



Human Trafficking Wage Compensation Verification Form

CalVCB Application ID:

Victim's Name:

Victim's Date of Birth:

Applicant's Name:
(if victim is a minor)

Relationship to Victim:

Email Address:

Phone Number:

Type of Crime: Sex Trafficking Labor Trafficking

Date(s) Crime Occurred: From (mm/dd/yyyy): To (mm/dd/yyyy):

Were the acts of trafficking performed 40 or more hours per week? Yes No

If answered "No" to previous question, how many hours per week?

Has the victim received or will the victim receive wage compensation by any other source as a result of the human trafficking crime? Yes No

If answered "Yes", list ALL sources:

Amount: \$

DISCLAIMER:

CalVCB is the payor of last resort. Compensation for loss of income for crimes of Human Trafficking shall not exceed ten thousand dollars (\$10,000) per year that the services were performed, for a maximum of two years and if the victim is a minor at the time of application, the board shall distribute payment when the minor reaches 18 years of age. (California Government Code Section 13957.5(a)(5)(C) & (D))

CALIFORNIA VICTIM COMPENSATION BOARD

PO Box 3036 • Sacramento, CA 95812 • Phone: 800.777.9229 • victims.ca.gov

DECLARATION:

I declare under penalty of perjury under the laws of the State of California (Penal Code sections 72, 118, and 129) that: I have read all of the questions contained on this verification form, and to the best of my information and belief, all my answers are true, correct, and complete. I further understand that if I have knowingly provided any information that is false, intentionally incomplete, or misleading, I may be found liable for filing a false claim with the State of California, and may be liable for up to three times the amount of damages the State of California sustains, in addition to the costs of a civil action brought to recover any of those penalties or damages; or for a civil penalty of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) for each false claim. (California Government Code, sections 12650-12656) Finally, I understand that if I have intentionally provided any information that is false, incomplete, or misleading, I may be guilty of a misdemeanor punishable by up to one year in the county jail and/or a fine of up to one thousand dollars (\$1,000), or a felony punishable by up to three years in state prison and/or a fine of up to ten thousand dollars, (\$10,000). (California Penal Code, sections 17, 18, and 72)

Check the box that corresponds with the person who is completing and signing this form.

Victim Applicant Witness to the Crime Human Trafficking Caseworker

Law Enforcement Agency Licensed Attorney Lic.#

Other

Printed Name:

Signature:

Date:

Title:

Agency (if applicable):

If you have any questions, please call our Customer Service Unit toll-free at 1-800-777-9229.