**VICTIM COMPENSATION COMMISSIONER**
**DOCUMENTATION OF SERVICES PERFORMED**
JD-VS-50 New 12-21
C.G.S. § 54-205

STATE OF CONNECTICUT
**OFFICE OF VICTIM SERVICES**
JUDICIAL BRANCH
www.jud.ct.gov/crimevictim

**Instructions**

*1. Complete and sign the form.*
*2. Retain a copy for your file.*
*3. Please send to: Office of Victim Services, 225 Spring Street, Wethersfield, CT 06109 or Fax to: 860-263-2780 or e-mail to: OVSCompensation@jud.ct.gov.*

| Name of Victim Compensation Commissioner | Social Security Number/Tax Identification Number |
|---|---|
| | |

Address *(street, city, state, zip)*

| Date of service | Description of service provided *(Including Claim Number(s))* | Rate |
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**TOTAL:**
**$ 0.00**

| Signature | 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, call OVS at 1-800-822-8428.

Print Form

Reset Form