PERSONAL INJURY APPLICATION

JD-VS-8PI Rev. 7/21

OFFICE OF VICTIM SERVICES

Focusing on a brighter future

We are here to help. If you have any questions about filling out this application or the Victim Compensation Program, please call OVS at 1-888-286-7347. Please know that it is important that you tell OVS if your contact information changes. If we cannot reach you, you may miss important deadlines set by state law or your claim may be closed.

The highlighted Sections 1, 7 or 7a, and 10 must be completed.

SECTION 1 – VICTIM INFORMATION

The person who was physically injured because of the crime.

Title: ☐ Mr. ☐ Ms. ☐ Mx. _____ Name of victim (first, middle, last) _____ Birth date (mm/dd/yyyy) _____ Age

_____ Address _____ City _____ State _____ Zip

_____ Daytime phone number _____ Cell phone number _____ Email

_____ Primary language spoken

SECTION 2 – CLAIMANT INFORMATION

The person who has expenses because of the crime. If the victim and the claimant are the same person, you do not have to fill out this section.

How is the claimant related to the victim?

☐ adopted child ☐ aunt ☐ brother ☐ child ☐ grandchild ☐ grandparent ☐ half-brother ☐ half-sister
☐ nephew ☐ niece ☐ parent ☐ party to a civil union ☐ sister ☐ spouse ☐ spouse's parent ☐ step-child
☐ stepparent ☐ uncle ☐ other _____

Title: ☐ Mr. ☐ Ms. ☐ Mx. _____ Name of claimant (first, middle, last) _____ Birth date (mm/dd/yyyy) _____ Age

_____ Address _____ City _____ State _____ Zip

_____ Daytime phone number _____ Cell phone number _____ Email

_____ Primary language spoken

_____ FOR OFFICE USE ONLY _____ Claim Number _____ Claims Examiner

SECTION 3 – PARENT/LEGAL GUARDIAN/CONSERVATOR INFORMATION

This section is for parents or legal guardians of children under 18 years old and legal guardians or conservators for an incapacitated adult.

Title: ☐ Mr. ☐ Ms. ☐ Mx. _____ Name of parent/legal guardian/conservator (first, middle, last)

_____ _____ _____ _____
Address City State Zip

_____ _____ _____
Daytime phone number Cell phone number Email

_____ Relationship: ☐ parent ☐ legal guardian ☐ conservator
Primary language spoken

SECTION 4 – ATTORNEY REPRESENTATION

You do not need an attorney to apply for victim compensation.

Please check all that apply:

☐ yes, an attorney is representing me on this application (please fill out attorney information)
☐ yes, an attorney is representing me in a civil law suit (please fill out attorney information)
☐ no, an attorney is not representing me

_____ _____ _____
Name of attorney (first, middle, last) Name of firm Juris number

_____ _____ _____ _____
Address City State Zip

_____ _____ _____
Work phone number Fax number Email

SECTION 5 – PERMISSION TO CONTACT OR SPEAK WITH ANOTHER PERSON

Please check if you are giving OVS permission to contact someone if we can't reach you, permission to speak with someone about your claim, or both, and provide that person's contact information.

☐ Permission to contact, if OVS can't reach me ☐ Permission to speak with about my claim

Title: ☐ Mr. ☐ Ms. ☐ Mx. _____ _____
Name of person (first, middle, last) How do you know this person?

_____ _____ _____ _____ _____
Agency name Address City State Zip

_____ _____ _____
Daytime phone number Cell phone number Email

SECTION 6 – STATISTICAL INFORMATION

It is your choice to answer these questions. This information is used in state and federal reports.

Would you describe the victim as:

☐ american indian/alaska native ☐ asian ☐ black/african american ☐ hispanic/latino/latina
☐ native hawaiian/other pacific islander ☐ white non-latino/caucasian ☐ other race_____

Was the victim disabled before the crime? ☐ yes ☐ no ☐ don't know

How did you find out about the Victim Compensation Program: _____

Section 7 or Section 7a must be completed.

SECTION 7 – CRIME INFORMATION

If the crime involved domestic violence, human trafficking or sexual assault, please do not fill out this section. Instead, complete Section 7a.

