Instructions
1. To be completed by an employee of the Department of Children and Families or by an employee of a children’s advocacy center.
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 person filing for victim    Claim number    Claims examiner

1. Did the victim disclose that they were a victim of a crime in Connecticut?
   □ Yes   Date incident disclosed: ________________
   □ No

2. Was an incident of child abuse substantiated by the Connecticut Department of Children and Families, and the individual responsible for the abuse was placed on the Department of Children and Families Child Abuse and Neglect Registry?
   □ Yes
   □ No

   If you answered “Yes” to either question 1 or 2, go to question 3.
   If you answered "No" to both question 1 and 2, go to question 8.

3. Select the type of crime (you may select more than 1 box):
   □ sexual assault   □ domestic violence   □ other: ___________________________
   □ human trafficking   □ child witness to domestic violence

4. Did the victim suffer a physical injury?
   □ Yes   □ No   □ Don’t know

5. Did the victim suffer an emotional injury from a threat of either physical injury or death?
   □ Yes   □ No   □ Don’t know

6. Describe the incident and any physical or emotional injuries disclosed:

7. Date or date span of incident(s): ___________________________  City/town of incident(s): ___________________________

8. Select your profession:
   □ employee of children's advocacy center
   □ employee of Department of Children and Families

Name of the person completing form (print first, middle, last)    Title

Provider license number, if applicable    Name of agency

Agency address, city, state, zip    Phone 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.