

# NOTIFICATION OF POSSIBLE RECOUPMENT AND/OR PROSECUTION FOR FRAUD



**INSTRUCTIONS:** A payment was issued for relocation assistance in accordance with s. 960.198, Fla. Stat., 960.199, Fla. Stat., or 960.196, Fla. Stat. As a condition of accepting and spending the relocation benefit, victims/applicants are required to submit and the department receive itemized documentation within 45 days proving funds were used to satisfy the standard housing contract or Notification of Residential Agreement previously sent. Certified center representatives who are distributing relocation assistance funds must witness the victim/applicant's acknowledgement of the terms and conditions for spending the award and acceptance of payment, in addition to verify the certification of need as it was originally submitted. Upon collection, forward 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](mailto:VCIntake@MyFloridaLegal.com).

## SECTION ONE: VICTIM/APPLICANT VERIFICATION OF TERMS AND CONDITIONS

To be completed by the victim or legal guardian of a minor or incompetent adult. (please print)

1. Victim's Name (last, first, middle): \_\_\_\_\_
2. Which relocation assistance benefit are you collecting? (check one)  Domestic Violence  Sexual Battery  Human Trafficking
3. Claim Number: \_\_\_\_\_
- 4. Before accepting relocation assistance funds, review and initial each of the following acknowledgements to verify understanding the terms and conditions of payment:**
- I understand that I must comply with the obligations set forth by the applicable statutory expectations in s. 960.198, Fla. Stat., 960.199, Fla. Stat., or 960.196, Fla. Stat.
- I agree to use the payment to satisfy the standard housing contract or Notification of Residential Agreement previously sent and approved by the bureau as a compensable relocation assistance expense. Only short-term interim shelter, rental agreements, or long-term leases for a new location are approved. I am aware that I will be required to repay any monies which are not used for the compensable relocation assistance expense, and/or if proof of how funds were used is not received within 45 days of payment issuance.
- I acknowledge that it is my responsibility to submit and the bureau receive itemized documentation proving how funds were used within 45 days from payment issuance. The date payment was issued is identified on the check. I agree to send itemized proof to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, The Capitol, Tallahassee, FL 32399-1050; or via fax to (850) 414-6197, or (850) 414-5779; or via email to [VCIntake@MyFloridaLegal.com](mailto:VCIntake@MyFloridaLegal.com).
- I am aware that I will possibly be charged with criminal prosecution for fraud under s. 960.18, Fla. Stat., if I make false representations to receive relocation assistance funds.
- I acknowledge that any monies for which recoupment is sought must be repaid or will be deducted against any future relocation benefits.
- I understand the bureau assumes no responsibility for the terms of any shelter, rent, or lease contract and is not a guarantor of payment. I understand that civil action may be taken by the property manager, the company they represent, or landlord, if I fail to comply with the terms of payment accordingly.
- I swear to fully comply and cooperate with the proper authorities, including but not limited to the state attorney, statewide and federal prosecutors, all law enforcement agencies, and the bureau. Failure to cooperate will result in a rescission of eligibility and recoupment of all benefits paid.
- BY CHECKING THIS BOX, I AFFIRM UNDER PENALTY OF PERJURY OR FRAUD, THAT I HAVE READ, INITIALED, AND WILL ABIDE BY THE TERMS AND CONDITIONS ABOVE.**
- 5. By signing this Notification of Possible Recoupment and/ or Prosecution for Fraud form, I acknowledge receipt of the relocation assistance funds in the amount of \$ \_\_\_\_\_, approved by the Office of the Attorney General, Bureau of Victim Compensation.**
6. Victim's/Applicant's Signature: \_\_\_\_\_ 7. Date: \_\_\_\_\_

## SECTION TWO: CERTIFIED CENTER REPRESENTATIVE'S VERIFICATION OF NEED

To be completed by the certified domestic violence or rape crisis center representative. (please print)

8. Center's Name: \_\_\_\_\_
9. Representative's Name: \_\_\_\_\_
- 10. Certified Domestic Violence or Rape Crisis Center Representative Verifications:**
- a) I verify the certification of need for relocation assistance which is necessary for the victim/applicant to relocate to a new location in accordance with their safety plan.
- b) I have witnessed the victim/applicant initial, sign, and date the acknowledgements for the terms and conditions specified in section one above.
- c) I affirm that the victim/applicant was counseled in regards to all aspects of the program and the obligations and responsibilities for receiving funds.
- BY CHECKING THIS BOX, I CONTINUE TO CERTIFY THE VICTIM'S NEED FOR RELOCATION ASSISTANCE.**
11. Representative's Signature: \_\_\_\_\_ 12. Date: \_\_\_\_\_

*The Office of the Attorney General, Bureau of Victim Compensation is an equal opportunity provider and employer.*