

HUMAN TRAFFICKING RELOCATION CERTIFICATION WORKSHEET



INSTRUCTIONS: To qualify for human trafficking relocation assistance, the victim's need must be certified by a certified rape crisis or domestic violence center within one year from the date of crime, or two years with good cause. In cases that exceed the two year requirement, the victim's need for assistance must be certified by a state attorney, or statewide or federal prosecutor. The claim form, certification worksheet, and acceptable proof of crime must 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 require financial assistance to relocate based on a reasonable fear for my continued safety resulting from a human trafficking offense.
☐ I will comply with 960.196, 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 any offender involved with the human trafficking offense.
☐ I agree to provide itemized written receipts which must be received by the department within 45 days of payment issuance. In addition, I understand 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.
☐ I swear to duly cooperate with the proper authorities, including but not limited to the department, state attorney, statewide and federal prosecutors, and all law enforcement agencies.
☐ Application is being made within one year from the date of crime. 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 or domestic violence center representative. In cases that exceed the two year filing requirement, this section must be completed by a State Attorney, Statewide or Federal Prosecutor. (please print)

11. (Select One) ☐ Certified Rape Crisis Center Representative ☐ Certified Domestic Violence Center Representative
☐ State Attorney (or delegate Assistant State Attorney) ☐ Statewide Prosecutor ☐ Federal Prosecutor
12. Name: _____ 13. Agency Name: _____
14. Mailing Address: _____ 15. City: _____ 16. State: _____ 17. Zip code: _____
18. Telephone Number: (____) _____ 19. Facsimile Number: (____) _____ 20. Email Address: _____
21. Certified Rape Crisis or Domestic Violence Center Representative, State Attorney, Statewide or Federal Prosecutor Verifications:
 - (a) The application meets the requirements of 960.196, Fla. Stat.
 - (b) I affirm that acceptable proof of crime is attached to the application which is being submitted with this certification, and that the crime incident was identified by the proper authorities as human trafficking defined by 787.06 (3) (b), (d), (f), or (g), Fla. Stat.
 - (c) I certify that the victim's urgent need to relocate results from the human trafficking crime. I further attest that this certification is being completed within 45 days immediately following the crime, or an identifiable threat by a human trafficking offender, which has been communicated to the proper authorities; or the State Attorney, Statewide or Federal Prosecutor has determined the victim's need to relocate is due to the threat of future violence, and there is currently an active and ongoing investigation.
 - (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 have verified that the victim/applicant has cooperated with the proper authorities in investigating and prosecuting known offenders.
 - (g) I understand that I or another representative must witness the victim's acceptance of payment and forward a signed Notification of Recoupment Form to the department.
 - (h) The victim/applicant was notified that if funds are awarded, he/she must accept the funds at the center/office within 30 days of issuance. If payment is not collected, I authorize the department to rescind eligibility and revoke my certification of this application.
 - (i) 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.

☐ **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.**

22. Representative's Signature: _____ 23. Date: _____