

## CLAIM OF SEXUAL ASSAULT OR INCEST

Case Name (*Last, First, M.I.*) \_\_\_\_\_ AZTECS No. \_\_\_\_\_

Address (*No., Street*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Mail Drop \_\_\_\_\_ Worker's D-Number \_\_\_\_\_

HEA ID \_\_\_\_\_ Date \_\_\_\_\_

I hereby state that my child(ren) was conceived as the result of sexual assault or incest. I understand that my claim will be referred to the Office of Special Investigations (OSI). I authorize the Department of Economic Security to investigate all allegations of sexual assault and incest by contacting any source necessary to establish my eligibility for assistance.

Victim's Name (*Last, First, M.I.*) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Child Conceived as A Result of Sexual Assault (*Last, First, M.I.*) \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Child Conceived as A Result of Sexual Assault (*Last, First, M.I.*) \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Child Conceived as A Result of Sexual Assault (*Last, First, M.I.*) \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

### KNOWN INFORMATION ON ALLEGED OFFENDER(S)

Name (*Last, First, M.I.*) \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone No \_\_\_\_\_

Address (*No., Street*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name (*Last, First, M.I.*) \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone No \_\_\_\_\_

Address (*No., Street*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Please give approximate dates/description of alleged sexual assault or incest.

Has there been previous contact with the police in regard to this matter?    Yes    No  
Provide supporting documentation, if available.

I certify that the information given above is true and correct to the best of my knowledge.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR AGENCY USE ONLY

Worker's D-Number \_\_\_\_\_

**Completion Instructions for FAA-0260A****CLAIM OF SEXUAL ASSAULT OR INCEST****A. Purpose.**

To provide a method for the parent or non-parent relative to provide a statement that the child was conceived as a result of sexual abuse or incest.

**B. Completion.**

To be completed by the client and signed by the Eligibility Worker (EI).

**C. Routing.**

Original to be filed in case record, copy to OSI, and copy to the client.

**D. Retention.**