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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

MISSING PERSON(S) FUND EXPENSE INFORMATION AND ACKNOWLEDGMENT FORM

Qualifications for a missing person(s): If a person's whereabouts are unknown and there is concern for their safety and welfare, they shall report the missing person to law enforcement. Funding available to a missing person(s) family will not exceed \$3,000.00. Approved MPF requests are intended to support health and safety needs and related expenses. MPF funds are once in a lifetime for the missing person(s).

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A. Requester Name:	
B. Requester Phone/Cell Number:	
C. Victim Name & Date of Birth:	
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 missing person(s) family. Attach additional pages.	
	lileage, State Per-Diem, Rent, Utility Payments, Transportation (Air, Bus), Emergency
Example La Quinta Inn, 6200 Ave	missing person(s) are eligible and should be reasonable. nida de Mesilla, LC NM 88002 -5-2022 4 nights, \$75.00
Beginning 7 1 2020 to	\$
	\$
	\$
	\$
requesting financial assistance for stability correct. I agree to provide CVRC with all	re for a missing person, which resulted in immediate safety and health concerns. I am ation funding due to the missing person; the attached itemized list of expenses is true and the receipts to verify payment(s). I will not be able to access these funds in the future. I y result in the denial of further financial assistance, closure of the claim, repayment to CVRC cution for fraud.

Printed Name & Phone Number of Victim Advocate: