



NEW MEXICO CRIME VICTIMS REPARATION COMMISSION
 6200 UPTOWN BLVD. N.E. SUITE 210 * ALBUQUERQUE, NM 87110
 Phone (505) 841-9432 Toll-Free (800) 306-6262 Fax (505) 841-9437
 Website: www.cvrc.state.nm.us Email: cvrc.office@state.nm.us

**HUMAN TRAFFICKING CRISIS STABILIZATION
 EXPENSE INFORMATION AND ACKNOWLEDGMENT FORM**

To qualify for crisis stabilization, the individual must be identified as a victim of human trafficking with immediate safety concerns and with the last victimization having occurred within the last two (2) years in New Mexico. A victim service provider who is assisting with services, must certify the victims' needs. In cases that exceed the two-year requirement, reasonable justification must be provided with this certification.

A. Victim/Claimant Name:

B. Victim/Claimant Phone/Cell Number: C. Victim/Claimant Date of Birth:

D. Victim Service Provider Name.
 and Contact Number:

REQUIRED: Type a description of WHAT and WHY this funding is needed. Include facts of the case and immediate impact of the crime on the victim. Attach additional pages if needed.

REQUIRED: Copies of all signed leases, contracts, agreements, or itemized receipts must be submitted. Provide dollar amounts of each expense for which assistance is being required. Expenses: Temporary Lodging (Hotel), Rental Deposits, Utility Deposits, Storage Unit, Transportation (Air, Bus), Support Services. Attach additional pages if needed.

<i>Example: Hotel</i>	<i>La Quinta Inn, 6200 Avenida de Mesilla, LC NM 88002 Beginning 1-2-2002 to 1-5-2022 3 nights, \$75.00</i>	<i>\$225.00 +TAX</i>
		\$
		\$
		\$
TOTAL AMOUNT REQUESTED		\$

CERTIFICATION:
 I acknowledge and certify these funds are for a victim of human trafficking with immediate safety concerns. I am requesting assistance for crisis stabilization funding due to the crime, and the attached itemized list of expenses are true and correct. I agree to provide CVRC with all the receipts available to verify payment(s). I understand that misuse of these funds may result in the denial of further financial assistance, closure of the claim, repayment to CVRC of any funds accepted and/or possible prosecution for fraud.

Victim Service Provider Signature & Date:

Approved by Administering Agency Signature & Date: