

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

JD-VS-28 Rev. 8-11  
C.G.S. § 54-211

STATE OF CONNECTICUT  
**OFFICE OF VICTIM SERVICES**  
JUDICIAL BRANCH  
[www.jud.ct.gov/crimevictim](http://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. *Mail to the address below or fax to 860-263-2780.*

**Mail to: Office of Victim Services, 225 Spring Street, Fourth Floor, Wethersfield, CT 06109**

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 (*you may attach more pages, if needed*):

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