

# LAW ENFORCEMENT RELOCATION VERIFICATION FORM

VCB-31-19229 (Rev. 09/2022)



CalVCB Application No.: \_\_\_\_\_

## MUST be completed by Law Enforcement

**This form is for law enforcement to document the threat to the personal safety of the 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 with 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).**

## Victim Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Crime Information

Crime Date: \_\_\_\_\_ Crime Code: \_\_\_\_\_ Crime Report Number: \_\_\_\_\_

Is or was it necessary for the victim to relocate for their personal safety?

Yes       No       Not enough information to determine

If yes, 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 the victim receiving ongoing threats or retaliation by or on behalf of the offender with a credible threat of great bodily injury or death?     Yes       No

\_\_\_\_\_

CALIFORNIA VICTIM COMPENSATION BOARD  
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Briefly explain the ongoing threats or retaliation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the victim obtain a restraining order against the offender?  Yes  No

If yes, has the offender located the victim?  Yes  No

Did the victim inform the offender of the location of victim's new residence?  Yes  No  Unknown

If more than 180 days has passed since the crime, are there supplemental reports available?

No  Yes – If yes, please attach them to this document.

### 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: \_\_\_\_\_

### FOR STAFF USE

**If form is not fully completed, contact the law enforcement agency, add the missing information, complete the section below and scan in the documents.**

Name of Law Enforcement Official Providing Information:

\_\_\_\_\_

Badge Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

VW Center Name, Number and Advocate/Staff Completing This Form:

\_\_\_\_\_

Badge Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

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