

## SEXUAL BATTERY RELOCATION CERTIFICATION WORKSHEET



**INSTRUCTIONS:** To qualify for sexual battery relocation assistance, the victim's need must be certified by a certified rape crisis center in Florida within one year from the date of crime, or two years with good cause. 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, or transmitted by facsimile to (850) 414-6197 or (850) 414-5779, or emailed to VCIntake@MyFloridaLegal.com. 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, vehicle rental, bus, train, or taxi)
9. Review and initial each of the following acknowledgements:  
☐ I will comply with 960.199, Fla. Stat., and I understand that criminal prosecution for fraud may be pursued if I make false representations to receive money, or use it in a manner inconsistent with the approved use.  
☐ I am not currently residing with and I will not in the future reside with the offender.  
☐ I attest to the fact that no other assistance for relocation is available through any other source, including but not limited to public or private sources.  
☐ I will use all funds awarded to relocate as identified in the expense section above.  
☐ I agree to provide itemized receipts to the department within 45 days of receiving the award. In addition, I understand that receipts must be emailed to VCIntake@MyFloridaLegal.com, or be faxed to (850) 414-6197 or (850) 414-5779, to be considered for any additional awards.  
☐ I agree that the department may deny, reduce, or withdraw any award if receipts are not received, or if receipts do not reflect the specified expenditures approved by the department, pursuant to 2A-2.016(8)(c), F.A.C.  
☐ I attest to the fact that the crime was committed in my place of residence or in a location that led to my reasonable fear for continued safety in the place of residence.  
☐ I swear to duly cooperate with the proper authorities, the department, and the state attorney in prosecuting known offenders.  
☐ Application is being made within one year from the date of crime. If not, please explain: \_\_\_\_\_  
☐ The crime was reported to the proper authorities within 72 hours. If not, please explain: \_\_\_\_\_  
☐ **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)

1. Center's Name: \_\_\_\_\_
2. Representative's Name: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_ 4. City: \_\_\_\_\_ 5. State: \_\_\_\_\_ 6. Zip code: \_\_\_\_\_
7. Telephone Number: (\_\_\_\_) \_\_\_\_\_ 8. Facsimile Number: (\_\_\_\_) \_\_\_\_\_ 9. Email Address: \_\_\_\_\_
10. Certified Rape Crisis Center Representative Verifications:
  - (a) The crime incident was identified by the proper authorities as a sexual battery defined by 794.011, Fla. Stat.
  - (b) 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.
  - (c) The victim is cooperating with the proper authorities, the department, and the state attorney in prosecuting known offenders.
  - (d) The victim/applicant provided personal identification documentation which was reviewed prior to certifying the application.
  - (e) The victim has developed a safety plan.
  - (f) I understand that I or another representative must witness the victim's acceptance of payment and forward a signed Notification of Recoupment and/or Prosecution for Fraud Form to the department.
  - (g) The victim/applicant was notified that if funds are awarded, he/she must accept the funds at the center within 30 days of payment issuance. If payment is not collected, I authorize the department to rescind eligibility and revoke my certification of this application.☐ **BY CHECKING THIS BOX, I AFFIRM THAT I HAVE COUNSELED THE RECIPIENT IN REGARDS TO ALL ASPECTS OF THE PROGRAM AND THE OBLIGATIONS AND RESPONSIBILITIES FOR RECEIVING AND SPENDING THESE FUNDS, AND THERBY CERTIFY THE VICTIM'S NEED FOR ASSISTANCE.**
11. Representative's Signature: \_\_\_\_\_ 12. Date: \_\_\_\_\_