-2024-00161/University of  
Louisville on behalf of KJ

Grant Award - \$200.00                      Sexual Assault Exam Fee                      Paid -

Notes: SANE Fee

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SA-2024-00162/University of  
Louisville on behalf of HL  
Grant Award - \$200.00

Notes: SANE Fee

Sexual Assault Exam Fee

Paid -

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SA-2024-00164/University of  
Louisville on behalf of TM  
Grant Award - \$200.00

Notes: SANE Fee

Sexual Assault Exam Fee

Paid -

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SA-2024-00165/University of  
Louisville on behalf of AP  
Grant Award - \$200.00

Notes: SANE Fee

Sexual Assault Exam Fee

Paid -

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SA-2024-00166/University of  
Louisville on behalf of CW  
Grant Award - \$200.00

Notes: SANE Fee

Sexual Assault Exam Fee

Paid -

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### **Sexual Assault Examination Denials**

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SA-2024-00105/Ephraim  
McDowell James B. Haggin  
Hospital on behalf of SM  
Grant Award - \$0.00

Notes: DENY - Insurance  
Paid

Insurance

Paid -

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SA-2024-00140/Ephraim  
McDowell Regional Medical  
Center on behalf of KB  
Grant Award - \$0.00

Notes: DENY - Insurance  
Paid

Insurance

Paid -

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SA-2024-00192/Frankfort  
Regional Medical Center on  
behalf of JO  
Grant Award - \$0.00

Notes: DENY - Victim in Jail

Victim in Jail at time of crime

Paid -

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SA-2024-00051/Georgetown  
Community on behalf of KB

Grant Award - \$0.00

Notes: DENY - Insurance Paid Insurance

Paid -

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SA-2024-00099/Jackson  
Purchase Medical Center on  
behalf of BS

Grant Award - \$0.00

Notes: DENY - Insurance Paid Insurance

Paid -

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SA-2024-00049/Jane Todd  
Crawford Hospital on behalf of  
MF

Grant Award - \$0.00

Notes: DENY - Insurance Paid Insurance

Paid -

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SA-2024-00104/Medical Center  
Bowling Green on behalf of  
MVA

Grant Award - \$0.00

Notes: DENY -Insurance Paid Insurance

Paid -

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SA-2024-00012/University of  
Kentucky Hospital on behalf of  
MP

Grant Award - \$0.00

Notes: Insurance Paid Insurance

Paid -

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SA-2024-00080/University of  
Kentucky Hospital on behalf of  
KG

Grant Award - \$0.00

Notes: Insurance Paid Insurance

Paid -

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SA-2024-00086/University of  
Kentucky Hospital on behalf of  
FH

Grant Award - \$0.00

Notes: Insurance Paid Insurance

Paid -

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SA-2024-00136/University of  
Kentucky Hospital on behalf of  
TD

Grant Award - \$0.00

Notes: Insurance Paid Insurance

Paid -

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