

**CAREGIVER'S AFFIDAVIT**

As the relative caregiver of the minor seeking compensation by the Victim Compensation Program, you may sign an application under the following conditions: (1) You are seeking compensation on behalf of a minor; (2) You are the minor's parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution; and (3) You have assumed primary responsibility for the minor. (Gov. Code, § 13952(b).)

**Instructions:** Please complete items 1-6, and provide the date and your signature.

.....  
I am a relative of the minor, as defined above. I have assumed primary responsibility for the minor, the minor lives with me, and is in my care and control. I am 18 years of age or older.

1. Name of minor: \_\_\_\_\_

2. Birth date of minor: \_\_\_\_\_

3. My name (adult relative caretaker): \_\_\_\_\_

4. My address: \_\_\_\_\_  
\_\_\_\_\_

5. My relationship to the minor: \_\_\_\_\_

6. Check one of the following:

I have advised the parent(s) or other person(s) having legal custody of the minor, of my intent to apply for compensation on behalf of the minor, and they have not objected. OR

I am unable to contact the parent(s) or other person(s) having legal custody of the minor to notify them of my intent to apply for compensation on behalf of the minor.

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Warning: Do not sign this form if any of the statements above are incorrect.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

## Privacy Notice on Collection

1. VCGCB collects this information based on California Government Code sections 13952 et seq. and 13954.
2. All information collected from this site is subject to, but not limited to, the Information Practices Act. See <http://vcgcb.ca.gov/media/pract.aspx>.
3. This information is collected for the purpose of determining eligibility for compensation.
4. VCGCB may disclose your personal information to another requestor, only if required to do so by law or in good faith that such action is necessary to:
  - a. Conform to the edicts of the law or comply with legal process served on VCGCB or the site;
  - b. Protect and defend the rights or property of VCGCB; and,
  - c. Act under exigent circumstances to protect the personal safety of users of VCGCB, or the public.
5. Individuals are to provide only the information requested.
6. The information provided is mandatory.
7. The consequences of not providing the requested information could result in the denial of your application.
8. You have the right to access the records containing the personal information that you provided.
9. The information collected is used by the California Victim Compensation Program.
10. Any questions regarding the information collected, please write to the following address: 400 R Street, 5th Floor Sacramento, CA 95811, email [info@vcgcb.ca.gov](mailto:info@vcgcb.ca.gov), call (800) 777-9229, or contact the VCGCB Privacy Coordinator at [InfoSecurityandPrivacy@vcgcb.ca.gov](mailto:InfoSecurityandPrivacy@vcgcb.ca.gov).
11. For additional information regarding privacy, please see VCGCB's Privacy Notice. See <http://vcgcb.ca.gov/privacy.aspx>.
12. For information regarding consumer information on security, please visit <https://oag.ca.gov/privacy/online-privacy>.