



STATE OF COLORADO

VICTIM LEAVE AFFIDAVIT

This form may be used for documenting the existence of valid reasons for use of the state provided victim protection leave.

Date: _____

Employee's Name: _____

Agency Name: _____

I, the undersigned, attest to the following facts:

1. I have been the victim of domestic abuse as defined by C.R.S. 13-14-101(2), the victim of stalking as defined by CRS 18-9-111(4), the victim of sexual assault as defined by CRS 18-3-402, or the victim of another crime where the underlying factual basis has been found by a court to include an act of domestic violence as defined in CRS 18-6-800.3(1).
2. I have used leave from work to protect myself or my children by:
 - a. making my home secure from the perpetrator;
 - b. seeking new housing to escape the perpetrator;
 - c. seeking legal assistance to address issues arising from the act or crime; or
 - d. preparing for court-related proceedings arising from the act or crime.

I certify that the information contained herein is true and complete to the best of my knowledge. I understand that fraudulent certification of my reason for needing leave may result in the denial of the leave and any other action deemed appropriate.

SIGNATURE

DATE

Employee ID Number: _____