Loyola Law School
Loyola Marymount University
Sunita Jain Anti-Trafficking Initiative



AB 629

INCOME LOSS COMPENSATION FOR HUMAN TRAFFICKING SURVIVORS



SUNITA JAIN ANTI - TRAFFICKING INITIATIVE

We are an evidence-based, community-informed think tank that intentionally fills gaps in the prevention of human trafficking through an intersectional framework that fosters systemic change and progressive policy innovations.

We implement and support anti-trafficking strategies through a comprehensive lens that incorporates environmental, immigrant, economic and racial justice .

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PALOMA BUSTOS, MSW

POLICY ASSOCIATE

- Co-launched RISE Clinic at Loyola Law School
- Worked in collaboration with LAPD as part of Domestic Abuse Response Team (DART) to provide immediate crisis response to 911 calls for domestic violence
- Helped to coordinate trainings for law enforcement, advocates/counselors, and community members on domestic violence dynamics
- Provided Support/Accompaniment to self-represented survivors in Criminal, Family, and Dependency Court
- Facilitated support groups to help survivors process experience
- Participated in coalitions meetings to identify gaps in services and needs for change



LEARNING OBJECTIVES

- Introduction to AB-629 and how it expands support for survivors of human trafficking.
- Outline the process for applying for compensation under CalVCB.
- To offer resources and support for completing the application.



CALIFORNIA VICTIM COMPENSATION BOARD





VICTIM COMPENSATION BOARD



WHAT IS THE VICTIM COMPENSATION BOARD?

Established in 1965, CalVCB is a state program dedicated to providing reimbursement for many crime-related expenses to eligible victims who suffer from injury or the threat of physical injury as a direct result of a violent crime.

WHO CAN HELP SURVIVORS APPLY: VICTIM REPRESENTATIVES

- CA licensed attorney
- Victim Advocates (system and community-based advocates)
- A SW designated by county social services to represent child abuse/or elder abuse victim
- A legal guardian or conservator of a minor or legally incompetent adult
- Immediate family member, parent or caregiver

CA Legislative information | CA Victim Compensation Board

CalVCB | Service Provider Access | Victim Advocate



HOW CAN REPRESENTATIVES HELP

- Offer application guidance
- Assist with documentation
- Provide emotional support
- Stay connected





ELIGIBILITY CRITERIA

RESIDENCY

- California resident at the time of the crime, or
- Non-resident victimized in California

TIMELY APPLICATION

- Must apply within 7 years of the date of the crime
- Victims under the age of 18 have 7 years after their 21st birthday to apply
- 7 years from when the crime could have been discovered

CRIMES COVERED

- Assault with a Deadly weapon
- Battery
- Child abuse
- Child sexual assault
- Child endangerment & abandonment
- Domestic violence
- Drunk driving
- Elder abuse
- Hate crimes
- Homicide
- Human trafficking
- Hit and run
- Murder
- Kidnapping
- Online harassment
- Rape
- Robbery
- Sexual assault
- Stalking
- Sexual battery
- Terrorism
- Vehicular manslaughter
- Other crimes that result in physical injury or a threat of physical injury to the victim

CA Legislative information | CA Victim Compensation Board

CalVCB | Who is Eligible



CALVCB CANNOT DENY APPLICATION BASED SOLELY ON:

- Immigration Status
- Membership in, association with, or affiliation with, a gang, or
- Designation as a suspect gang member, associate or affiliate in shared gang database, as defined in Section 186.34 of the Penal Code.



