

Appeal Form



If you do not agree with this recommendation, you may file an appeal. An appeal must be filed within 45 days of the above date. CalVCB will review your appeal and all information you provide. CalVCB will contact you with the results of our review. If you do not appeal within 45 days, the recommendation will become final.

To file an appeal, you or your representative must complete this form and return it to CalVCB at the following address:

Legal and Appeals Office
PO Box 350
Sacramento, CA, 95812-0350

To file an appeal for the recommendation to deny or partially deny attorney fees, the applicant or claimant must complete this form and return it to CalVCB.

To appeal this decision, you must state the specific reason(s) you disagree with the recommendation and provide information and the reason(s) you believe your claim should be approved. Additional sheets of paper may be used if needed.

Name Application ID Date

Reasons I disagree with this recommendation

You are required to keep current contact information on file with CalVCB. If your address or telephone number has changed or will change in the near future, please provide us with your new information:

Address Daytime Phone

City State Zip

I certify that all the information I have provided is true and correct.

Applicant, Claimant, or Representative's Signature

Date



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/pr.a.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>.