NEW MEXICO CRIME VICTIMS REPARATION COMMISSION
6200 UPTOWN BLVD. N.E. SUITE 210, ALBUQUERQUE, NM 87110
Phone (505) 841-9432 Toll-Free (800) 306-6262 Fax (505) 841-9437
Website: www.cvrc.nm.gov Email: cvrc.office@cvrc.nm.gov

Emergency Assistance Funds Request Form

Fund requests must be related to the crime; immediate health and safety are at risk, and the victim has no other resources. Fax or email the completed form to the administrative agency in your region. A victim service provider working directly with the victim must fully complete this form to qualify for these funds. Administrative agencies are not permitted to approve their requests.

Request Type: ☐ **Emergency Funds** ☐ **Human Trafficking** ☐ **Missing Persons**

A. Requester Name & Agency:

B. Requester Cell No. & Email:

C. Victim Name: D. Date of Victimization:

E. Victim Date of Birth: F. Victim Cell No.:

REQUIRED: Type a description of WHAT and WHY this funding is needed. Include facts of the case and immediate impact of the crime. Attach additional pages if needed.

Expenses: Emergency Lodging (Hotel), Mileage, State Per-Diem, Rent, Utility Payments, Transportation (Air, Bus, Train), Emergency Counseling, Arrears (associated with victimization, should be reasonable).

Example: Hotel	*La Quinta Inn, 6200 Avenida de Mesilla, LC NM 88002 (575)993-5907 Beginning 7-1-2023 to 7-5-2023 4 nights, $75.00*	*$300.00*
		$
		$
		$
		$

Has a compensation application been submitted for this victim? ☐ **Yes** ☐ **No**

Method of Payment ☐ **Check (Mail or Pick-up)** ☐ **Credit Card**

Requester Signature & Date:

This Section for Emergency Assistance Fund Administrators Only. ☐ **Approved** ☐ **Deny**

Reason for Denial:

Authorizing Signature & Date:

Administering Agency Making Payment: