STATE OF CALIFORNIA

HUMAN TRAFFICKING COMPENSATION VERIFICATION FORM

VCB-31-10020a (Rev. 02/2026)

CALIFORNIA CalVCB VICTIM COMPENSATION BOARD

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 for loss of earnings from 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 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. (Gov. Code, § 13957.5, subds. (a)(5)(C)-(D).)

DECLARATION:

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

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 ☐ Attorney License No.: _____

☐ 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.