



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](http://www.cvrc.state.nm.us) Email: [cvrc.office@cvrc.nm.gov](mailto:cvrc.office@cvrc.nm.gov)

## #2 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 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 1-2-2024 to 1-5-2024 3 nights, \$75.00</i>	<i>\$225.00</i>
		\$
		\$
		\$
<b>TOTAL AMOUNT REQUESTED</b>		<b>\$</b>

**CERTIFICATION:** I acknowledge that I was a victim of human trafficking with safety concerns. I am requesting assistance for crisis stabilization funding due to the crime, and the attached itemized list of expenses is true and correct. I agree to provide CVRC with all the receipts available to verify payment. I understand that misuse of these funds may result in the denial of further benefits, 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: