APPLICATION FOR WAIVER OF TWO YEAR FILING REQUIREMENT

JD-VS-28 Rev. 1-21 C.G.S. § 54-211



Instructions

- 1. Print or type the information requested.
- 2. The form must be signed by the person who signed the application for victim compensation.
- 3. Keep a copy for your records.
- 4. 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	Claim Number	
Name of Claimant or Person Filing for Claimant	Claims Examiner	
Check the appropriate box:		
The claimant was a minor at the time of the minor (Section 54-211(a)(3) of the Connection	criminal incident and the application was filed licut General Statutes).	ate through no fault of the
incident caused physical, emotional, or psyc	e criminal incident and the application was filed chological injuries (Section 54-211(a)(2) of the (a), or psychological injuries that prevented you from pages, if needed):	Connecticut General
Print name	Signature (Parent or guardian if claimant is a minor)	Date signed

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 the Office of Victim Services at the address shown above.