

Utah Office for Victims of Crime  
 Crime Victim Reparations Program  
 350 East 500 South, Suite 200  
 Salt Lake City, Utah 84111  
 Phone: 801-238-2360  
 Fax: 801-533-4127  
 Email: crimevictims@utah.gov

**Out of State Relocation Questionnaire**

Claimant Name \_\_\_\_\_ Victim Name \_\_\_\_\_ Claim No \_\_\_\_\_

1. Did your case go to trial? If so, do you have written notice from the prosecuting agency indicating: (a) The trial is complete and you are no longer needed as a witness, and (b) that you were fully cooperative with the prosecution of the crime? A copy of such documentation is required.
  
2. Provide a detailed explanation of the reason for your relocation to that specific place
  - When and where do you plan to relocate?
  - How will you get there? (flying, driving, U-Haul, etc.)
  - How will you support yourself once you get there?
  - Provide the name and phone number for the property manager, landlord, or other party that can verify where you will be living, and who you will be living with.
  - Provide a list of individuals who will be traveling with you.
  
3. Please attach receipts and supporting documentation

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I hereby certify under penalty of perjury that this is a true and correct claim for expenses incurred by me as a direct result of the crime upon which this claim is based and that I have not received other payment or reimbursement for the above referenced request.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_