

Law Enforcement Relocation Verification Form



Must be completed by Law Enforcement

This form is for law enforcement to document the **threat to the personal safety** of the qualifying crime victim seeking relocation benefits from the California Victim Compensation Board (CalVCB). This form may be used with or without a letter from law enforcement. If a letter is submitted without this form, it must be on the law enforcement agency's letterhead and contain all of the information requested in this form including signature, title, and badge number (if applicable).

CalVCB Application Number

Victim Information

Name Phone number

Address City State Zip

Crime Information

Crime date Crime code Crime report number

From the date of the qualifying crime to the present, has the victim been in prison, on probation, or on parole because of a felony? Yes No Unknown

Is or was it necessary for the victim to relocate for personal safety? Yes No Not enough information to determine

If Yes, besides the elements of the crime, please describe the threat to the victim's personal safety.

Is the perpetrator incarcerated? Yes No Unknown

If yes, what is the expected release date?

Is there still a threat to the victim's safety? Yes No

If yes, please explain the nature of the threat.

If more than 180 days has passed since the crime, are there supplemental reports available? Yes No

If Yes, please attach them to this document.

Name of law enforcement official providing information Contact phone number

Signature

Badge number *if applicable*

Date



For Staff Use

If this form is not fully completed, contact the law enforcement agency, add the mission information, complete the section below and have the document scanned in.

Law Enforcement Official Providing Information

Badge number

Phone number

V/W Center Name, Number and Advocate/Staff Completing This Form

Date

Phone number



Privacy Notice on Collection

1. CalVCB collects this information based on California Government Code sections 13952 et seq. and 13954.
2. All information collected from this site is subject to, but not limited to, the Information Practices Act. See <http://victims.ca.gov/media/prc.aspx>.
3. This information is collected for the purpose of determining eligibility for compensation.
4. CalVCB may disclose your personal information to another requestor, only if required to do so by law or in good faith that such action is necessary to:
 - a. Conform to the edicts of the law or comply with legal process served on CalVCB or the site;
 - b. Protect and defend the rights or property of CalVCB; and,
 - c. Act under exigent circumstances to protect the personal safety of users of CalVCB, or the public.
5. Individuals are to provide only the information requested.
6. The information provided is mandatory.
7. The consequences of not providing the requested information could result in the denial of your application.
8. You have the right to access the records containing the personal information that you provided.
9. The information collected is used by the California Victim Compensation Program.
10. Any questions regarding the information collected, please write to the following address: PO Box 48, Sacramento, CA 95812, email info@victims.ca.gov, call (800) 777-9229, or contact the CalVCB Privacy Coordinator at InfoSecurityandPrivacy@victims.ca.gov.
11. For additional information regarding privacy, please see CalVCB's Privacy Notice. See <http://victims.ca.gov/privacy.aspx>.
12. For information regarding consumer information on security, please visit <https://oag.ca.gov/privacy/online-privacy>.