



NOTIFICATION OF POSSIBLE RECOUPMENT AND/OR PROSECUTION FOR FRAUD

Instructions to the victim/applicant: Initial each of the following acknowledgements, sign, date, and identify the assigned claim number on the form below. Submit original itemized receipts to the department and include the claim number on all receipts.

_____ In accordance with Section 960.198, Florida Statutes, I shall fully comply with the requests of the proper authorities, and cooperate with prosecuting known offenders. Failure to cooperate will result in a withdrawal of the award.

_____ I agree to submit itemized receipts for approved expenses as listed on the Domestic Violence Relocation Certification Worksheet. Itemized receipts must be received by the Bureau of Victim Compensation within 45 days from the date the check was issued.

_____ I am aware that efforts to recoup the money will be initiated if the necessary documentation is not received by the department within 45 days of payment issuance.

_____ I understand that no additional benefits of any type can be approved by the department until the award authorized to me for the purpose of relocating is verified by the proper submission of acceptable receipts.

_____ I agree to spend the award for approved expenses as identified on my Domestic Violence Relocation Worksheet which are limited to interim shelter; housing deposits or first month's rent; rental vehicles to move belongings; short term storage facilities; moving company charges; prepaid cellular phone and prepaid minutes; natural gas or utilities deposit on a new residence; transportation expenses which are limited to airfare, bus, taxi, train, and vehicle rental; emergency food; and/or emergency clothing.

_____ I acknowledge understanding that I may face criminal prosecution for fraud under Chapter 960.18, Florida Statutes, if I have made false representations to receive the money or have not used the funds in accordance with the specified expenses for which compensation was requested as identified on the Domestic Violence Relocation Worksheet.

_____ I confirm receipt of a check for domestic violence relocation assistance in the amount of \$_____, which has been provided to me by the Office of the Attorney General, Bureau of Victim Compensation.

Victim/Applicant's Name (Printed)

Claim Number

Victim/Applicant's Signature

Date

Instructions to the certified domestic violence center representative: I, the certified domestic violence center representative, have counseled the recipient in regards to all aspects of the program and the obligations and responsibilities for receiving and spending these funds. I continue to verify the information as it was originally submitted.

Certified Representative's Name (Printed)

Certified Representative's Signature

Date