

NON-COOPERATION EXPLANATION FORM



INSTRUCTIONS TO VICTIM/APPLICANT: Pursuant to s. 960.13(1)(b)(2), 960.196(2)(c), 960.198(2)(d), and 960.199(2)(d), Fla. Stat., and 2A-2.2001(15)(c), F.A.C., upon finding that any victim/applicant has not duly cooperated with the state attorney, all law enforcement agencies, and the department, compensation may be denied, reduced, or withdrawn. The department has information which indicates the victim/applicant has not cooperated with the investigation or prosecution of known offenders. The purpose of this form is to collect an explanation for not cooperating. 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 provide an explanation for your lack of cooperation in the space provided below.

SECTION THREE: SIGNATURE (please print)

UNDER PENALTY OF PERJURY OR FRAUD, 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.

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