

**CERTIFICATION OF ABUSE UNDER THE
VIOLENCE AGAINST WOMEN ACT**

I, _____, am a victim of one or more of the following
(INITIAL all that apply);

_____ domestic violence
_____ dating violence
_____ stalking

The name(s) of the perpetrator(s) of the abuse is _____;

The incident in question occurred on _____ (date(s)) and is
briefly described as follows:

**By initialing herein and signing below, I hereby certify that the incident(s) is/are
bona fide incident(s) of actual or threatened abuse and that the information I am
providing is accurate and truthful.**

**I understand that if I fail to submit this certification within fourteen (14) days of it
being requested I will forfeit any rights that may be available to me as a victim of
domestic violence, dating violence or stalking under the Violence Against Women
Act.**

DATE

NAME

Witnessed by:

