



OFFICE OF VICTIM SERVICES

Focusing on a brighter future

We are here to help. If you have any questions about filling out this application or the Victim Compensation Program, please call us at 1-888-286-7347. Please know that it is important that you tell us if your contact information changes. If we cannot reach you, you may miss important deadlines set by state law or your claim may be closed.

SECTION 1 - VICTIM INFORMATION

The person who was emotionally injured because of the crime.

Name of victim (first, middle, last)		Birth date (mm/dd/yyyy)	Age	
Address		City	State	Zip
Daytime phone number	Cell phone number	Email		
Primary language spoken		Gender: <input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> other _____		

SECTION 2 - PARENT/LEGAL GUARDIAN/CONSERVATOR INFORMATION

This section is for parents or legal guardians of children under 18 years old and legal guardians or conservators for an incapacitated adult.

Name of parent/legal guardian/conservator (first, middle, last)		Relationship: <input type="checkbox"/> parent <input type="checkbox"/> adoptive parent <input type="checkbox"/> legal guardian <input type="checkbox"/> conservator		
Address		City	State	Zip
Daytime phone number	Cell phone number	Email		
Primary language spoken		Gender: <input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> other _____		

SECTION 3 - STATISTICAL INFORMATION

It is your choice to answer these questions. This information is used in state and federal reports.

Would you describe the victim as:

- american indian/alaska native asian black/african american hispanic/latino/latina
 native hawaiian/other pacific islander white non-latino/caucasian other race _____

Was the victim disabled before the crime? yes no don't know

Was the victim disabled after the crime? yes no don't know

How did you find out about the Victim Compensation Program: _____

SECTION 4 - ATTORNEY REPRESENTATION

You do not need an attorney to receive victim compensation. If you do have an attorney, please check if the attorney is helping you with your claim, a civil lawsuit, or both and provide the attorney’s contact information.

- Representing me on this application Representing me in a civil lawsuit

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

SECTION 5 - PERMISSION TO CONTACT OR SPEAK WITH ANOTHER PERSON

Please check if you are giving OVS permission to contact someone if we can’t reach you, permission to speak with someone about your claim, or both, and provide that person’s contact information.

- Permission to contact, if OVS can’t reach me Permission to speak with about my claim

Name of person (first, middle, last)		How do you know this person?		
Address		City	State	Zip
Daytime phone number	Cell phone number	Email		

SECTION 6 - CRIME INFORMATION

If the crime involved human trafficking, please do not fill out this section but answer the questions in Section 6a.

Date(s) of crime	Address and city where crime happened			
Type of crime: <input type="checkbox"/> threat of death <input type="checkbox"/> threat of physical injury <input type="checkbox"/> robbery <input type="checkbox"/> kidnapping <input type="checkbox"/> child pornography				
<input type="checkbox"/> unlawful sharing of an intimate image <input type="checkbox"/> voyeurism <input type="checkbox"/> stalking <input type="checkbox"/> child witness to domestic violence				
<input type="checkbox"/> other _____				
Briefly describe the crime: _____				

Date crime reported to police: _____ Was the crime reported within 5 days? <input type="checkbox"/> yes <input type="checkbox"/> no (if no, please explain):				

Police department	Name of officer investigating the crime		Police report number	

If the crime was domestic violence and not reported to police, please check which professional you told about the crime:
 judge (if the judge gave you a restraining or civil protection order, please attach a copy of the application or affidavit.)
 certified domestic violence counselor certified sexual assault counselor
 other _____

SECTION 9 - STATEMENT OF FACTS AND AUTHORIZATION

I certify that the information in this application for victim compensation is true to the best of my knowledge, information, and belief. I give permission to any hospital, physician(s) or other person(s) who attended, examined, or gave services to me or to any minor child or incapacitated adult for whom I am the parent, legal guardian, or conservator and have the authority to act on his or her behalf; to my employer(s) and the employer(s) of the person I am acting on behalf of; any police or other municipal authority or agency, or public authorities including state and federal revenue services, any insurance company or organization having knowledge of the incident to give to the Office of Victim Services (OVS) or its representative any and all information regarding the incident leading to the victim's emotional injuries and this application for victim compensation. A copy of this authorization will be considered as effective and valid as the original.

I give permission to OVS to disclose any information in its records, including confidential information, to the offices of the Court Support Services Division, the State's Attorney, the Attorney General, the Office of the United States Attorneys, and to private attorneys retained by OVS or by me, and to communicate freely with them when necessary (Section 54-208(e), 54-212, and 54-215 of the Connecticut General Statutes).

I understand that I must notify OVS if I file a lawsuit against whoever is responsible for the injury for which OVS paid the compensation within 30 days of the filing of the action in court. If I recover money from the lawsuit, either by a judgment or by settlement, I understand that OVS is entitled by state law to 2/3 of the amount OVS paid. (Section 54-212 of the Connecticut General Statutes). If I have filed a lawsuit, I agree to provide a copy of the writ, summons, and complaint to OVS immediately.

I understand that OVS will have the right to bring a lawsuit in my name against whoever is responsible for the injury for which the money was paid. I also understand that if OVS recovers money from the lawsuit, OVS is entitled by state law to keep 2/3 of the amount paid, plus costs and interest. OVS will pay me any balance over that amount (Section 54-212 of the Connecticut General Statutes).

I understand that if I or the person I am filing on behalf of receives money from any other sources, including payments from state or municipal agencies, insurance benefits, or workers' compensation because of the incident, OVS is entitled by state law to 2/3 of the amount OVS paid (Section 54-212 of the Connecticut General Statutes).

I understand that if the court orders restitution to me or to the person I am filing on behalf of for expenses paid by OVS, OVS is entitled to receive full reimbursement, unless the court orders differently (Section 54-215 of the Connecticut General Statutes).

I also understand that my providers may be reimbursed directly for debts that I owe.

Applicant signature

Print your name

Date

The adult applicant, the parent/legal guardian/conservator of a minor child (under 18 years old), or the legal guardian/conservator for an incapacitated adult must sign this application. Applications that are not signed will be returned.

Please mail, fax, or email the completed application to: Office of Victim Services, 225 Spring Street, 4th Floor, Wethersfield, CT 06109; Fax: 860-263-2780; Email: OVSCompensation@jud.ct.gov

Contact OVS at: 1-888-286-7347 or www.jud.ct.gov/crimevictim/

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.