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.

_____ I acknowledge understanding that I must comply with the obligations set forth in s. 960.199, Fla. Stat.

_____ I attest to the fact that I will fully comply with the requests of the proper authorities, and in prosecuting known offenders. Failure to cooperate will result in a denial of eligibility and withdrawal of the award.

_____ I agree to submit receipts for approved expenses which must be received by the department within 45 days from payment issuance. Efforts to recoup the monies will be initiated if the necessary documentation is not received by the department within 45 days from payment issuance.

_____ I am aware that I will be required to repay any monies which are not used for compensable relocation assistance expenses, or if receipts are not received 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 for the purpose of relocating is verified by the proper submission of acceptable receipts.

_____ I agree to spend the award for approved expenses, which are limited to interim shelter; moving company charges; deposits which include natural gas and utilities deposits for unoccupied residences, housing, or apartment deposits; short term storage facility charges; prepaid cellular services with limited prepaid service; transportation expenses for airfare, bus, taxi, ridesharing services, train, fuel, or vehicle rental; emergency food and clothing.

_____ I am aware that I will face possible criminal prosecution for fraud under s. 960.18, Fla. Stat., if I make false representations to receive the money or use the funds for purposes other than relocating as identified on my safety plan.

_____ I acknowledge receipt of the funds in the amount of $_____, approved by the Office of the Attorney General, Bureau of Victim Compensation.

_____ I acknowledge that any monies for which recoupment is sought must be repaid or will be deducted against any future relocation awards.

_____ _____

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.

_____

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.