

**NOTICE OF RIGHT TO REQUEST
WAIVER OF DEDUCTIBLE**

JD-VS-23 Rev. 10-09
C.G.S. § 54-210(a)(5)

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



Instructions

1. *This form must be filled out and signed.*
2. *This form must be received before a decision is made on the claim.*
3. *Send the original to the Office of Victim Services at the address shown below.*

FROM: Office of Victim Services, 225 Spring Street, Fourth Floor, Wethersfield, CT 06109

Name of Victim	Claim Number
Name and Address of Claimant	Claims Examiner

State law requires that the Office of Victim Services (OVS) deduct \$100 from every claim that receives compensation. However, OVS may waive the deductible under Connecticut General Statutes Section 54-210 (a)(5).

Please **check one box** and indicate your **relationship to the claimant**: _____
(Self, mother, father, guardian, etc.)

- I am requesting a waiver of the \$100 deductible because of financial hardship.
- I am not requesting a waiver of the \$100 deductible (please note there will be a one time \$100 deduction from the amount of compensation awarded).

Print name: _____ Signed: _____

Date signed: _____