

**REIMBURSEMENT  
CHILD FORENSIC INTERVIEW**

JD-VS-34 Rev. 3-18  
C.G.S. § 19a-112a

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



**Instructions**

*Providers or examiners working with a multidisciplinary team, or a child advocacy center, or both, may be reimbursed \$250 for a forensic interview of a child victim of sexual assault or abuse.*

*To apply for reimbursement, complete all sections of this form. Mail the completed form to:*

**Office of Victim Services  
Attn: Forensic Interview Reimbursement  
225 Spring Street  
Wethersfield CT 06109**

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**Section 1 — Victim Information**

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Name of victim/patient	Date of birth	Account or record number
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If the victim is an adult (*over 17 years old*), does the victim have a developmental delay or other functional impairment?

Yes     No    If yes, explain:

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**Section 2 — Services Provided**

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Name and title of interviewer	Date of forensic interview
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Is this a reopened case?    Yes     No    If yes, "x" if this is a     New incident     Different perpetrator

Evaluation for suspected sexual assault or abuse

Other: \_\_\_\_\_

Was the victim referred for or did the victim have a forensic medical physical examination?

Referral     Forensic examination completed     No

Date of referral/Forensic examination	Health care provider name
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**Section 3 — Billing Information**

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Health care provider name	Telephone number	Tax identification number
Address	City	State    Zip

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**Section 4 — Signature Of Person Completing Form**

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Name and title of person completing form	Telephone number and email address
Signature of person completing form	Date signed