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.

<table>
<thead>
<tr>
<th>Name of victim (first, middle, last)</th>
<th>Date of birth (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of claimant or person filing for claimant</td>
<td>Claim number</td>
</tr>
</tbody>
</table>

1. Did the victim disclose that they were a victim of a crime in Connecticut?
   - [ ] Yes  Date incident disclosed ________________  (go to question 2)
   - [ ] No (skip to question 7)

2. Check the type of crime (you may check more than 1 box):
   - [ ] sexual assault
   - [ ] domestic violence
   - [ ] other: ________________________________
   - [ ] human trafficking
   - [ ] child witness to domestic violence

3. Did the victim suffer a physical injury?
   - [ ] Yes  [ ] No  [ ] Don't know

4. Did the victim suffer an emotional injury from a threat of either physical injury or death and received treatment?
   - [ ] Yes  [ ] No  [ ] Don't know

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

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

7. Check your profession:
   - [ ] alcohol and drug counselor
   - [ ] clinical social worker
   - [ ] certified domestic violence or sexual assault counselor
   - [ ] counselor
   - [ ] emergency medical services provider
   - [ ] employee of child advocacy center
   - [ ] employee of Department of Children and Families
   - [ ] marriage and family therapist
   - [ ] mental health professional
   - [ ] nurse (advanced practice, practical, or registered)
   - [ ] physician or physician assistant
   - [ ] police officer
   - [ ] psychologist
   - [ ] resident physician or intern at a Connecticut hospital
   - [ ] school guidance counselor
   - [ ] school principal
   - [ ] school teacher
   - [ ] surgeon

<table>
<thead>
<tr>
<th>Name of the person completing form (print first, middle, last)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider license number, if applicable</td>
<td>Name of agency</td>
</tr>
<tr>
<td>Agency address, city, state zip</td>
<td>Phone number</td>
</tr>
<tr>
<td>Signature of person completing form</td>
<td>Date</td>
</tr>
</tbody>
</table>

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.