

**REQUEST FOR INFORMATION**JD-VS-19 Rev. 12-20  
C.G.S. § 54-203(b)(2)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. 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	
Claims Examiner	Law Enforcement Agency	Date Mailed

**PLEASE COMPLETE ALL OF THE QUESTIONS ON THIS FORM**

1. Police department incident/case number: \_\_\_\_\_
2. Reason police report is not available:  
 Criminal case is pending in court:  Geographical Area number \_\_\_\_\_  Judicial District \_\_\_\_\_  Juvenile Matters \_\_\_\_\_  
 Investigation is not yet completed: Lead Investigator: \_\_\_\_\_  
 No record of this victim/incident.  
 Other (explain): \_\_\_\_\_
3. Did a crime take place? (If applicable, specify the type of crime):  
 Yes. Type of crime: \_\_\_\_\_  
 A crime was committed but there is insufficient evidence to make an arrest. Type of crime: \_\_\_\_\_  
 No crime was committed.
4. Date of incident: \_\_\_\_\_ Date reported to police: \_\_\_\_\_
5. Name of accused/offender: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Name of accused/offender: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Name of accused/offender: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Offender unknown  
 Offender's name cannot be released
6. Did the victim violate a state penal law, which caused or contributed to his or her own injury or death?  
 No       Yes (provide facts): \_\_\_\_\_

**PLEASE COMPLETE PAGE 2**

Name of Victim	Claim Number
----------------	--------------

7. Do the facts indicate that the victim directly or indirectly contributed to the victim's injury or death?

No       Yes (*provide facts*):

8. If other than a death case, did the victim cooperate with the police investigation?

Yes       No (*provide facts*):

9. Provide any additional facts that will assist the Office of Victim Services (OVS) in understanding the incident.  
*(If more space is needed, use the back of this form)*

Name of person completing form	Title
--------------------------------	-------

Badge number ( <i>If applicable</i> )	Telephone number	Date
---------------------------------------	------------------	------

**Thank you for helping OVS in our efforts to provide financial compensation to eligible crime victims.**