Date(s) of crime _____ Address (street, city, state, zip) where crime happened _____

Type of crime that caused physical injury(ies): ☐ driving under the influence (dui) ☐ evading (hit and run) ☐ other ☐ physical assault ☐ robbery

Briefly describe the crime and physical injury(ies): _____

Date crime reported to police: _____ Was the crime reported within 5 days? ☐ yes ☐ no (if no, please explain):

Police department _____ Name of officer investigating the crime _____ Police report number _____

SECTION 7a – DOMESTIC VIOLENCE, HUMAN TRAFFICKING OR SEXUAL ASSAULT CRIMES

Date(s) of crime _____ Address (street, city, state, zip) where crime happened _____

Type of crime: ☐ domestic violence ☐ forced labor ☐ sexual assault ☐ other _____

If a sexual assault, did you have a sexual assault medical examination and evidence collected? ☐ yes ☐ no

If yes, name of health care facility _____ Date of examination _____

Please check which professional or agency you told about the crime:

☐ certified domestic violence or sexual assault counselor ☐ child advocacy center ☐ Department of Children and Families
☐ judge (attach a copy of the signed civil protection order or restraining order) ☐ medical or mental health professional
☐ police ☐ school professional ☐ other _____

Name of the person you told about the crime _____ Title _____ Date you told that person _____

Address (street, city, state, zip) of the person you told _____ Phone number _____

SECTION 8 – OFFENDER INFORMATION

Was someone arrested for the crime? ☐ yes ☐ no ☐ don't know _____ Name of person arrested, if known

Did the offender go to court? ☐ yes ☐ no ☐ don't know _____ If yes, city where courthouse is located

Docket number, if known: _____

SECTION 9 – CRIME-RELATED EXPENSES AND FINANCIAL RESOURCES

Please check the box next to the compensation benefit you are applying for, the boxes next to the financial resources you have available to you, and fill out the information requested. You must contact OVS if any of the financial resources not checked become available to you. If you do not have any crime-related expenses at this time, it is important that you still submit the application in case you need financial help in the future.

☐ **NO EXPENSES AT THIS TIME** (please skip to Section 10 and sign the application)

☐ **MEDICAL, MENTAL HEALTH, DENTAL, AND PRESCRIPTION EXPENSES**

Please list the names of all providers who treated you and provide copies of crime-related bills, prescription printouts for co-pay amounts, and insurance benefit statements, if available.

Provider Name	Address (street, city, state, zip)	Phone Number

DO YOU OR WILL YOU HAVE CRIME-RELATED BILLS PAID BY 1 OR MORE OF THESE FINANCIAL RESOURCES?

	Insurance Company	Member Number	Phone Number
☐ Dental Insurance			
☐ Department of Social Services (Medicaid/Husky)			
☐ Health Insurance (primary)			
☐ Health Insurance (secondary)			
☐ Medicare			
☐ Supplemental Insurance (accident/illness)			
☐ Vehicle Insurance (for crimes involving vehicles)			
☐ Veterans Health Administration			
☐ Workers' Compensation (for crimes at work)			
☐ Donations (example GoFundMe)			

☐ **CRIME SCENE CLEANUP AND SECURITY SYSTEM EXPENSES** (maximum benefit $1,000)

Please fill out this section if you paid all or part of the expenses and provide copies of bills and receipts, if available. Expenses may include biohazard cleaning, replacing or repairing damaged locks, windows, doors, and installation and equipment costs of security systems/security devices.

Provider Name	Address (street, city, state, zip)	Phone Number

DO YOU OR WILL YOU HAVE CRIME-RELATED BILLS PAID BY 1 OR MORE OF THESE FINANCIAL RESOURCES?

	Insurance Company	Policy Number	Phone Number
☐ Homeowners Insurance			
☐ Renters Insurance			
☐ Vehicle Insurance (for crimes involving vehicles)			

☐ EXPENSES TO GO TO ADULT COURT, JUVENILE, OR BOARD OF PARDONS AND PAROLES PROCEEDINGS

Please fill out this section if you have or will have expenses to go to adult court, juvenile, or Board of Pardons and Paroles proceedings. Proceedings are defined as hearings, scheduled meetings with the prosecutor, and in domestic violence cases, scheduled meetings with the court family relations officer. Relatives that are eligible for this benefit include the victim's child (natural, adopted, step), spouse, parent, spouse's parents, grandchild, grandparent, stepparent, brother and sister (natural and half), aunt, uncle, niece, and nephew.

Please check the type of expenses and losses you have or will have:

☐ travel expenses (includes mileage reimbursement)

☐ lost wages (please fill out the information about your employer in the Wage Loss section. OVS will contact your employer for the dates absent and salary and benefit information. If you have a concern about this, please call OVS.)

