

**APPLICATION FOR WAIVER OF
TWO YEAR FILING REQUIREMENT**

JD-VS-28 Rev. 1-21
C.G.S. § 54-211

STATE OF CONNECTICUT
OFFICE OF VICTIM SERVICES
JUDICIAL BRANCH
www.jud.ct.gov/crimevictim



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 criminal incident and the application was filed late through no fault of the minor (Section 54-211(a)(3) of the Connecticut General Statutes).
- The claimant was an adult at the time of the criminal incident and the application was filed late because the criminal incident caused physical, emotional, or psychological injuries (Section 54-211(a)(2) of the Connecticut General Statutes). Describe the physical, emotional, or psychological injuries that prevented you from filing within 2 years from the criminal incident (*you may attach more pages, if needed*):

Print name	Signature (<i>Parent or guardian if claimant is a minor</i>)	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.