CA Legislative information | CA Victim Compensation Board CalVCB | Who is Eligible



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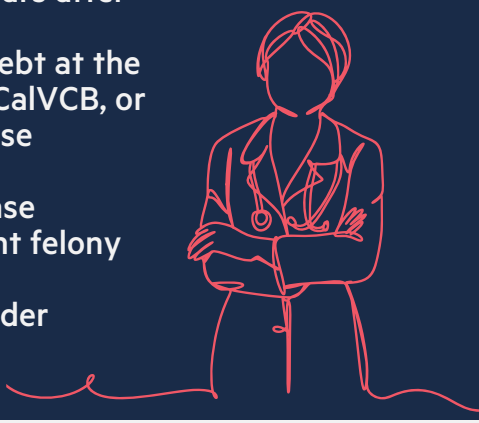
WHAT IS COVERED

ELIGIBLE EXPENSES

- Medical and dental treatment
- Mental health treatment or counseling
- Funeral and burial
- Income loss
- Support loss for dependents of a victim who is injured or dies
- Up to 30 days of income loss for the parent or legal guardian of a minor victim who is hospitalized or dies
- Job retraining
- Home or vehicle modifications for a victim left permanently disabled
- Home security installation or improvement
- Relocation
- Crime scene clean-up
- Veterinary fees or replacement costs for a guide, signal, or service dog
- Round trip mileage costs to medical, dental, or mental health appointments
- Mental health counseling for minors who witness a violent crime

NON - ELIGIBLE EXPENSES

- Personal property losses, except for medically necessary items like eyeglasses and hearing aids
- Expenses related to prosecuting a suspect
- Compensation for pain and suffering
- Expenses paid by insurance or another source of reimbursement or coverage
- Expenses submitted more than seven years after they are incurred Exceptions are:
  - When the victim is still liable for debt at the time the expense is submitted to CalVCB, or
  - The victim already paid the expense
- Expenses incurred while person is:
  - On parole, probation, or post-release community supervision for a violent felony
  - Incarcerated
  - Required to register as a sex offender



CA Legislative information | CA Victim Compensation Board CalVCB | What is Covered

INCOME LOSS FOR HUMAN TRAFFICKING SURVIVORS



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WHAT IS AB 629



Beginning January 1, 2020, AB-629 authorized CalVCB to provide compensation for income loss to victims of human trafficking in California.

FORMAL RECOGNITION OF ECONOMIC LOSS

Acknowledges financial harm trafficking victims suffer, treating income loss about as compensable damage.

SUPPORTED FINANCIAL RECOVERY

Helped survivors rebuild their lives by providing funds they could have earned If not trafficked.

INCOME LOSS BENEFITS

Survivors are eligible to apply for up to $10,000 per year, for a maximum of 2 years in compensation for lost wages.

EXPANDED ELIGIBILITY

Human trafficking survivors can now apply for compensation even if they have not reported the crime to law enforcement.

CA Legislative information | CA Victim Compensation Board

CalVCB | Recovery from Human Trafficking



ELIGIBILITY



Survivor of Labor and/or Sex Trafficking, either residing in California or trafficked within the state.

PROOF OF VICTIMIZATION

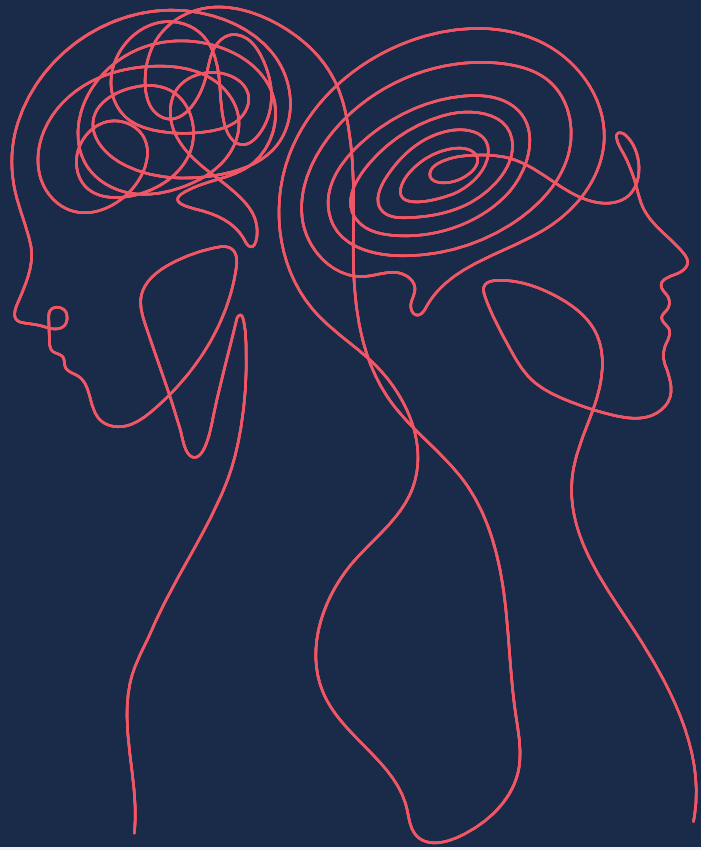
- Police report or declaration from human trafficking case worker

