



OFFICE OF VICTIM SERVICES

Focusing on a brighter future

SECTION ONE - VICTIM INFORMATION

Name of victim (last, first, middle)

Address City State Zip

Age Sex Birth date

SECTION TWO - CLAIMANT INFORMATION

Name of claimant (last, first, middle) Home telephone Work telephone

Address City State Zip

Age Sex Birth date Cell telephone

Primary language of claimant

Would you like to be contacted via email? yes no Email _____

Claimant relationship to victim (you may check more than one relationship if applicable):

child spouse parent grandchild grandparent spouse's parent stepparent

brother sister half brother half sister step child adopted child administrator

other (ie. DCF case worker) _____

SECTION THREE - LOSS OF SUPPORT

Are you applying for Loss of Support Compensation? yes no (If yes, please complete below.)

For a child, attach or send a copy of the child's birth certificate. For a spouse, attach or send a copy of the marriage certificate.

Attach additional page if necessary.

Dependent's Name	Address (Street, City, State, Zip)	Relationship to Victim	Birth date (mm/dd/yyyy)	Guardian (if minor)

SECTION FOUR - CONTACT PERSON (Person to contact if claimant cannot be reached)

Name of contact person (last, first, middle)		Relationship to claimant		
Address		City	State	Zip
Home telephone	Work telephone	Cell telephone		

SECTION FIVE - ATTORNEY REPRESENTATION

Complete only if represented by an attorney for this application.

Name of attorney (last, first, middle)		Name of firm		
Address		City	State	Zip
Work telephone	Fax	Juris number		

SECTION SIX - CRIME INFORMATION

Type of crime: homicide dui hit and run other _____

Briefly describe the crime:

Date of crime _____ Address where crime occurred _____

Date crime was reported to police _____ Police department to which crime was reported _____

Police department incident number _____ Name(s) of assisting officer(s) _____

Was the crime reported to the police within five days? yes no (If not, please explain)

Has an arrest(s) been made? yes no unknown _____
Name of offender(s), if known _____

Has the offender(s) been arraigned in court? yes no unknown _____
If yes, court location _____ Docket number _____

SECTION SEVEN - COUNSELING/MEDICAL INFORMATION

Are you applying for compensation of unreimbursed mental health counseling and/or medical expenses? yes no

List all providers that gave treatment, include mental health counselors, pharmacies (for prescriptions), doctors, hospital and ambulance. Attach additional page if necessary. If available, please attach copies of bills.

Provider's Name _____ Address _____ Telephone _____

Will there be additional treatment? yes no unknown

If yes, provider's name _____

SECTION EIGHT - INSURANCE & OTHER COLLATERAL SOURCE INFORMATION (for claimant)

Have bills been paid or will bills be paid by any of the following sources?

yourself yes no Veterans' Administration yes no
private health insurance yes no Workers' Compensation yes no
Medicare yes no other (please list) _____
Medicaid yes no

Name of primary medical insurer Telephone Policy number

Address City State Zip

Name of secondary medical insurer (if applicable) Telephone Policy Number

Address City State Zip

Please note: If you have checked yes to any of the above, medical and mental health counseling bills must be submitted to that source before OVS can consider reimbursement.

SECTION NINE - FUNERAL EXPENSES

Are you applying for compensation for funeral expenses? yes no (If yes, please complete below.)

If an estate has been opened, attach or send a copy of the Probate Court's Appointment of the Named Fiduciary. Attach or send the funeral bill and a copy of the death certificate (original death certificate not required).

Name of Funeral Home Telephone

Address City State Zip

Have any funeral expenses been paid or will any funeral expenses be paid by any of the following sources? yes no

Public Assistance yes no Burial Insurance yes no
Veterans Benefits/Insurance yes no Other _____ yes no

Please note: If you have checked yes to any of the above, funeral bills must be submitted to that source before OVS can consider reimbursement.

