

## REPORTING TIME EXPLANATION FORM



**INSTRUCTIONS TO VICTIM/APPLICANT:** Pursuant to s. 960.13 (1)(b), and 960.195 (1)(b), Fla. Stat., for crimes occurring before October 1, 2019, the crime must be reported to the proper authority within 72 hours from the time that the event is known to have occurred. For crimes occurring on or after October 1, 2019, the crime must be reported to the proper authority within 120 hours after the crime is known to have occurred. The purpose of this form is to collect an explanation for why the crime was not reported timely. Return the form directly to the Office of the Attorney General, Bureau of Victim Compensation, PL-01, The Capitol, Tallahassee, FL 32399-1050, by facsimile to (850) 414-6197, or email to [VCIntake@MyFloridaLegal.com](mailto:VCIntake@MyFloridaLegal.com).

### **SECTION ONE: VICTIM'S INFORMATION** (please print)

1. Name: (last, first, middle) \_\_\_\_\_  
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. Last Four Social Security Number: XXX-XX-\_\_\_\_\_  
4. Mailing Address: \_\_\_\_\_ 5. City: \_\_\_\_\_ 6. State: \_\_\_\_\_ 7. Zip Code: \_\_\_\_\_  
8. Telephone Number: (\_\_\_\_) \_\_\_\_\_ 9. Email Address: \_\_\_\_\_

### **SECTION TWO: EXPLANATION** (please print)

10. Please identify the reason(s) below by selecting the applicable explanation.
- ☐ The victim/applicant had no knowledge or was otherwise unaware that a criminal or delinquent act was committed prior to reporting the incident to the proper authorities.
  - ☐ The victim believed that the proper authorities had already been notified.
  - ☐ The victim was not in the vicinity to report the incident to the proper authorities in the manner in which the proper authorities directed.
  - ☐ The victim/applicant was not emotionally, mentally, or physically able to report the incident.
  - ☐ The victim/applicant believed that the proper authorities had been contacted and a report was filed.
  - ☐ The victim is/was a minor at the time of the incident.
  - ☐ The victim/applicant expressed feelings of shame, remorse, or embarrassment which prevented them from contacting the proper authorities.
  - ☐ The victim was in fear of retaliation or retribution by the offender, the offender's family, or the offender's acquaintances, which was communicated to the proper authorities.
  - ☐ A language or cultural barrier precluded effective communication with the proper authorities.
  - ☐ Other: (please be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **SECTION THREE: SIGNATURE** (please print)

**UNDER PENALTY OF PERJURY OR FRAUD, THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

11. Victim's Signature: \_\_\_\_\_ 12. Date: \_\_\_\_\_

Applicant signature is required if filing as the parent, legal guardian, or individual authorized to administer a victim's estate. Persons submitting an application on behalf of an incompetent adult must submit proof of legal guardianship and have their application signature witnessed by a Notary Public.

*The Office of the Attorney General, Bureau of Victim Compensation is an equal opportunity provider and employer.*