

REPORTING TIME EXPLANATION FORM



INSTRUCTIONS TO VICTIM/APPLICANT: Pursuant to 960.13 (1)(b), Fla. Stat., or 960.195 (2), Fla. Stat., the incident must be reported to the proper authorities within 72 hours from the time the incident was known to have occurred. The purpose of this form is to collect an explanation for why the crime was not reported timely. Return the form directly to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, The Capitol, Tallahassee, FL 32399-1050, or by facsimile to (850) 414-6197 or (850) 414-5779, or email to VCIntake@MyFloridaLegal.com.

SECTION ONE: VICTIM'S INFORMATION (please print)

1. Name: (last, first, middle) _____
2. Date of Birth: ____/____/____ 3. Last Four Social Security Number: XXX-XX-_____
4. Mailing Address: _____ 5. City: _____ 6. State: _____ 7. Zip Code: _____
8. Telephone Number: (____) _____ 9. Email Address: _____

SECTION TWO: EXPLANATION (please print)

10. Please identify the reason(s) below by selecting the applicable explanation.

- The victim was unaware or otherwise not convinced that a crime had occurred.
- The victim was not emotionally, mentally, or physically able to report the incident.
- The victim believed that the proper authorities had been contacted and a report was filed.
- The victim is/was a minor at the time of the incident.
- The victim expressed feelings or shame, remorse, or embarrassment which prevented them from contacting the proper authorities.
- The victim is/was in fear of retaliation or retribution by the offender, the offender's family, or the offender's acquaintances.
- A language or cultural barrier precluded effective communication with the proper authorities.
- Other: (please be specific)

SECTION THREE: SIGNATURE (please print)

THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

11. Victim's Signature: _____ 12. Date: _____

Applicant signature is required if filing as the parent, legal guardian, or individual authorized to administer a victim's estate. Persons submitting an application on behalf of an incompetent adult must submit proof of legal guardianship and have their application signature witnessed by a Notary Public.

Victim:
BVC Claims Analyst:

Claim Number:
Crime Date: