

**CRIME DISCLOSURE - DEPARTMENT  
OF CHILDREN AND FAMILIES AND  
CHILDREN'S ADVOCACY CENTERS**

JD-VS-35A New 12-22  
C.G.S. §§ 54-209(a)(5), 54-209(d)

STATE OF CONNECTICUT  
**OFFICE OF VICTIM SERVICES**  
JUDICIAL BRANCH  
[www.jud.ct.gov/crimevictim/](http://www.jud.ct.gov/crimevictim/)



**Instructions**

1. To be completed by an employee of the Department of Children and Families or by an employee of a children's advocacy center.
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](mailto:OVSCompensation@jud.ct.gov).

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

1. Did the victim disclose that they were a victim of a crime in Connecticut?

- Yes Date incident disclosed: \_\_\_\_\_  
 No

2. Was an incident of child abuse substantiated by the Connecticut Department of Children and Families, and the individual responsible for the abuse was placed on the Department of Children and Families Child Abuse and Neglect Registry?

- Yes  
 No

If you answered "Yes" to either question 1 or 2, go to question 3.

If you answered "No" to both question 1 and 2, go to question 8.

3. Select the type of crime (you may select more than 1 box):

- sexual assault       domestic violence       other: \_\_\_\_\_  
 human trafficking       child witness to domestic violence

4. Did the victim suffer a physical injury?

- Yes       No       Don't know

5. Did the victim suffer an emotional injury from a threat of either physical injury or death?

- Yes       No       Don't know

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

7. Date or date span of incident(s): \_\_\_\_\_ City/town of incident(s): \_\_\_\_\_

8. Select your profession:

- employee of children's advocacy center  
 employee of Department of Children and Families

Name of the person completing form (print first, middle, last)		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.**

**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.