PROOF OF INCOME LOSS

- Evidence Can include, but not limited to:
  - Statement under penalty of perjury from:
    - Applicant
    - Human trafficking case worker
    - Attorney
    - Witness
      - Must include: duration (started and ended) and hours worked per week



CHALLENGES FOR APPLYING



TRAUMA AND LEGAL BARRIERS

The process may be overwhelming for survivors still dealing with trauma. Survivors may be hesitant to engage with the legal system, especially if their trafficking situation was connected to undocumented work or the underground economy.

LACK OF AWARENESS

Many survivors may not be aware of AB 629 or their rights to compensation. Outreach efforts are often necessary to inform victims about the resources available to them.

LENGTH OF PROCESS

Processing claims can take time, during which survivors might face ongoing financial challenges.



HOW TO APPLY



CalVCB Online allows you to:

- Apply for compensation
- Upload and submit documents
- Communicate with CalVCB

What is CalVCB Online? ▶

Apply for Compensation

Service Provider Access

Apply by Paper Form:
CalVCB
P.O. Box 3036
Sacramento, CA 95812-3036

CA Legislative information | CA Victim Compensation Board CalVCB | Apply Online



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WHAT TO INCLUDE IN APPLICATION

- Cover Letter
- Application for Crime Victim Compensation
- Human Trafficking Case Worker Declaration
- Declaration from Applicant
- Human Trafficking Wage Verification Form

CA Legislative information | CA Victim Compensation Board

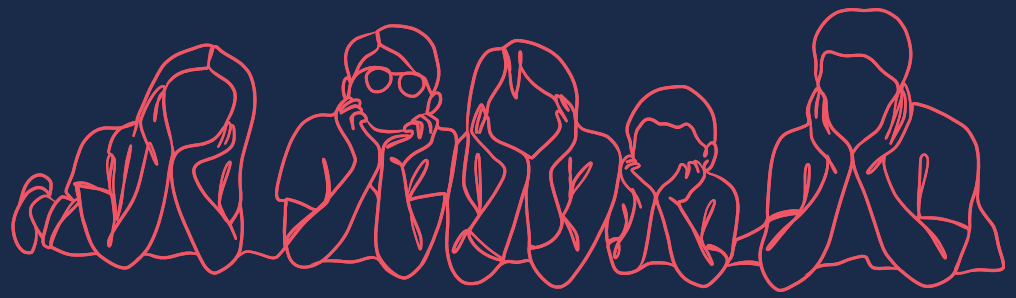
CalVCB | Apply Online

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APPLICATION FOR CRIME VICTIM COMPENSATION



Print | Save | Clear | Associated Application ID (Enter if known)

CalVCB

Application For Crime Victim Compensation

Section 1: Claimant

A separate application must be filed for each person seeking assistance.
Section 1 must be completed for all applications. The claimant is the person who has expenses or is seeking assistance as a result of a crime. If you are filing this application on behalf of someone else, put his/her information in Section 1 and your information in Section 3.

Preferred Spoken Language | Preferred Written Language

First Name | Middle Name | Last Name | Gender

Relationship to Victim | Social Security Number (SSN) | No SSN | Date of Birth

Mailing Address

Street Number and Name or PO Box

From the date of the crime to now, has the **claimant** been in prison, on probation, on parole or post-release community supervision because of a felony?

Is the **claimant** required to register as a sex offender?

