



NOTIFICATION OF POSSIBLE RECOUPMENT AND/OR PROSECUTION FOR FRAUD

Instructions to victim/applicant: Initial each of the following acknowledgements, sign, date, and identify the assigned claim number on the form below.

_____ In accordance with Section 960.196, Florida Statutes, I shall fully comply with the requests of the proper authorities, and will cooperate with prosecuting known offenders. Failure to cooperate will result in a withdrawal of the award.

_____ I agree to submit receipts for approved expenses as listed on the Human Trafficking Relocation Certification Worksheet. Receipts must be received by the Bureau of Victim Compensation within 45 days from payment issuance.

_____ I am aware that efforts to recoup the monies will be initiated if the necessary documentation is not received within 45 days. 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 understand that I will face possible criminal prosecution for fraud under Section 960.18, Florida Statutes, if I have made false representations to receive the money or do not use the funds in accordance with my safety plan.

_____ I acknowledge receiving payment for Human Trafficking 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 representative of the certifying rape crisis or domestic violence center, state attorney, statewide or federal prosecutor: Present this form to the victim/applicant before distributing the award. Sign and date the acknowledgement below, and forward via mail to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, the Capitol, Tallahassee, FL 32399-1050; or fax to (850) 414-6197, or (850) 414-5779; or email to VCIntake@myfloridalegal.com.

I have counseled the recipient in regards to all aspects of the program and the obligations and responsibilities for receiving these funds. I continue to verify the information as it was originally submitted.

Representative's Name (Printed)

Representative's Signature

Date

The Office of the Attorney General, Bureau of Victim Compensation is an equal opportunity provider and employer.