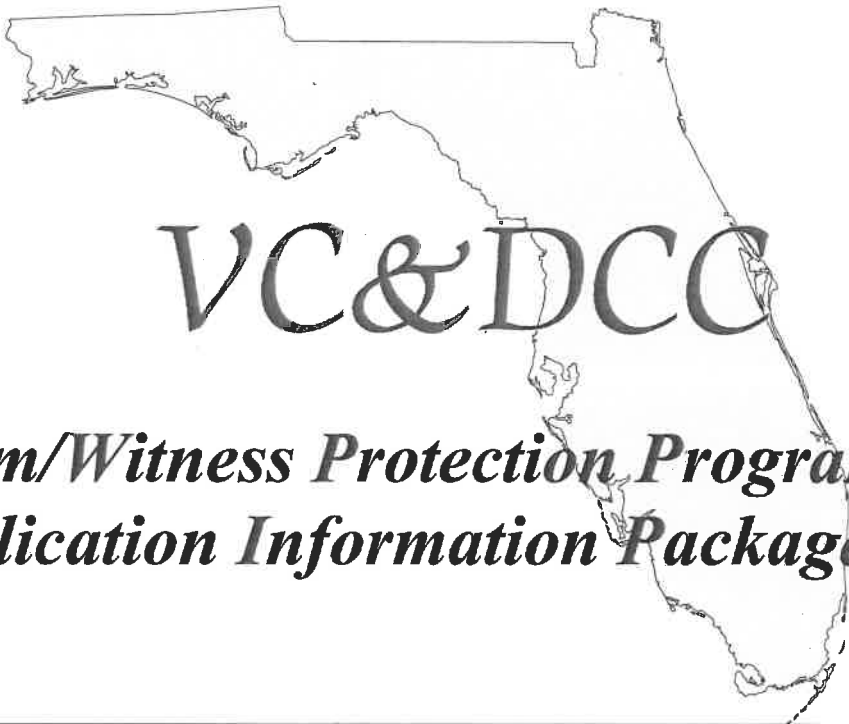




Florida Department
of Law Enforcement

Violent Crime and Drug Control Council



Victim/Witness Protection Program Application Information Package

For Additional Information, Please contact:

Florida Department of Law Enforcement
Violent Crime & Drug Control Council
P.O. Box 1489
Tallahassee, Florida 32302
Phone: (850) 410-8300

VICTIM/WITNESS PROTECTION PROGRAM REIMBURSEMENT APPLICATION

Pursuant to Rule 11N-1.0009

FUNDING PROCEDURES INSTRUCTIONS

Purpose

The Victim/Witness Protection Review Committee was created within the Violent Crime and Drug Control Council. This committee is responsible for reviewing and approving or denying, in whole or in part, all requests for reimbursement of Victim/Witness Protection funding.

Definitions

Victim or witness at risk of harm: Pursuant to 914.25(1)(a), F.S., this means a victim or witness who, as a result of cooperating in an investigation or prosecution of a *serious felony offense*, has been subjected to violence or other forms of intimidation, or who is the subject of a substantial threat to commit violence. The term also includes a member of the victim's or witness's immediate family.

Serious felony offense: Pursuant to 914.25(1)(b), F.S., this means one of the following offenses, including an attempt, solicitation or conspiracy to commit one of the following offenses: murder, manslaughter, sexual battery, aggravated stalking, aggravated battery, carjacking, home invasion robbery, burglary, arson, robbery, kidnapping, racketeering or trafficking in a controlled substance.

Requirements

1. Pursuant to 914.25(3)(b)(1): The Statewide Prosecutor or State Attorney may determine whether an identified victim or witness at risk of harm is critical to a criminal investigation or prosecution. **If the victim or witness at risk of harm is deemed critical, the Statewide Prosecutor or the State Attorney may certify that the person(s) receive protective services.**
2. Pursuant to 914.25(4)(a): When a victim or witness is certified, a law enforcement agency, in consultation with the certifying Statewide Prosecutor or State Attorney, may provide appropriate protective/relocation services.
3. Pursuant to 914.25(4)(b): Protective services may be provided for **up to 1 year** or until the risk giving rise to the certification has diminished, whichever occurs sooner. If deemed necessary, the Statewide Prosecutor or the State Attorney may re-certify a victim or witness at risk of harm **annually for a total certification period of no more than 3 years.**

How to Make a Funding Request

1. Requests must include certification of the victim/witness from the Statewide Prosecutor or State Attorney of the jurisdiction from which the investigation or prosecution resides.
2. The Agency Head and Chief Financial Officer must certify that the expenses claimed were true and correct.
3. The agency must attach an itemization of expenses, clearly indicating expenses to be distributed to agencies other than the lead agency if applicable.

NOTE: Do not state expenses as "miscellaneous." The agency must provide copies of receipts of expenditures. No reimbursement funding shall be provided for expenses incurred in an **agency's previous fiscal year.**

In order to ensure that a request is presented to the Council, the requesting agency should submit the funding request at least 30 days prior to the next scheduled Violent Crime and Drug Control Council meeting.

