

# SEXUAL BATTERY RELOCATION CERTIFICATION WORKSHEET



**INSTRUCTIONS:** The application claim form must be received within three years or five years with good cause shown, from the date of crime. The victim's need must be certified by a certified rape crisis center. The claim form, certification worksheet, and acceptable proof of crime should be mailed to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, The Capitol, Tallahassee, FL 32399-1050; transmitted by facsimile to (850) 414-6197 or (850) 414-5779; emailed to [VCIntake@MyFloridaLegal.com](mailto:VCIntake@MyFloridaLegal.com); or submitted via the department's web portal. Failure to submit the necessary documentation will result in a denial of benefits.

## SECTION ONE: EXPENSE INFORMATION AND ACKNOWLEDGEMENTS

To be completed by the victim or legal guardian of a minor or incompetent adult. (please print)

1. Victim's Name (last, first, middle): \_\_\_\_\_
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Last Four Social Security Number: XXX-XX-\_\_\_\_
4. Applicant's Name, If Applicable (last, first, middle): \_\_\_\_\_
5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
6. Last Four Social Security Number: XXX-XX-\_\_\_\_
7. How will funding be used to execute the safety measures outlined in your safety plan?

8. Identify how the assistance will be used by specifying the dollar amount of each expense for which compensation is requested:

**\*\* Note: Money must be spent as requested or returned. Expenses not identified in the categories below will be denied.\*\***

Interim Shelter (Hotel/Motel) _____	Housing Deposits or Rent _____
Rental Vehicles to Move Belongings _____	Short Term Storage Facilities _____
Moving Company Charges _____	Prepaid Cellular Phone with Limited Prepaid Service _____
Natural Gas/ Utilities Deposits (New Residence) _____	Transportation Expenses _____
Emergency Food/Clothing _____	(airfare, bus, taxi, ridesharing service, train, fuel, vehicle rental)

9. Review and initial each of the following acknowledgements:

- I certify that I will comply with s. 960.199, Fla. Stat., and verify understanding that criminal prosecution for fraud under s. 960.18, Fla. Stat., may be pursued if I make false representations to receive money.
- I affirm that I am not currently residing with any offender involved in the sexual battery offense.
- I affirm that I have created a safety plan with a center representative which includes using the funds to relocate to a safe environment.
- I agree to accept the funds at the center within 30 days of payment issuance.
- I understand that it is my responsibility to submit itemized receipts showing how funds awarded are used, via email to [VCIntake@MyFloridaLegal.com](mailto:VCIntake@MyFloridaLegal.com), or via fax to (850) 414-6197 or (850) 414-5779, which must be received by the department within 45 days of payment issuance.
- I acknowledge that the department shall deny, reduce, or withdraw any award if receipts are not received by the department within 45 days of payment issuance, or if receipts do not reflect compensable relocation assistance expenses.
- I verify that the sexual battery was committed in my place of residence or in a location that would lead me to reasonably fear my continued safety in my place of residence.
- I swear to cooperate with the proper authorities, including but not limited to the state attorney, statewide and federal prosecutors, all law enforcement agencies, and the department.
- I certify that this request to the department for relocation assistance is a last resort that follows all other funding sources.
- I affirm that a determination of claim eligibility constitutes an award for the amount certified up to the maximum specified on the Schedule of Benefits, and will count toward the maximum lifetime benefit amount established pursuant to s. 960.199 (1), Fla. Stat.
- I understand that any monies paid on an award which is denied, reduced, or withdrawn must be repaid to the department. Any outstanding unpaid amounts will be deducted from any future relocation awards.

**BY CHECKING THIS BOX, I AFFIRM I HAVE READ, INITIALED, AND WILL ABIDE BY THE ASSURANCES ABOVE.**

10. Victim's/Applicant's Signature: \_\_\_\_\_
11. Date: \_\_\_\_\_

## SECTION TWO: CERTIFICATION

To be completed by the certified rape crisis center representative. (please print)

12. Center's Name: \_\_\_\_\_
13. Representative's Name: \_\_\_\_\_
14. Mailing Address: \_\_\_\_\_
15. City: \_\_\_\_\_
16. State: \_\_\_\_\_
17. Zip code: \_\_\_\_\_
18. Telephone Number: (\_\_\_\_) \_\_\_\_\_
19. Facsimile Number: (\_\_\_\_) \_\_\_\_\_
20. Email Address: \_\_\_\_\_
21. Certified Rape Crisis Center Representative Verifications:

- (a) I certify compliance with the provisions of s. 960.199, Fla. Stat.
- (b) I affirm that the victim/applicant has been notified of all applicable rules and regulations, and that failure to comply with those requirements shall result in a withdrawal of the award.
- (c) I verify that the crime incident was identified by the proper authorities as a sexual battery defined by s. 794.011, Fla. Stat.
- (d) I verify that the victim is in need of relocation assistance based on a reasonable fear for their continued safety at their current residence due to the sexual battery crime.
- (e) I verify that the victim/applicant has provided personal identification which was reviewed prior to certifying the application.
- (f) I affirm that the victim has developed a safety plan.
- (g) I acknowledge that another certified representative or I must witness the victim/applicant's acceptance of payment and forward a signed Notification of Possible Recoupment and/or Prosecution for Fraud Form to the department.
- (h) I verify that the victim/applicant was notified that if funds are awarded, he or she must accept the funds at the center within 30 days of payment issuance. If the payment is not collected, I authorize the department to rescind eligibility and revoke my certification of that application.
- (i) I verify that the victim/applicant has cooperated with the proper authorities which includes the state attorney in investigating and prosecuting known offenders.

**BY CHECKING THIS BOX, I AFFIRM THAT I HAVE COUNSELED THE RECIPIENT REGARDING ALL ASPECTS OF THE PROGRAM AND THE OBLIGATIONS AND RESPONSIBILITIES FOR RECEIVING AND SPENDING THESE FUNDS, AND THEREBY CERTIFY THE VICTIM'S NEED FOR ASSISTANCE.**

22. Representative's Signature: \_\_\_\_\_
23. Date: \_\_\_\_\_