

SURVIVOR OF DOMESTIC VIOLENCE

AFFIDAVIT

I, _____ do hereby swear or represent to the Vermont Department of Labor that the following is true in order to apply for Unemployment Compensation under the Survivors of Domestic Violence Act.

1. I had to leave (*quit*) my last job for one of the following reasons:
 - A. I reasonably feared that the domestic and/or sexual violence would continue at or en route to or from my place of employment.
 - B. I intend to relocate in order to avoid future domestic violence and sexual violation of myself or a member of my family.
 - C. I believe that leaving the employment is necessary for the safety of myself or a member of my family.
 - D. I am physically or emotionally unable to work as a result of experiencing domestic or sexual violence as certified by a medical professional. (Certification Attached)
 - a.) I understand that my medical certification will be reviewed by the Commissioner at six week intervals and that, if requested by the commissioner, I am obligated to provide updated medical certification to continue eligibility under the program.
2. Before leaving (*quitting*) my job, I pursued one or more of the following reasonable alternative options: (*check all that apply*)
 - A. A protection order through the court system
 - B. Relocation to a secure place, i.e. shelter
 - C. Reasonable accommodations with my employer such as a transfer or a different assignment.
 - D. Other (Please describe)



3. I can provide the Vermont Department of Labor with the following documentation of the domestic and sexual violence by (please attach all that apply):

- A. ____ A sworn statement attesting to the abuse
- B. ____ A copy of a court order
- C. ____ A copy of law enforcement records
- D. ____ Documentation from an attorney or legal advisor
- E. ____ Documentation from a member of the Clergy
- F. ____ Documentation from a health care provider
- G. ____ Documentation from a support group

All information provided is confidential and will remain so by the Vermont Department of Labor.

I certify the above information to be correct and true.

Name

Social Security Number

Date

Vermont Department of Labor

Return form to:

**Vermont Department of Labor
Attn: Deb Bruce
P.O. Box 189
Montpelier, VT 05601-0189**