

DOMESTIC VIOLENCE WAIVER REQUEST

1. I, _____ SSN _____
hereby request a domestic violence waiver for the following Cal-
WORKS program requirements because it would unfairly penalize my
family and me:

- **60 month time clock**
- **MFG rule**
- **Child Support Cooperation**
- **DV Caused Overpayments**
- **Allowing a SIP**
- **WtW Sanction**
- **Participation in WtW**
- **Requiring teens 16-17 to be in school.**
- **Other _____**

2. The following are the types of domestic violence I have experienced from

Name of person

PLEASE MARK THE BOX THAT DESCRIBES YOUR SITUATION AND WHEN IT HAPPENED

My abuser:

- Threatened or attempted physical or sexual abuse upon me and/or my family.
From _____ to _____.
- Committed physical acts that threaten to result in injury to me.
From _____ to _____.
- Committed physical acts that actually resulted in injury to me.
From _____ to _____.
- Sexually abused me.
From _____ to _____.
- I was forced as the caretaker relative of a dependent child to engage in nonconsensual sexual acts or activities.
From _____ to _____.
- Threatened to kill or harm people or property.
From _____ to _____.

- Threatened to kidnap my kids or me.
From _____ to _____.

- Threatened to commit suicide, stalked me.
From _____ to _____.

- Repeatedly used degrading or coercive language against me.
From _____ to _____.

- Controlled my access to food and sleep
From _____ to _____.

- Controlled or withheld access to economic and social resources
From _____ to _____.

- I was in a relationship where I got hit, punched, kicked or hurt.
From _____ to _____.

- Arguments often end with the person mentioned above pushing, shoving or slapping me.
From _____ to _____.

- The person mentioned above has used a fist or weapon to hurt or threaten me.
From _____ to _____.

- The person mentioned above forced me to engage in sex that makes me uncomfortable.
From _____ to _____.

- The person above would disregard my decisions regarding safe sex or contraceptives.
From _____ to _____.

- The person named above calls me names or puts me down.
From _____ to _____.

- When he gets angry, he throws things around and sometimes at me.
From _____ to _____.

- He accuses me of having affairs. He checks up on me.
From _____ to _____.

- I have to ask for his permission to do things I want to do.
From _____ to _____.

I declare under penalty of perjury that the above statement is true and correct.
Executed on _____, _____, in the City of _____
State of California.

BY _____

Authorization of Release and Representation Form

I, _____, **SSN** _____ hereby authorize the person designed below, or any other person/attorney designated such person(s), to be my authorized representative, and to represent me, relative to my public social services matter, **or any other matter**, including the right to make statements on my behalf, or the filing for any fair hearing and the initiation of any litigation.

This authorization shall also be construed as an authorization to release any and all information to the person(s) designed below or any person designated by them, including an attorney.

I further authorize the person(s) below or any other persons designated by them to apply for and represent me during all aspects of the application process or any other matter relative to the process of eligibility determination for any and all benefits that I and/or my family may be eligible for.

PERSON AND/OR ORGANIZATION DESIGNED

Name: _____

Name: _____

Organization: _____

Address: _____

Telephone: _____

Dated: _____

Signature _____