

**APPLICATION FOR WAIVER OF  
TWO YEAR FILING REQUIREMENT**

JD-VS-28 Rev. 1-21

C.G.S. § 54-211

STATE OF CONNECTICUT  
**OFFICE OF VICTIM SERVICES**

JUDICIAL BRANCH

[www.jud.ct.gov/crimevictim](http://www.jud.ct.gov/crimevictim)**Instructions**

1. Print or type the information requested.
2. The form must be signed by the person who signed the application for victim compensation.
3. Keep a copy for your records.
4. 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: [OVSCCompensation@jud.ct.gov](mailto:OVSCCompensation@jud.ct.gov)

Name of Victim	Claim Number
Name of Claimant or Person Filing for Claimant	Claims Examiner

Check the appropriate box:

The claimant was a minor at the time of the criminal incident and the application was filed late through no fault of the minor (Section 54-211(a)(3) of the Connecticut General Statutes).

The claimant was an adult at the time of the criminal incident and the application was filed late because the criminal incident caused physical, emotional, or psychological injuries (Section 54-211(a)(2) of the Connecticut General Statutes). Describe the physical, emotional, or psychological injuries that prevented you from filing within 2 years from the criminal incident (*you may attach more pages, if needed*):

Print name	Signature (Parent or guardian if claimant is a minor)	Date signed
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**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, contact the Office of Victim Services at the address shown above.