

**REIMBURSEMENT
CHILD FORENSIC INTERVIEW**

JD-VS-34 Rev. 3-18
C.G.S. § 19a-112a

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



Instructions

Providers or examiners working with a multidisciplinary team, or a child advocacy center, or both, may be reimbursed \$250 for a forensic interview of a child victim of sexual assault or abuse.

To apply for reimbursement, complete all sections of this form. Mail the completed form to:

**Office of Victim Services
Attn: Forensic Interview Reimbursement
225 Spring Street
Wethersfield CT 06109**

Section 1 — Victim Information

Name of victim/patient	Date of birth	Account or record number
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If the victim is an adult (*over 17 years old*), does the victim have a developmental delay or other functional impairment?

Yes No If yes, explain:

Section 2 — Services Provided

Name and title of interviewer	Date of forensic interview
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Is this a reopened case? Yes No If yes, "x" if this is a New incident Different perpetrator

Evaluation for suspected sexual assault or abuse

Other: _____

Was the victim referred for or did the victim have a forensic medical physical examination?

Referral Forensic examination completed No

Date of referral/Forensic examination	Health care provider name
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Section 3 — Billing Information

Health care provider name	Telephone number	Tax identification number
Address	City	State Zip

Section 4 — Signature Of Person Completing Form

Name and title of person completing form	Telephone number and email address
Signature of person completing form	Date signed