Please list the dates you went to or will go to proceedings: _____

☐ WAGE LOSS (employed or self-employed)

If you were employed or self-employed at the time of the crime and are applying for wage loss, it is important for you to know that OVS can only consider taxable income.

Please check if you are self-employed or if you are giving OVS permission to contact your employer for the dates you were absent and for salary and benefit information.

☐ I am self-employed (a claims examiner will contact you)

☐ You have my permission to contact my employer (please fill out your employer information)

☐ You do not have my permission to contact my employer (a claims examiner will contact you)

Name of employer | Contact name | Work phone number

Address | City | State | Zip

Hours worked per week | Wages per hour | Tips, bonuses per week

Date(s) absent because of crime-related injuries or care to victim _____

If you missed more than 1 week of work, you must provide a note from the treating health care provider listing the days you were absent from work because of the crime-related injuries. Please include a copy of the note with this application or fill out the information below:

Name of health care provider | Address (street, city, state, zip) | Phone number

DO YOU OR WILL YOU HAVE CRIME-RELATED EXPENSES PAID BY 1 OR MORE OF THESE FINANCIAL RESOURCES?

	Insurance Company	Member Number	Phone Number
☐ Department of Social Services (financial)			
☐ Disability Insurance			
☐ Life Insurance – Disability Rider			
☐ Police/Firefighters Insurance			
☐ Social Security Disability			
☐ Supplemental Insurance (accidental/illness)			
☐ Unemployment Compensation			
☐ Vehicle Insurance (for crimes involving vehicles)			
☐ Workers' Compensation (for crimes at work)			
☐ Donations (example GoFundMe)			

SECTION 10 – STATEMENT OF FACTS AND AUTHORIZATION

I certify that the information in this application for victim compensation is true to the best of my knowledge, information, and belief. I give permission to any hospital, physician(s) or other person(s) who attended, examined, or gave services to me or to any minor child or incapacitated adult for whom I am the parent, legal guardian, or conservator and have the authority to act on his or her behalf; to my employer(s) and the employer(s) of the person I am acting on behalf of; any police or other municipal authority or agency, or public authorities including state and federal revenue services, any insurance company or organization having knowledge of the incident to give to the Office of Victim Services (OVS) or its representative any and all information regarding the incident leading to the victim's physical injuries and this application for victim compensation. A copy of this authorization will be considered as effective and valid as the original.

I give permission to OVS to disclose any information in its records, including confidential information, to the offices of the Court Support Services Division, the State's Attorney, the Attorney General, the Office of the United States Attorneys, and to private attorneys retained by OVS or by me, and to communicate freely with them when necessary (Sections 54-208(e), 54-212, and 54-215 of the Connecticut General Statutes).

I understand that I must notify OVS if I file a lawsuit against whoever is responsible for the injury for which OVS paid the compensation within 30 days of the filing of the action in court. If I recover money from the lawsuit, either by a judgment or by settlement, I understand that OVS is entitled by state law to 2/3 of the amount OVS paid (Section 54-212 of the Connecticut General Statutes). If I have filed a lawsuit, I agree to provide a copy of the writ, summons, and complaint to OVS immediately.

I understand that OVS will have the right to bring a lawsuit in my name against whoever is responsible for the injury for which the money was paid. I also understand that if OVS recovers money from the lawsuit, OVS is entitled by state law to keep 2/3 of the amount paid, less any costs and expenses incurred thereafter. OVS will pay me any balance over that amount (Section 54-212 of the Connecticut General Statutes).

I understand that if I or the person I am filing on behalf of receives money from any other sources, including payments from state or municipal agencies, insurance benefits, or workers' compensation because of the incident, OVS is entitled by state law to 2/3 of the amount OVS paid (Section 54-212 of the Connecticut General Statutes).

I understand that if the court orders restitution to me or to the person I am filing on behalf of for expenses paid by OVS, OVS is entitled to receive full reimbursement, unless the court orders differently (Section 54-215 of the Connecticut General Statutes).

I also understand that my providers may be reimbursed directly for debts that I owe.

Applicant signature **(electronic signature not accepted)**	Print your name	Date

The adult applicant, the parent, legal guardian, or conservator of a minor child (under 18 years old), or the legal guardian or conservator for an incapacitated adult must sign this application. Applications that are not signed will be returned for signature.

Please send the completed application to: Office of Victim Services, 225 Spring Street, 4th Floor, Wethersfield, CT 06109; or Fax to: 860-263-2780; or Email to: OVSCompensation@jud.ct.gov

Contact OVS at: 1-888-286-7347
OVS Website: www.jud.ct.gov/crimevictim

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.