

STATE OF CALIFORNIA
APPEAL FORM

VCB-31-19219a (Rev. 06/2024)



Application ID: _____

Bill ID: _____

Name: _____ Date: _____

If your application or bill was denied and you **do not agree** with this decision, you may file an appeal. An appeal must be postmarked or received within 45 days of the date on your denial letter. CalVCB will review your appeal and all information you provide.

- 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, P.O. Box 350, Sacramento, CA 95812-0350**
- You may also submit this form by email - info@victims.ca.gov; by facsimile - victimsappealsfax@victims.ca.gov or upload this form using your CalVCB Online Portal login information.
- To file an appeal for the decision to deny or partially deny attorney fees, the attorney must complete this form and return it to CalVCB.

You must state the specific reason(s) you disagree with the denial and provide information, and/or documents to support the reason(s) you believe your claim should be approved. Additional sheets of paper may be used if needed. **If you do not appeal within 45 days, the denial will be final.**

Reasons(s) I disagree with this decision:

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

Applicant, Claimant, or Representative's Signature: _____ Date: _____

You are required to keep current contact information on file with CalVCB. If your information has changed, please update it below:

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

CALIFORNIA VICTIM COMPENSATION BOARD
P.O. Box 350 • Sacramento, CA 95812 • Phone: 800-777-9229 • www.victims.ca.gov

