

LAW ENFORCEMENT CLARIFICATION REQUEST FORM

VCB-31-10015 (Rev. 09/2022)



CalVCB Application No.: _____

Instructions: This form is required when the crime report is missing information or clarification is needed. The investigating officer or detective must complete the following information to assist the California Victim Compensation Board (CalVCB) in determining the victim’s eligibility.

Crime Information

Victim’s Name: _____ Date of Crime: _____

Law Enforcement Report #: _____

Crime Code(s) and Title(s): _____

Time of Crime: _____ Location of Crime: _____

Summary of Incident: _____

Name of Suspect(s): _____

Case Status: Closed, no arrest. Ongoing. Suspect(s) arrested.

Name of Court Handling Prosecution: _____

Was the victim acting in a manner or involved in any activity that directly caused or led to their injury or death? Yes. No. Unknown.

Briefly Explain: _____

CALIFORNIA VICTIM COMPENSATION BOARD
P.O. Box 3036 • Sacramento, CA 95812 • Phone: 800-777-9229 • www.victims.ca.gov



Did the victim reasonably try to avoid or stop the events that resulted in their injuries or death?

Yes. No. Unknown.

Briefly Explain: _____

Did the victim reasonably cooperate in the investigation and prosecution? Yes. No.

Briefly Explain: _____

If there was no arrest and/or prosecution, **for purposes of determining eligibility**, in your professional opinion is it more likely than not the crime occurred? Yes. No.

Briefly Explain: _____

Law Enforcement Information

Investigating Officer or Detective: _____

Badge Number: _____ Title: _____

Agency Name: _____ Email Address: _____

Contact Phone Number: _____ Work Shift Hours: _____ to _____

Signature of the Person Named Above: _____ Date: _____

CALIFORNIA VICTIM COMPENSATION BOARD
P.O. Box 3036 • Sacramento, CA 95812 • Phone: 800-777-9229 • www.victims.ca.gov

