

NOTICE OF APPLICATIONJD-VS-3 (Page 1 of 2) Rev. 7-16
C.G.S. § 54-227STATE OF CONNECTICUT
OFFICE OF VICTIM SERVICES
JUDICIAL BRANCH
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 a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

Instructions

1. You must fill out this form and have a Commissioner of the Superior Court or a Department of Correction (DOC) official sign the form acknowledging that you have provided a copy of this form to the Office of Victim Services (OVS) and DOC Victim Services Unit.
2. Send the original form with the application that you file with the Superior Court, Board of Pardons and Paroles, or DOC.
3. Keep a copy of this form for your records.

To: Office of Victim Services, 225 Spring Street, 4th Floor, Wethersfield, CT 06109**To: Department of Correction - Victim Services Unit, 24 Wolcott Hill Road, Wethersfield, CT 06109**

Name of person completing form (Applicant)	JD/GA court location where application is filed	Docket number
Name of inmate/defendant	Department of Correction inmate number (If known)	Inmate/defendant's date of birth (If known)

Please check the box that describes the application to be filed. If you check more than one box, this form will be returned to you. You **MUST** complete a Notice of Application form for each application you file.

Board of Pardons and Paroles:

- ☐ for parole - Parole Unit
☐ for clemency by current offender - Pardons Unit

Department of Correction

- ☐ for release other than a furlough

Superior Court

- ☐ for sentence modification, motion and order
☐ for review of sentence
☐ to restrict or to remove restriction on dissemination of sex offender registration information
☐ for exemption from the sex offender registration requirements

By signing this application, I am stating that I am the person completing this form and the information in this Notice of Application is true and accurate.

I understand that the application will not be accepted unless I provide proof that I have given a copy of this application to the Office of Victim Services and to the Department of Correction - Victim Services Unit at the addresses listed above and on the date and in the way listed below:

Date provided to Office of Victim Services	Please check one box: <input type="checkbox"/> Sent by first class mail, postage paid <input type="checkbox"/> Hand delivered <input type="checkbox"/> Other (Specify)
Date provided to Department of Correction	Please check one box: <input type="checkbox"/> Sent by first class mail, postage paid <input type="checkbox"/> Hand delivered <input type="checkbox"/> Other (Specify)

Signed (Applicant)

On (Date)

Witness Statement

I acknowledge that the applicant noted above provided a copy of this Notice of Application to the Office of Victim Services and to the Department of Correction - Victim Services Unit in the way specified above.

Signed (Commissioner of the Superior Court/Corrections Official)

On (Date)

Title

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To Be Completed By The Applicant

Name of person completing form (<i>Applicant</i>)	JD/GA Court location where application filed	Docket number
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For OVS Use Only**OVS Compliance Requirement**

- ☐ Certified letter mailed to registrant/victim at last known address.
- ☐ No registrant/victim on file.

Signed (*OVS Staff*)

Date signed

For DOC Use Only**DOC Compliance Requirement**

- ☐ Certified letter mailed to registrant/victim at last known address.
- ☐ No registrant/victim on file.

Signed (*DOC Staff*)

Date signed