

### Law Enforcement Relocation Verification Form

#### ► **MUST be Completed by Law Enforcement**

This form is for law enforcement to document the threat to the personal safety of the crime victim seeking relocation benefits from the California Victim Compensation Program (CalVCP). This form may be used with or without a letter from law enforcement. If a letter is submitted without this form, it must be on the law enforcement agency's letterhead and contain all of the information requested in this form including signature, title, and badge number (if applicable).

#### Victim Information

Name:		Phone Number:	
Address	City	State	Zip

#### Crime Information

Crime Date:	Crime Code:	Crime Report Number:
-------------	-------------	----------------------

From the date of the crime to the present, has the victim been in prison, on probation, or on parole because of a felony?      Yes      No

Is or was it necessary for the victim to relocate for personal safety?      Yes      No

Not enough information to determine

If Yes, besides the elements of the crime, please describe the threat to the victim's **personal safety**:

Is the perpetrator incarcerated?      Yes      No     If Yes, what is the expected release date? \_\_\_\_\_

If Yes, is there still a threat to the victim's safety?      No      Yes – If Yes, please explain the nature of the threat:

If more than 90 days has passed since the crime, is there still a credible threat to the victim?

No – Explain:

Yes – If Yes, please explain:

Name of Law Enforcement Official Providing Information (print):

Agency Name:	Contact Phone Number:
Signature	Badge Number (if applicable)
	Date

**FOR STAFF USE: If form is not fully completed, contact the LE agency, add the missing information, complete the section below, and have the document scanned in.**

Law Enforcement Official Providing Information	Badge Number	Phone Number
V/W Center Name, Number & Advocate/Staff Completing This Form	Phone Number	Date