



KEN PAXTON
ATTORNEY GENERAL OF TEXAS

RELOCATION REQUEST FORM

Claim Number: _____

Review the following statements. Check the one that applies to your request and submit the required information to the CVC Program.

I am the victim or parent/guardian of a victim of:

- Domestic violence for a date of crime after 6/18/99.
- Family violence for a date of crime after 8/31/01.
- A sexual assault that occurred **in the victim's home** with a date of crime after 8/31/01.
- Human trafficking with a date of crime after 8/31/13.
- Stalking with a date of crime after 8/31/15.
- Attempted murder of a child in the victim's home after 8/31/2019.
- Dating Violence for a date of crime after 8/31/2023.

I am submitting information with this form (e.g., statement from law enforcement verifying the crime, or proof of cohabitation for dating violence prior to 9/1/2023) that supports my request to receive this assistance.

I am the victim or parent/guardian of a victim of a different crime than those listed above.

I am requesting relocation because I believe it is necessary to protect the health or safety of the victim or their dependent, family or household member. I am submitting a letter from a victim advocate or health care service provider (if health related) or victim advocate or local law enforcement agency official (if safety related) that supports my request to receive this assistance.

I am a claimant requesting relocation due to a health or safety need.

I am submitting a letter from my victim advocate or health care service provider (if health related) or victim advocate or local law enforcement agency (if safety related) that supports my request to receive this assistance. I understand if the victim is also requesting relocation, I will need to show an extraordinary health and safety need. In that situation, the victim's request will be considered first, and the amount of assistance I receive will be determined based on the remaining funds on the claim.

I understand if I do not submit the requested information with this completed form to the CVC Program, my request may be denied.

Signature of Victim or Claimant

Printed Name

Date: _____

Revised 1/9/2025