

CRIME DISCLOSUREJD-VS-35 Rev. 9-21
C.G.S. § 54-209 (d)STATE OF CONNECTICUT
OFFICE OF VICTIM SERVICES

JUDICIAL BRANCH

www.jud.ct.gov/crimevictim/**Instructions**

1. Print or type the information requested.
2. 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: OVSCompensation@jud.ct.gov.

Name of victim (first, middle, last)	Date of birth (mm/dd/yyyy)	
Name of claimant or person filing for claimant	Claim number	Claims examiner

1. Did the victim disclose that they were a victim of a crime in Connecticut?

Yes Date incident disclosed _____ (go to question 2)
 No (skip to question 7)

2. Check the type of crime (you may check more than 1 box):

sexual assault domestic violence other: _____
 human trafficking child witness to domestic violence

3. Did the victim suffer a physical injury?

Yes No Don't know

4. Did the victim suffer an emotional injury from a threat of either physical injury or death and received treatment?

Yes No Don't know

5. Describe the incident and any physical or emotional injuries disclosed:

6. Date or date span of incident(s): _____ City/town of incident(s): _____**7. Check your profession:**

<input type="checkbox"/> alcohol and drug counselor	<input type="checkbox"/> nurse (advanced practice, practical, or registered)
<input type="checkbox"/> clinical social worker	<input type="checkbox"/> physician or physician assistant
<input type="checkbox"/> certified domestic violence or sexual assault counselor	<input type="checkbox"/> police officer
<input type="checkbox"/> counselor	<input type="checkbox"/> psychologist
<input type="checkbox"/> emergency medical services provider	<input type="checkbox"/> resident physician or intern at a Connecticut hospital
<input type="checkbox"/> employee of child advocacy center	<input type="checkbox"/> school guidance counselor
<input type="checkbox"/> employee of Department of Children and Families	<input type="checkbox"/> school principal
<input type="checkbox"/> marriage and family therapist	<input type="checkbox"/> school teacher
<input type="checkbox"/> mental health professional	<input type="checkbox"/> surgeon

Name of the person completing form (print first, middle, last)	Title
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Provider license number, if applicable	Name of agency
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Agency address, city, state zip	Phone number
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Signature of person completing form	Date
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Thank you for helping OVS in its efforts to provide financial compensation to eligible crime victims.**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.