



DOZIER AND OKEECHOBEE SCHOOL VICTIM COMPENSATION CLAIM FORM

Address: PL-01, The Capitol, Tallahassee, FL 32399-1050

Information and Referral: (800) 226-6667 • Persons with Hearing Difficulties Call Florida Relay: (800) 955-8771

Email: DozierClaims@MyFloridaLegal.com • Fax: (850) 488-2014 • Website: www.MyFloridaLegal.com/DozierSchool

The purpose of the Dozier School for Boys and Okeechobee School Victim Compensation Program, known also as the Dozier and Okeechobee School Victim Compensation Program, is to provide living persons who were confined at either facility beginning from 1940 through 1975, who endured physical, mental, and/or sexual abuse perpetrated by school personnel, with equitable compensation pursuant to chapter 2024-254, Laws of Florida. The Bureau of Victim Compensation regrets that you faced circumstances that prompted you to seek the application for financial compensation. Be advised that claim and payment determinations are guided by statutes and administrative rules, and that this application and future correspondence will contain legal and technical language. To see if you qualify, please carefully read the Basic Eligibility Requirements and Limitations below.

Section One - INSTRUCTIONS

To expedite the processing of your application, please follow these instructions.

1. Fill out this form completely (please print), sign and date your signature in the presence of a notary public.
2. Attach acceptable proof of confinement, such as notarized school records signed by the records custodian or certified court documents.
3. Submit the completed application and all required documentation via email, fax, or mail to the Bureau of Victim Compensation.
4. If you change your mailing address, phone numbers, or email, you must provide written notice to the Bureau to prevent delays in processing your claim or payment.

Section Two - BASIC ELIGIBILITY REQUIREMENTS

Additional qualification criteria, deadlines, and exceptions not listed may apply.

- ✓ **FILING:** The Dozier and Okeechobee School Victim Compensation Claim Form, referred to as the application, and all supporting documentation must be received by the Bureau of Victim Compensation no later than December 31, 2024.
- ✓ **LIVING PERSONS:** Only living victims who attended the Dozier School for Boys and/or Florida School for Boys at Okeechobee may apply for compensation. Representatives of an estate or a decedent may not file.
- ✓ **PROOF OF CONFINEMENT:** Acceptable documentation proving confinement of the victim beginning from 1940 through 1975, which must be received with the application. Acceptable proof may include school records submitted with a notarized certificate of authenticity signed by the records custodian, or certified court documents.
- ✓ **PROOF OF VICTIMIZATION:** Section six of the application requires a selection for the type of victimization. Upon completion, a signed and dated signature in the presence of a notary public satisfies the requirement to attest to the abuse suffered.

Section Three - LIMITATIONS

Navigating the availability of resources and limitations can be difficult to understand. Victims/applicants are referred to victim advocates at victim services centers, to seek alternative resources when qualifications for compensation are not met.

- **APPLICATION:** If your application package is not complete when received by the Bureau of Victim Compensation, it will be denied. A new application or supplemental document may be submitted to request further consideration, which must be received no later than December 31, 2024. Failure to provide acceptable documentation by the deadline forecloses any right to appeal or request further consideration.
- **PAYMENT LIMITATIONS:** The Bureau of Victim Compensation has discretion to review and approve a one-time payment to a victim whose application meets the qualifications. All payment authorizations will be suspended until the timeframe within which filing an application has expired. Funds appropriated by Florida's Legislature will be equitably distributed between all qualified victims upon completion of the final review and determination process. Payments may be authorized below the equitable maximum and can be reduced without prior notice based on the availability of funding.

Section Four - FACILITY SELECTION AND DATES OF CONFINEMENT

Victims/applicants must identify the facility where the victim was confined, provide the approximate dates of confinement, and submit acceptable documentation of confinement beginning from 1940 through 1975. (Check all that apply)

- ARTHUR DOZIER SCHOOL FOR BOYS, "DOZIER SCHOOL"**
Marianna, Florida
Confined: _____ (mm/dd/yyyy) Released: _____ (mm/dd/yyyy)
- FLORIDA SCHOOL FOR BOYS AT OKEECHOBEE, "OKEECHOBEE SCHOOL"**
Okeechobee, Florida
Confined: _____ (mm/dd/yyyy) Released: _____ (mm/dd/yyyy)

Section Five - VICTIM/APPLICANT INFORMATION

Provide information about the individual identified as the victim who attended the Dozier School for Boys and/or Florida School for Boys at Okeechobee.

VICTIM'S NAME (first, middle, last)		DATE OF BIRTH (mm/dd/yyyy)	
SOCIAL SECURITY NUMBER	EMAIL ADDRESS	WOULD YOU LIKE CORRESPONDENCE SENT BY EMAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS		CITY	STATE
PRIMARY TELEPHONE NUMBER		ALTERNATE TELEPHONE NUMBER	

RACE, GENDER, AND NATIONAL ORIGIN INFORMATION IS COLLECTED FOR STATISTICAL PURPOSES AND IS OPTIONAL.

RACE/ETHNICITY (Check one)	<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE	<input type="checkbox"/> ASIAN	<input type="checkbox"/> BLACK/AFRICAN AMERICAN	<input type="checkbox"/> HISPANIC/LATINO	<input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	<input type="checkbox"/> WHITE NON-LATINO/CAUCASIAN	<input type="checkbox"/> MULTIPLE	<input type="checkbox"/> OTHER
GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		NATIONAL ORIGIN					

APPLICANT INFORMATION (If applicable)

Complete the remaining questions in section five if you are filing the application on behalf of an incompetent adult. Proof of legal guardianship must be attached.

