

CRIME DISCLOSURE

JD-VS-35 Rev. 9-21
C.G.S. § 54-209 (d)



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: OVSCompensation@jud.ct.gov.*

Name of victim (<i>first, middle, last</i>)		Date of birth (<i>mm/dd/yyyy</i>)
Name of claimant or person filing for claimant	Claim number	Claims examiner

1. Did the victim disclose that they were a victim of a crime in Connecticut?
 Yes Date incident disclosed _____ (*go to question 2*)
 No (*skip to question 7*)

2. Check the type of crime (*you may check more than 1 box*):
 sexual assault domestic violence other: _____
 human trafficking child witness to domestic violence

3. Did the victim suffer a physical injury?
 Yes No Don't know

4. Did the victim suffer an emotional injury from a threat of either physical injury or death and received treatment?
 Yes No Don't know

5. Describe the incident and any physical or emotional injuries disclosed:

6. Date or date span of incident(s): _____ City/town of incident(s): _____

7. Check your profession:

<input type="checkbox"/> alcohol and drug counselor	<input type="checkbox"/> nurse (advanced practice, practical, or registered)
<input type="checkbox"/> clinical social worker	<input type="checkbox"/> physician or physician assistant
<input type="checkbox"/> certified domestic violence or sexual assault counselor	<input type="checkbox"/> police officer
<input type="checkbox"/> counselor	<input type="checkbox"/> psychologist
<input type="checkbox"/> emergency medical services provider	<input type="checkbox"/> resident physician or intern at a Connecticut hospital
<input type="checkbox"/> employee of child advocacy center	<input type="checkbox"/> school guidance counselor
<input type="checkbox"/> employee of Department of Children and Families	<input type="checkbox"/> school principal
<input type="checkbox"/> marriage and family therapist	<input type="checkbox"/> school teacher
<input type="checkbox"/> mental health professional	<input type="checkbox"/> surgeon

Name of the person completing form (<i>print first, middle, last</i>)		Title
Provider license number, if applicable	Name of agency	
Agency address, city, state zip		Phone number
Signature of person completing form		Date

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

<p>ADA NOTICE</p> <p>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.</p>