Address 2 (Apartment or Unit #) | City | State (CA) | Zip

Best Contact Number | Extension | E-mail | E-mail Type

Check this box if you are a parent/guardian applying on behalf of a minor witness to violent crime. Minor witnesses are eligible for mental health treatment only. Claimant is under age 18, a witness in close proximity to a violent crime, but is neither the crime victim nor related to the victim. Provide available victim, crime or other information in remaining sections.

If you are an adult victim and the expenses are for you, skip to Section 4.

If not, continue to Section 2.

Section 2: Crime Victim

The crime victim is the person who was injured, threatened with injury, or killed due to the crime.

First Name | Middle Name | Last Name | Gender

Social Security Number (SSN) | No SSN | Date of Birth | If victim is deceased, date of death

Mailing Address

Street Number and Name or PO Box

From the date of the crime to now, has the **victim** been in prison, on probation, on parole or post-release community supervision because of a felony?

Is the **victim** required to register as a sex offender?

Address 2 (Apartment or Unit #) | City | State (CA) | Zip

Best Contact Number | Extension | E-mail | E-mail Type

If you are completing this application on behalf of a minor or an incapacitated adult, continue to Section 3. If not, skip to Section 4.

State of California Victim Compensation Board Form VCGCB-VCP-005 (Rev. 10/2017) [ENG] Page 1 of 7

CA Legislative information | CA Victim Compensation Board

CalVCB | Application for Crime Victim Compensation



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CASE WORKER DECLARATION

CASE WORKER

- Must work or volunteer for a qualifying human trafficking victim service organization.
  - Pathway 1: Advanced degree or qualifying license and at least one year of direct casework experience with trafficking survivors.
  - OR Pathway 2: At least 40 hours of specified training and supervision by a caseworker qualified under Pathway 1.
- Additional requirement: Caseworkers employed for fewer than six months must receive supervision from a qualified caseworker with at least one year of relevant experience.

ORGANIZATION

- Must be a nongovernmental organization providing shelter, programs, or support services to trafficking survivors and their children.
- Employs qualified human trafficking caseworkers.
- Operates a publicly advertised crisis hotline.
- Offers psychological support and peer counseling
- Has staff available during normal business hours to assist trafficking survivors.



CA Legislative information | CA Victim Compensation Board CalVCB | What is Covered



PALOMA BUSTOS, MSW

HUMAN TRAFICKING CASE WORKER DECLARATION

- Case worker information: Name, organization, and qualifications.
- Organization information: Confirmation that the organization meets the statutory definition.
- Attestation of trafficking: Statement that the individual experienced human trafficking.
- Declaration under penalty of perjury: Confirmation that the information is truthful.
- Signature and date: Signed declaration with the appropriate execution information.

RISE | RIGHTS IN SYSTEMS ENFORCED

Case Worker Declaration

I, Paloma Bustos, hereby declare under penalty of perjury, that I am a Case Worker for victims of human trafficking, and I am employed for a human trafficking victim's services organization as defined by California Evidence Code § 1038.2(c) & (d).

I have been a Case Worker for victims of human trafficking and domestic violence for over 5 years. I hold a Master's Degree in Social Work from San Jose State University.

I am currently employed with the Rights in System Enforcement (RISE) Clinic at Loyola Law School. The RISE Clinic:

(1) Employs staff that meet the requirements of a human trafficking case worker as set forth in this section.
(2) Operates a telephone hotline, advertised to the public, for survivor crisis calls.
(3) Offers psychological support and peer counseling provided in accordance with this section.
(4) Makes staff available during normal business hours to assist victims of human trafficking who need shelter, programs, or other support services.

I declare that [CLIENT NAME] was subjected to the following:

1) Sex trafficking in which a commercial sex act was induced by force, fraud, or coercion or in which the person induced to perform such an act is under 18; or
2) The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion, for the purpose of subjecting that person to involuntary servitude, peonage, debt bondage, or slavery.

I declare under penalty of perjury that the foregoing statement is true and correct, and I am aware that if I present any material matter as true which I know to be false, I may be subjected to penalties prescribed for perjury under the Penal Code of the State of California in accordance with Section 11054 of the Welfare and Institutions Code.