DO YOU HAVE LEGAL GUARDIANSHIP OF THE LIVING VICTIM? <input type="checkbox"/> YES <input type="checkbox"/> NO		RELATIONSHIP TO THE VICTIM	
APPLICANT'S NAME (first, middle, last)		DATE OF BIRTH (mm/dd/yyyy)	
SOCIAL SECURITY NUMBER	EMAIL ADDRESS	WOULD YOU LIKE CORRESPONDENCE SENT BY EMAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS		CITY	STATE
PRIMARY TELEPHONE NUMBER		ALTERNATE TELEPHONE NUMBER	

Section Six - VICTIMIZATION

Select the victimization type perpetrated by school personnel that the victim experienced. (Check all that apply)

<input type="checkbox"/> Physical Abuse Violent and nonviolent cruelty or abuse through punching, kicking, biting, shaking, throwing, choking, burning, etc.	<input type="checkbox"/> Excessive Force Brutality, including the use of prone restraints, and/or the severity and number of physical disciplinary actions.
<input type="checkbox"/> Mental Abuse Emotional/psychological mistreatment, neglect, exploitation, intimidation, humiliation, servitude, etc.	<input type="checkbox"/> Dismissive Safety Controls Inadequate response to suicide attempts and/or a dismissive approach to suicidal behavior endangering the safety of a person.
<input type="checkbox"/> Sexual Abuse Genital fondling, penetration, rape, sodomy, molestation, indecent exposure, forced prostitution, etc.	<input type="checkbox"/> Rehabilitative Negligence Failure to address addiction, mental health, or behavioral concerns needed to prevent recidivism.
<input type="checkbox"/> Corporal Punishment Intentional infliction of pain for minor infractions through inappropriate use of isolation and extended confinement for purposes of punishment and control.	<input type="checkbox"/> Other (Describe)

Section Seven - VICTIMIZATION STATEMENT

Provide a brief description of the physical, mental, or sexual abuse you were forced to endure while confined at the Dozier and/or Okeechobee School. By providing this information herein, signing, and dating your signature on the application in the presence of a notary public, compliance with the requirement to provide proof of victimization may be satisfied. (Please print legibly)

BRIEF DESCRIPTION OF ABUSE

Section Eight - DISCLOSURES, LEGAL ACKNOWLEDGMENTS, AND SIGNATURE

PLEASE READ CAREFULLY, SIGN, AND DATE THE SIGNATURE WHICH MUST BE WITNESSED BY A NOTARY PUBLIC.

SOCIAL SECURITY NUMBER DISCLOSURE: The Bureau of Victim Compensation collects and uses Social Security numbers for the purpose of performing imperative duties and responsibilities which may include the following: verifying certified court documents, identity management, payment authorizations, and reporting to authorized state and federal government agencies. Failure to provide this optional information may delay the processing of your application or payment, if authorized. Federal and State laws require the Bureau to protect Social Security numbers from disclosure to unauthorized parties. Absent a waiver from you or your legal representative, Social Security numbers will be redacted, unless the agency receives a court order to turn over a non redacted file.

ACCEPTANCE OF CERTIFIED MAIL: Written notices of determination for approval and denial will be sent via certified mail to the mailing address provided on the application form. If you change your mailing address, phone numbers, or email, you must provide written notice to the Bureau of Victim Compensation no later than December 31, 2024, to prevent delays in processing your claim, or issuing payment, if authorized.

COMPLIANCE WITH PROVISIONS SET FORTH: By signing the application form, you acknowledge understanding that you must comply with the obligations set forth by the applicable statutory expectations pursuant to chapter 2024-254, Laws of Florida, and that it is your responsibility to submit and the Bureau of Victim Compensation receive all supporting documentation to substantiate your claim no later than December 31, 2024.

PAYMENT AUTHORIZATION SUSPENSION: The Bureau of Victim Compensation is committed to helping the victims who endured physical, mental, or sexual abuse at the Dozier School for Boys or the Florida School for Boys at Okeechobee, within the guidelines established by Florida’s Legislature. While it is the express intent to deliver on that commitment, there is no guarantee, pre-approval, or promise of payment. Each Dozier and Okeechobee School Victim Compensation Claim Form is reviewed in the order received to determine if it meets the qualifications as prescribed by law. All payment authorizations will be suspended until the timeframe within which to file an application has expired. Funds appropriated by Florida’s Legislature will be equitably distributed between all qualified victims, regardless of the severity of abuse, upon completion of the final review and determination process.

RELEASE OF FURTHER OBLIGATION: By accepting compensation through the Dozier and Okeechobee School Victim Compensation Program, you hereby waive any right to further compensation related to confinement at the Dozier School for Boys or the Okeechobee School, or any abuse suffered during such confinement. Each person compensated under the Dozier and Okeechobee School Victim Compensation Program is ineligible for any further compensation.

PENALTY OF PERJURY: A person who makes a false statement on the Dozier and Okeechobee School Victim Compensation Claim Form, and/or in any attachment or exhibit submitted therewith, is subject to the penalty of perjury under Florida Statute 837.012. By signing the Dozier and Okeechobee School Victim Compensation Claim Form, the victim/applicant affirms that all information is accurate, and that the terms and conditions for receiving compensation with false or misrepresented information is subject to penalty of perjury or fraud.

VICTIM/APPLICANT PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

My signature affirms understanding the disclosures and legal acknowledgments.
Under penalty of perjury or fraud, I attest that the information provided is true and correct to the best of my knowledge.

NOTARIZATION REQUIREMENT:

Sworn to and subscribed before me this _____ day of _____, 20_____.

- Personally known to me.
- Identification produced.

NOTARY PUBLIC SIGNATURE: _____

Stamp/Seal: