

**VICTIM RESTITUTION NOTICE AND  
SECOND REQUEST FOR INFORMATION**

JD-AP-203 New 12-21  
C.G.S. § 53a-30

STATE OF CONNECTICUT JUDICIAL BRANCH  
COURT SUPPORT SERVICES DIVISION  
ADULT PROBATION SERVICES  
[www.jud.ct.gov](http://www.jud.ct.gov)



**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 your Probation Officer or an ADA contact person listed at [www.jud.ct.gov/ADA/](http://www.jud.ct.gov/ADA/)

Defendant name		CMIS case number	
Docket number	Date of offense	Docket number	Date of offense

**Notice of Restitution Order and Second Request for Information**

Adult Probation Services records show that we contacted you at least once before. **If we do not hear from you by \_\_\_\_\_, we will assume that you do not want to receive restitution** from the defendant in the docket(s) listed above. In that case, the defendant will not be required to pay any restitution to you as a condition of probation.

The defendant listed above has been charged with or convicted of a crime or crimes in the docket(s) listed above, and the court sentenced the defendant to a:

- ☐ Period of probation; or  
☐ Term of incarceration, followed by a period of probation.

Additional Information:

As a condition of probation, the court ordered the defendant to make restitution to (repay) any victims for any injuries, damages, or losses they suffered because of the defendant's crime(s). You may be a victim who is eligible for this restitution (repayment).

Adult Probation Services needs some additional information from you to figure out:

- If you want to receive restitution;
- If you are eligible for restitution; and, if so,
- How much restitution the defendant owes you.

**Please complete the attached Victim Restitution Claim form**, and send it to the Probation Officer listed below by \_\_\_\_\_. You can send the Victim Restitution Claim form by e-mail, fax, or mail.

**Please keep this Notice for your records.** Adult Probation Services only needs you to send the Victim Restitution Claim form to process the court's restitution order.

If you have questions or concerns about this request, please contact:

Probation Officer	Phone number	Fax number
E-mail address	Probation Officer address	

Finally, if your address or telephone number change during the restitution process, please tell the Probation Officer listed above. Adult Probation Services needs up-to-date contact information in order to keep you up-to-date with the status of your request for restitution and any restitution payments.

**VICTIM RESTITUTION CLAIM**JD-AP-204 New 12-21  
C.G.S. § 53a-30STATE OF CONNECTICUT JUDICIAL BRANCH  
COURT SUPPORT SERVICES DIVISION  
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[www.jud.ct.gov](http://www.jud.ct.gov)**Instructions to victim**

1. Complete this form and sign it.
2. Do not include any losses that have been or will be covered by insurance.
3. Attach any documentation of your loss, such as medical bills, repair estimates, receipts, appraisals, etc.
4. Send the completed form and any documentation of your loss to the Probation Officer listed.

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Defendant name	CMIS case number
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Name of victim	Address of victim
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Docket number	Date of offense	Docket number	Date of offense
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**Restitution Request (Choose One)**

- ☐ I **have** suffered loss because of the defendant's crime(s) in the docket(s) listed above, and: (Choose one)
- ☐ I want restitution from the defendant, and I have documentation to prove the amount of my loss;
- ☐ I want restitution from the defendant, but I do not have documentation to prove the amount of my loss; OR
- ☐ I do not want restitution from the defendant.

**OR**

- ☐ I **have not** suffered any loss because of the defendant's crime(s) in the docket(s) listed above.

**Amount of Loss**

If you have suffered loss because of the defendant's crime(s) and want restitution, list the amount of loss you have suffered below. Attach any documentation that you have of your loss (medical bills, repair estimates, receipts, appraisals, etc.).

**Do not** include any amount that has been or will be covered by insurance.

\$ \_\_\_\_\_ Amount of financial loss because of damage to or loss of property.

\$ \_\_\_\_\_ Amount of financial loss because of personal injury.

\$ \_\_\_\_\_ Amount of financial loss because of lost wages resulting from the injury.

\$ \_\_\_\_\_ Amount of financial loss because of counseling related to the defendant's crime(s).

\$ \_\_\_\_\_ Other financial loss (explain): \_\_\_\_\_

\$ \_\_\_\_\_ **Total financial loss requested as restitution.**

**Send the completed form by e-mail, fax, or mail to:**

Probation Officer	Phone number	Fax number
E-mail address	Probation Officer address	

Signature of victim	Date signed	Daytime phone number of victim
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