

NOTICE OF APPLICATION FILED SEEKING RELEASE OR OTHER RELIEF

JD-VS-3 Rev. 9-22
C.G.S. § 54-227

**STATE OF CONNECTICUT
OFFICE OF VICTIM SERVICES
JUDICIAL BRANCH**

www.jud.ct.gov



Instructions

1. Fill out this notice and have a Commissioner of the Superior Court or a Department of Correction (DOC) official complete the witness section.
2. If an attorney is completing this notice for the inmate/defendant, select the designated box indicating this. An attorney may not complete the witness section. The attorney's juris number must also be entered in the assigned field.
3. Make a copy of this notice and attach the original notice with the application that you file with the Superior Court, Board of Pardons and Paroles, or DOC, and send the copy of this notice to the Office of Victim Services (OVS) and to the DOC – Victim Services Unit.
4. Keep a copy of this notice for your records.

For information on ADA accommodations, contact a court clerk or go to: www.jud.ct.gov/ADA.

To: Office of Victim Services, 225 Spring Street, 4th Floor, Wethersfield, CT 06109 or E-mail: OVS@jud.ct.gov

To: Department of Correction - Victim Services Unit, 24 Wolcott Hill Road, Wethersfield, CT 06109 or E-mail: doc.victimservices@ct.gov

Name of person completing notice	<input type="checkbox"/> Attorney for the inmate/defendant	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)	

Select the box that describes the application to be filed. If you select more than one box, this notice will be returned to you. You MUST complete a Notice of Application Filed Seeking Release or Other Relief for each application you file.

Board of Pardons and Paroles:

- for parole - Parole Division
- for pardon - Pardon Division
- for commutation - Pardon Division

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 notice, I am stating that I am the person completing this notice and the information in this *Notice of Application Filed Seeking Release or Other Relief* is true and accurate.

I understand that the application will not be processed by the Superior Court, Board of Pardons and Paroles, or DOC unless the Office of Victim Services and the Department of Correction - Victim Services Unit confirms that a copy of the notice was provided. I will provide a copy of this notice as noted 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"/> E-mail <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"/> E-mail <input type="checkbox"/> Other (Specify)

Signed (Applicant) <input type="checkbox"/> Attorney for the inmate/defendant	Juris Number for Attorney	On (Date)
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Witness Statement (Not required if attorney for inmate/defendant completes this notice)

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 notice <input type="checkbox"/> Attorney for the inmate/defendant	JD/GA Court location where application filed	Docket number
Name of inmate/defendant	Department of Correction inmate number <i>(If known)</i>	Inmate/defendant's date of birth <i>(If known)</i>

For OVS Use Only

OVS Compliance Requirement

Received and Processed by Office of Victim Services.

Signed *(OVS Staff)*

Date signed

For DOC Use Only

DOC Compliance Requirement

Received and Processed by Department of Correction, Victim Services Unit.

Signed *(DOC Staff)*

Date signed