



# Mental Health Documentation In-Lieu of Crime Documentation

**CalVCB Application No.:** \_\_\_\_\_

**Instructions for mental health providers:** This form may be used as crime documentation. The applicant's treating therapist may provide the following information to assist CalVCB in determining eligibility for program benefits.

### Crime Information

Victim's Name:

Incident Date:

Crime Type:

Crime Location:

Summary of Incident:

Summary of Injuries & Symptoms:

### Mental Health Provider Information

Treating Therapist:

License Number:

Supervising Therapist (if applicable):

License Number:

Mental Health Agency:

Telephone:

***For purposes of determining eligibility***, in your professional opinion do the symptoms and behavior demonstrated by your client indicate that it is more likely than not that a qualifying crime occurred?  
 Yes  No

### Declaration Under Penalty of Perjury

I understand that if I have provided any information that is false, intentionally incomplete, or misleading, I may be found liable under Government Code section 12651 for filing a false claim with the State of California and may be found accountable to the state for the costs of a civil action brought to recover any of those penalties or damages of not less than \$5,500 and not more than \$11,000 for each violation.

\_\_\_\_\_  
Treating Therapist Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Supervising Therapist Signature

\_\_\_\_\_  
Date Signed

**Please fax this form to California Victim Compensation Board (CalVCB) at 866-902-8669**

CALIFORNIA VICTIM COMPENSATION BOARD

PO Box 3036 • Sacramento, CA 95812 • Phone: 800.777.9229 • www.victims.ca.gov

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