Please mail your requests to:

**Florida Violent Crime and Drug Control Council
c/o Florida Department of Law Enforcement
Investigations and Forensic Science
P. O. Box 1489
Tallahassee, Florida 32302**

An FDLE designee, will prepare an overview of each funding request to be presented to the Victim/Witness Protection Review Committee for review.

VICTIM/WITNESS PROTECTION PROGRAM REIMBURSEMENT APPLICATION

FDLE-Investigations and Forensic Science Case # _____

1. Check Here If This Is A First-Time Request

2. Check Here If This Is A Supplemental Request (*Victim/witness previously funded*)

3. Check Here If This Is A Renewal Of A Previous Certification (*Original certification has expired*)

NOTE: If 2 or 3 are checked above, please attach a Word document to indicate previous award dates and amounts.

PROSECUTORIAL INFORMATION

Prosecuting Entity: State Attorney's Office Statewide Prosecutor's Office

Trial Prosecutor's Name(s) _____

Please indicate the ORIGINAL date of Certification of the victim/witness: _____

Re-certification Date: _____

Pursuant to F.S. 914.25(3)(b), once identified as in a potential risk of harm, a state attorney or the statewide prosecutor must certify a victim or witness as being critical to a criminal investigation or prosecution and eligible for protective services or in need of protective services and temporary relocation services. Please complete the following to assist the Victim/Witness Protection Review Committee in evaluating your reimbursement request:

Protection/Relocation Person(s) Race/Sex DOB (MM/DD/YY) Social Security Number

CONFIDENTIAL

Prosecution Case Number (s): _____

Status (*i.e., projected trial date*): _____

I certify the above listed person(s) have been deemed critical and are eligible for services as authorized by Section 914.25, Florida Statutes:

Print Name of Certifying State Attorney/Statewide Prosecutor

State Attorney/Statewide Prosecutor's *Signature/Date*: _____

LAW ENFORCEMENT INFORMATION

Lead Law Enforcement Agency: _____

Lead Agency Fiscal Year: _____

(Month/Year) TO (Month/Year)

Physical Address: _____

Lead Agency Federal Identification (FEID) #: _____

Lead Agency Contact Person: _____

Contact's Phone Number: _____ Fax Number: _____

Contact's Email Address: _____

Agency Case Number(s): _____

Other Agencies to be Reimbursed: _____

I certify that the expenses claimed have been incurred as noted and are true and correct to the best of my knowledge and belief.

Lead Agency Head (*Print Name*): _____

Signature: _____

Lead Agency Chief Financial Officer (*Print Name*): _____

Signature: _____

VICTIM/WITNESS PROTECTION PROGRAM REIMBURSEMENT APPLICATION

PROTECTIVE SERVICES EXPENSES

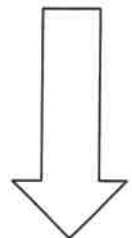
- Overtime Salary for law enforcement or security officer(s) involved
Attach detailed itemization of expenses, clearly indicating expenses to be distributed to agencies other than the lead agency \$ _____
- Cost of equipment rented or leased for specific purpose of providing protective service in this case
Attach detailed itemization of expenses, clearly indicating expenses to be distributed to agencies other than the lead agency.
(Do not include equipment purchased by the agency that can or will be used in other applications. If equipment is leased for a long term, you may claim the pro-rated portion of the lease in which the equipment was utilized for protective purposes.) \$ _____
Cost of equipment purchased for specific purpose of providing protective services in this case.
Attach detailed itemization of expenses, clearly indicating expenses to be distributed to agencies other than the lead agency.
(If equipment is retained in agency's inventory for future use, claim only the portion of the value of the equipment allocated to its use in the protective services and explain method of pro-rated valuation). \$ _____
- Other costs directly incurred by reason of providing protective services.
Attach detailed itemization of expenses, clearly indicating expenses to be distributed to agencies other than the lead agency. (For example: you may claim the basic cost of providing a cellular phone to a victim, but should exclude airtime charges not directly attributable to the victim's need for protective service.) \$ _____

RELOCATION EXPENSES

- Temporary relocation service
Attach detailed itemization of expenses, clearly indicating expenses to be distributed to agencies other than the lead agency. (NOTE: Do not state expenses as "miscellaneous".) \$ _____
Expenses must occur during the period of protection and be directly associated with protective services. Do not claim expenses that would not be incurred by the victim or witness had he or she not been in the protection program. Do not include expenses that will automatically be reimbursed (e.g., security deposits)

(NOTE: THE VICTIM/WITNESS PROTECTION REVIEW COMMITTEE MAY REIMBURSE ALL, A PART, OR NONE OF THE AMOUNTS REQUESTED.)

TOTAL REQUESTED: _____



(To be completed by FDLE/IFS)

Total Amount Approved: \$ _____ by the Council on _____ (date)