

CRIME DISCLOSUREJD-VS-35 Rev. 12-18
C.G.S. § 54-209(d) and (e)STATE OF CONNECTICUT
OFFICE OF VICTIM SERVICES
JUDICIAL BRANCH
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: OVSCompensation@jud.ct.gov.

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

1. Did the victim disclose that she or he was a victim of a crime in Connecticut?

-
- Yes (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 abuse

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:

6. Date of incident: _____ City/town of incident: _____ Date incident disclosed to you: _____

7. Check your profession:

To be eligible for victim compensation, victims must report the crime to police; however, state law allows victims of certain crimes to disclose the crime to 1 of the professionals listed below instead of reporting to police. Victims of domestic violence may only disclose to a certified sexual assault counselor or a certified domestic violence counselor instead of reporting to police.

- | | |
|--|--|
| <input type="checkbox"/> alcohol and drug counselor | <input type="checkbox"/> police officer |
| <input type="checkbox"/> clinical social worker | <input type="checkbox"/> psychologist |
| <input type="checkbox"/> counselor | <input type="checkbox"/> resident physician or intern at a Connecticut hospital |
| <input type="checkbox"/> emergency medical services provider | <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"/> sexual assault or domestic violence counselor (must be certified) |
| <input type="checkbox"/> nurse (advanced practice, practical, or registered) | <input type="checkbox"/> surgeon |
| <input type="checkbox"/> physician or physician assistant | |

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

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