



Caregiver Affidavit

As the relative caregiver of the minor seeking compensation by the California Victim Compensation Board (CalVCB), you may sign an application under the following conditions:

1. You are seeking compensation on behalf of a minor;
2. You are the minor's, spouse, step-parent, brother, sister, step-brother, step-sister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution; and
3. You have assumed primary responsibility for the minor. (Gov. Code, § 13952(b).)

Instructions: If the above criteria are met, complete the following information in this form including signature and date.

I am a relative of the minor, as defined above. I have assumed primary responsibility for the minor, the minor lives with me, and is in my care and control. I am 18 years of age or older.

Minor and Caregiver Information

Name of minor:

Birth date of minor:

Adult relative caretaker name:

Caregiver's address:

City:

State:

Zip code:

Caregiver's relationship to the minor:

Check one of the following:

I have advised the parent(s) or other person(s) having legal custody of the minor, of my intent to apply for compensation on behalf of the minor, and they have not objected.

OR

I am unable to contact the parent(s) or other person(s) having legal custody of the minor to notify them of my intent to apply for compensation on behalf of the minor.

Please explain: _____

Warning: Do not sign this form if any of the statements above are incorrect.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: _____

Date: _____