

CRIME DISCLOSURE

JD-VS-35 Rev. 10-17
 C.G.S. § 54-209(d) and (e), as amended by
 P.A. 17-99 § 26

STATE OF CONNECTICUT
OFFICE OF VICTIM SERVICES
 JUDICIAL BRANCH
 www.jud.ct.gov/crimevictim/

**Instructions**

1. Print or type the information requested.
2. Please send to: Office of Victim Services, 225 Spring Street, 4th Floor, Wethersfield, CT, 06109
 or Fax to: 860-263-2780 or e-mail to: OVSCompensation@jud.ct.gov.

Name of victim (first, middle, last)		Date of birth (mm/dd/yyyy)
Name of claimant or person filing for claimant	Claim number	Claims examiner

1. Did the victim disclose that she or he was a victim of a crime in Connecticut?

- No (skip to question 4)
- Yes Type of crime: sexual assault (skip to question 3) domestic violence child abuse
- human trafficking other: _____
- Type of injury: physical emotional

2. Describe the physical or emotional injuries:

3. Date of incident: _____ Date incident disclosed to you: _____

4. Check your profession:

Please note that by state law, in order to receive victim compensation, victims of domestic violence may report the crime to police or may only disclose to a sexual assault counselor or a domestic violence counselor instead of reporting the crime to police.

- | | |
|--|---|
| <input type="checkbox"/> alcohol and drug counselor
<input type="checkbox"/> clinical social worker
<input type="checkbox"/> counselor
<input type="checkbox"/> emergency medical services provider
<input type="checkbox"/> employee of Department of Children and Families
<input type="checkbox"/> marriage and family therapist
<input type="checkbox"/> mental health professional
<input type="checkbox"/> nurse (advanced practice, practical, or registered)
<input type="checkbox"/> physician or physician assistant | <input type="checkbox"/> police officer
<input type="checkbox"/> psychologist
<input type="checkbox"/> resident physician or intern at a Connecticut hospital
<input type="checkbox"/> school guidance counselor
<input type="checkbox"/> school principal
<input type="checkbox"/> school teacher
<input type="checkbox"/> sexual assault or domestic violence counselor
<input type="checkbox"/> surgeon |
|--|---|

Name of the person completing form (print first, middle, last)		Title
Provider license number, if applicable	Name of agency	
Agency address, city, state zip		Telephone number
Signature of person completing form		Date

Thank you for helping OVS in its efforts to provide financial compensation to eligible crime victims.

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, call OVS at 1-800-822-8428.