Executed at [CITY], California, this [DATE] day of [MONTH], [YEAR].

Declarant's Signature _____

919 Albany Street, Los Angeles, CA 90015
Phone: (213) 252-7442 Fax:(213) 480-6818
www.lls.edu

Loyola Law School
Loyola Marymount University
Los Angeles





DECLARATION FROM APPLICANT

DECLARATION UNDER PENALTY OF PERJURY

I _____

Hereby declare that I was a victim of human trafficking, where I was subjected to the following:

1. The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion, for the purpose of subjecting that person to involuntary servitude, peonage, debt bondage, or slavery.

2. My trafficking began on [DATE] date and ended on [DATE] date.

3. I was forced to perform labor or services for my trafficker for approximately 40 hours or more a week during my trafficking. I received approximately $ _____ a week from my trafficker (note this amount will likely be subtracted fromthe final claim).

4. For Survivors who were trafficked between January 2017-January 2022 with more than 26 employees which will result in higher minimum wage. To the best of my knowledge my trafficker/s employed 26 or more employees at the time of my trafficking.

5. I have not received compensation for lost income or services from any other source.

I declare under penalty of perjury that the foregoing statement is true and correct, and I am aware that if I present any material matter as true which I know to be false, I may be subjected to penalties prescribed for perjury under the Penal Code of the State of California in accordance with Section 11054 of the Welfare and Institutions Code.

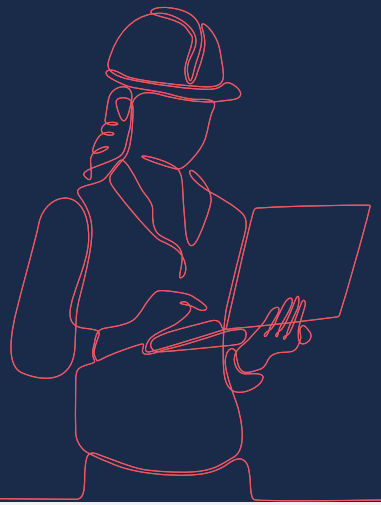
Executed at [CITY], California, this [DATE] day of [MONTH], [YEAR].

Signature _____



PALOMA BUSTOS, MSW

HUMAN TRAFFICKING WAGE COMPENSATION FORM



CALIFORNIA CalVCB VICTIM COMPENSATION BOARD

Human Trafficking Wage Compensation Verification Form

CalVCB Application ID:

Victim's Name: **Victim's Date of Birth:**

Applicant's Name: (if victim is a minor) **Relationship to Victim:**

Email Address: **Phone Number:**

Type of Crime: ☐ Sex Trafficking ☐ Labor Trafficking

Date(s) Crime Occurred: From (mm/dd/yyyy): To (mm/dd/yyyy):

Were the acts of trafficking performed 40 or more hours per week? ☐ Yes ☐ No

If answered "No" to previous question, how many hours per week?

Has the victim received or will the victim receive wage compensation by any other source as a result of the human trafficking crime? ☐ Yes ☐ No

If answered "Yes", list ALL sources:

Amount: $

DISCLAIMER:

CalVCB is the payor of last resort. Compensation for loss of income for crimes of Human Trafficking shall not exceed ten thousand dollars ($10,000) per year that the services were performed, for a maximum of two years and if the victim is a minor at the time of application, the board shall distribute payment when the minor reaches 18 years of age. (California Government Code Section 13957.5(a)(5)(C) & (D))

CALIFORNIA VICTIM COMPENSATION BOARD
PO Box 3036 • Sacramento, CA 95812 • Phone: 800.777.9229 • victims.ca.gov

Human Trafficking Wage Comp Verification Form
DRS Code – 10213 HT Compensa ion Veri ica ion
Form Rev. 04/2020

Page 1 of 2

DECLARATION:

I declare under penalty of perjury under the laws of the State of California (Penal Code sections 72, 118, and 129) that: I have read all of the questions contained on this verification form, and to the best of my information and belief, all my answers are true, correct, and complete. I further understand that if I have knowingly provided any information that is false, intentionally incomplete, or misleading, I may be found liable for filing a false claim with the State of California, and may be liable for up to three times the amount of damages the State of California sustains, in addition to the costs of a civil action brought to recover any of those penalties or damages; or for a civil penalty of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000) for each false claim. (California Government Code, sections 12650-12656) Finally, I understand that if I have intentionally provided any information that is false, incomplete, or misleading, I may be guilty of a misdemeanor punishable by up to one year in the county jail and/or a fine of up to one thousand dollars ($1,000), or a felony punishable by up to three years in state prison and/or a fine of up to ten thousand dollars, ($10,000). (California Penal Code, sections 17, 18, and 72)

Check the box that corresponds with the person who is completing and signing this form.

☐ Victim ☐ Applicant ☐ Witness to the Crime ☐ Human Trafficking Caseworker

☐ Law Enforcement Agency ☐ Licensed Attorney Lic.#

☐ Other

Printed Name: **Signature:** **Date:**

Title: **Agency (if applicable):**

If you have any questions, please call our Customer Service Unit toll-free at 1-800-777-9229.

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PO Box 3036 • Sacramento, CA 95812 • Phone: 800.777.9229 • victims.ca.gov

Human Trafficking Wage Comp Verification Form
DRS Code – 10213 HT Compensa ion Veri ica ion
Form Rev. 04/2020

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CA Legislative information | CA Victim Compensation Board

CalVCB | Human Trafficking Wage Compensation Verification Form

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APPLICATION PROCESS

Application Received

Eligibility Determined

Benefit Payment Determined

If Denied File an Appeal

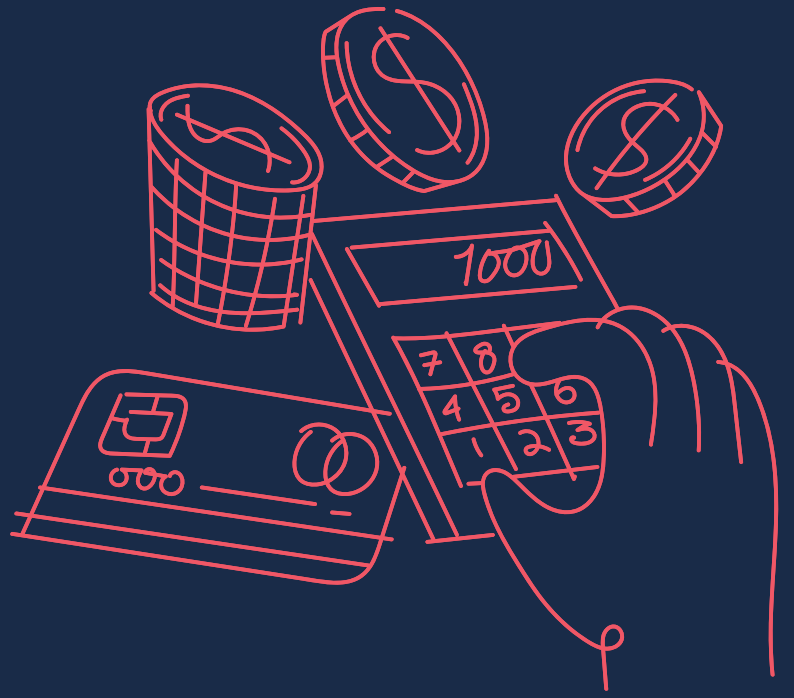
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CalVCB | How to get Compensated



FINACIAL ASSISTANCE PLANNING

- Basic Financial Literacy Education
- Access Banking & Financial Tools
- Income Management
- Foster Empowerment & Independence



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CalVCB | How to get Compensated



CONTACT CALVCB

Advocate questions, email:
infoadvocate@victims.ca.gov

General application assistance,
call Customer Service:
800-777-9229 (Phone Number)
1-866-902-8669 (Fax)

Outreach or publications,
call Public Affairs:
916-491-6400 or
publicaffairs@victims.ca.gov