SECTION TEN - COURT RELATED BENEFITS

Are you an eligible relative of the victim? yes no

Eligible relatives, defined by Connecticut General Statutes section 54-201(4), are spouse, parent, grandparent, stepparent, child, including natural born, step and adopted, grandchild, brother, sister, half brother, half sister, or spouse's parents.

Are you applying for mileage or travel expenses to attend court proceedings? yes no

Are you applying for wage loss compensation to attend court proceedings? yes no (If yes, please complete below.)

Claimant's Employer

Telephone

Employer's Address

City

State Zip

Date(s) absent from work to attend court proceeding(s).

SECTION ELEVEN - RESTITUTION AND CIVIL ACTION

Did the crime involve motor vehicles? yes no (If yes, please provide your automobile insurance policy declaration pages.)

Did the court order the defendant to make restitution? yes no

Have you filed or do you intend to file a civil action? yes no (If yes, please complete below.)

Name of attorney (last, first, middle)

Name of firm

Address

City

State Zip

Work telephone

Fax

Juris number

SECTION TWELVE - STATISTICAL INFORMATION

How did you find out about the crime victims' compensation program?

- | | | | |
|---|---|---|---|
| <input type="radio"/> police | <input type="radio"/> telephone book | <input type="radio"/> social service provider | <input type="radio"/> hospital |
| <input type="radio"/> poster/brochure | <input type="radio"/> Infoline/211 | <input type="radio"/> prosecutor/state's attorney | <input type="radio"/> private attorney |
| <input type="radio"/> friend/acquaintance | <input type="radio"/> public service announcement | <input type="radio"/> community advocate | <input type="radio"/> Office of Adult Probation |
| <input type="radio"/> funeral home | <input type="radio"/> medical provider | <input type="radio"/> OVS victim advocate | <input type="radio"/> OVS webpage |
| <input type="radio"/> other _____ | | | |

Submission of your information regarding race/ethnic background or disabilities is voluntary.

- white black/African American hispanic native Hawaiian/pacific islander
 american indian/alaskan native asian other unknown

SECTION THIRTEEN - STATEMENT OF FACTS AND AUTHORIZATION

The undersigned certifies that the information herein is true to his or her best knowledge, information and belief and hereby authorizes any hospital, physician(s), funeral director or other person(s) who attended, examined, or rendered services to _____ and _____, any employer(s) of the victim/claimant, any police or other municipal authority or agency, or public authorities including state and federal revenue services, any insurance company or organization having knowledge thereof, to furnish to OVS or its representative any and all information with respect to the incident leading to the victim's death and the claimant's application made for compensation. A photocopy of this authorization will be considered as effective and valid as the original.

I, _____, authorize OVS to disclose any information in its possession, including confidential information, to the offices of the Court Support Services Division, the State's Attorney, the Attorney General and to private attorneys retained by OVS or the claimant, and to communicate freely with any of the foregoing when such disclosure and communications are necessary pursuant to Connecticut General Statutes sections 54-208(e), 54-212 and 54-215.

Further, I understand that OVS may be entitled to receive proceeds that an offender has been ordered to pay the claimant as restitution ordered by the State of Connecticut's criminal court system. This is in accordance with Connecticut General Statutes section 54-215.

I understand that any recovery of my losses from the offender resulting from a civil action that I have brought entitles OVS to reimbursement of two-thirds of any compensation awarded to me and that OVS shall have a lien on the recovery pursuant to Connecticut General Statutes section 54-212. I understand that I must notify OVS of the filing of any such civil action within thirty days of the filing of the action in court.

Further, I understand that pursuant to Connecticut General Statutes section 54-212, OVS shall be subrogated to any cause of action I have against the offender. A civil action may be brought on behalf of OVS by the Attorney General or by a private attorney hired by OVS. OVS shall furnish me with a copy of the action within thirty days of the filing of the action in court.

Claimant signature (*Parent or guardian must sign if claimant is a minor or an incompetent adult*)

Date