

**REIMBURSEMENT  
CHILD FORENSIC INTERVIEW**

JD-VS-34 Rev. 1-25  
C.G.S. § 19a-112a

STATE OF CONNECTICUT  
**OFFICE OF VICTIM SERVICES**  
JUDICIAL BRANCH  
[www.jud.ct.gov/crimevictim/](http://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.

E-mail the completed form to: [ovsfiscalservices@jud.ct.gov](mailto:ovsfiscalservices@jud.ct.gov)

Or mail the completed form to: **Office of Victim Services**  
**Attn: Forensic Interview Reimbursement**  
**225 Spring Street**  
**Wethersfield CT 06109**

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**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:

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**Section 2 - Services Provided**

Name and title of forensic interviewer	Date of forensic interview
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Is this a reopened case?    Yes     No    If yes, select one:    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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Signature of forensic interviewer	Date signed
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**Section 3 - Billing Information**

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

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**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