

IN THE TENNESSEE CLAIMS COMMISSION
MIDDLE DIVISION

In re:)
))
Darlene D. Eldridge)
))
 victim) No. 401148
) Criminal Injuries Compensation
Claudia T. Eldridge) Putnam County
))
 claimant)

AMENDED
ORDER FOR AWARD OF CRIMINAL INJURY COMPENSATION

It is ordered that:

1. A total award of \$3,000.00 is made to the claimant(s) from the Criminal Injuries Compensation Fund to be paid to the individual (s) whose name and address follows:

Claudia T. Eldridge
1117 Belmont Drive
Cookeville, Tennessee 38501
\$3,000 for funeral expenses

2. _____ (Place "X" if applicable) The award made in paragraph 1 is apportioned among surviving dependents as follows: \$ _____ to _____, adult(s). The remaining amount is apportioned to _____, minor (s) and is subject to Paragraph 3.

3. An award of \$ _____ is made to the attorney for the claimant from the Criminal Injuries Compensation fund to be paid to the individual whose name and address follows:

because:

This claim came to be heard December 14th, 1995, before the Hon. W. R. Baker, Commissioner for the Middle Division of the Tennessee Claims Commission at Ashland City, Tennessee, on the petition filed by the claimant, report filed by the District Attorney General, oral testimony if a hearing was held, and the record as a whole. From these the Commission finds:

A. The following information is accurate:

1. Criminal act: Arson/Murder
2. Date of criminal act: November 1st, 1992
3. County in which criminal act occurred: Putnam County
4. Address or location which criminal act occurred: 500 State Street, Cookeville, Tennessee
5. Name(s) of offender(s) (if known): n/a
6. Address(es) of offender(s) (If known): n/a
7. Name and address of victim if different from claimant: Darlene D. Eldridge, 500 State Street, Cookeville, Tennessee 38501
8. Injury suffered: death

d. _____ \$ _____
e. _____ \$ _____
f. _____ \$ _____
total losses and expenses \$5,454.20

2. The economic value of the victim's life exceeds \$ _____
3. A supplemental award is made to the claimant in the amount of \$ _____

J. The claimant has signed a subrogation agreement as required by T.C.A. 29-13-109(K), with such agreement x filed with the clerk.

K. The following information on the victim is accurate:

1. RACE: White x Black _____ Spanish American _____
Asian American _____ American Indian _____ Other _____
2. NATIONAL ORIGIN: U.S. x Other _____
3. RELIGION: Agnostic/Atheist _____ Catholic _____ Jewish x
Protestant (Baptist, Methodist, etc.) _____
Islamic _____ Other _____
4. HANDICAP: Physical Yes _____ No x
Mental Yes _____ No x
5. SEX: Female x Male _____
6. AGE AT TIME OF VICTIMIZATION: 37
7. MENTAL HEALTH COUNSELING: Does the award include expenses or mental health counselling? Yes _____ No x
If yes, please give amount \$ _____

L. Additional findings:

Date: February 6th, 1996

W. R. [Signature]
Commissioner

I hereby certify that a true and exact copy of this document has been mailed to the District Attorney General, as well as either the attorney of record or the claimant.

[Signature]