



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: \_\_\_\_\_