

Law Enforcement Residential Security Verification Form

► **MUST be completed by Law Enforcement**

This form is for law enforcement to document the threat to the personal safety of the qualifying crime victim seeking residential security 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
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► From the date of the qualifying 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 install some type of residential security 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?

No

Yes If Yes, what is the expected release date? _____

Is there still a threat to the victim's safety?

No

Yes If Yes, please explain the nature of the threat:

Name of Law Enforcement Official Providing Information (print):

Agency Name:

Contact Phone Number:

Signature

Badge Number (if applicable)

Date

Privacy Notice on Collection

1. VCGCB collects this information based on California Government Code sections 13952 et seq. and 13954.
2. All information collected from this site is subject to, but not limited to, the Information Practices Act. See <http://vcgcb.ca.gov/media/prn.aspx>.
3. This information is collected for the purpose of determining eligibility for compensation.
4. VCGCB may disclose your personal information to another requestor, only if required to do so by law or in good faith that such action is necessary to:
 - a. Conform to the edicts of the law or comply with legal process served on VCGCB or the site;
 - b. Protect and defend the rights or property of VCGCB; and,
 - c. Act under exigent circumstances to protect the personal safety of users of VCGCB, or the public.
5. Individuals are to provide only the information requested.
6. The information provided is mandatory.
7. The consequences of not providing the requested information could result in the denial of your application.
8. You have the right to access the records containing the personal information that you provided.
9. The information collected is used by the California Victim Compensation Program.
10. Any questions regarding the information collected, please write to the following address: 400 R Street, 5th Floor Sacramento, CA 95811, email info@vcgcb.ca.gov, call (800) 777-9229, or contact the VCGCB Privacy Coordinator at InfoSecurityandPrivacy@vcgcb.ca.gov.
11. For additional information regarding privacy, please see VCGCB's Privacy Notice. See <http://vcgcb.ca.gov/privacy.aspx>.
12. For information regarding consumer information on security, please visit <https://oag.ca.gov/privacy/online-privacy>.