



CONNECTICUT JUDICIAL BRANCH OFFICE OF VICTIM SERVICES



Please detach this page and keep it for future reference.

APPLICATION AND ELIGIBILITY REQUIREMENTS FOR VICTIM COMPENSATION

- A victim of crime who has suffered personal injury
- The family member of a sexual assault, child abuse or homicide victim
- The person financially responsible for a victim's medical expenses
- The person financially responsible for a homicide victim's funeral expenses
- The parent/guardian of a homicide victim's child
- A person financially dependent on a homicide victim
- The designated decision maker of a homicide victim.

You may be an eligible applicant of the Connecticut Victim Compensation Program.

ELIGIBILITY REQUIREMENTS:

1. The crime should be reported to police within five days of the personal injury or death.
 - If the crime was not reported within five days, the Office of Victim Services must evaluate the reason for the delay.
2. The application for compensation should be filed with the Office of Victim Services within two years of the date of the personal injury or death.
 - A waiver of the two-year requirement is available in certain circumstances. For eligibility information, call the Office of Victim Services.
3. The victim must have suffered personal injury or death as a result of the incident.
4. The personal injury victim must cooperate with police and other law enforcement agencies in their efforts to apprehend and prosecute the offender(s).
5. The victim's behavior must not have contributed to the criminal incident.
6. There must be at least \$100.00 of "out-of-pocket" expenses for medical and/or dental treatment, mental health counseling, prescriptions, lost wages, and/or funeral expenses after insurance and other collateral sources (public assistance, Medicare, Medicaid, Workers' Compensation, etc.) have been paid.

Filing an application for compensation is not a promise from this office that you will receive a compensation award. The Office of Victim Services will investigate and evaluate your application before making a decision.

COVERED EXPENSES:

1. The cost of medical and dental treatment, including hospital, doctor, dentist, ambulance, x-rays, prescription medication and other similar treatment.
2. The cost of medical treatment/mental health counseling for victims and for family members of child abuse, sexual assault, homicide victims, and the designated decision maker of a homicide victim.
3. Lost wages of personal injury victims, including overtime and self-employment income.
4. Funeral expenses of homicide victims and loss of support for the children, financial dependents and the designated decision maker of homicide victims.
5. Future treatment, including mental health counseling and plastic surgery, which may be awarded after the initial compensation award.

Property loss, property damage, pain and suffering, attorney fees and any non-economic loss are not compensable.

HOW TO FILE YOUR APPLICATION

1. Please complete as much of the application as possible. If you have any questions while filling out this form, do not hesitate to call the Office of Victim Services at **(860) 747-4501** or toll free in Connecticut at **1-888-286-7347**.
2. You do not need to be represented by an attorney to file an application. However, you have the right to obtain an attorney if you wish. Note: If you have attorney representation, the attorney may take up to 15% of the award as a fee. No additional compensation is awarded for attorney fees.
3. Type or print clearly **in ink**. Do not use pencil.
4. Attach additional sheets if necessary.
5. **Family Members:** Each family member of a child abuse, sexual assault, or homicide victim who needs compensation for his/her own medical or mental health counseling expenses **must file his/her own application**. Each application is evaluated separately, but is part of the victim's claim.
Designated Decision Maker: The designated decision maker of a homicide victim who needs compensation for his/her own medical or mental health counseling expenses **must file his/her own application**. Each application is evaluated separately, but is part of the victim's claim.
6. Fill in Section 2 Claimant Information if any of the following situations apply:
 - a. You are the parent or legal guardian of a personal injury victim who is a minor (under 18 years of age) or who is incompetent.
 - b. You are a family member of a child abuse, sexual assault, or homicide victim and are applying for compensation for your own medical or mental health counseling expenses.
 - c. You are applying for compensation for funeral expenses.
 - d. You are applying for compensation for loss of support as the family member, or designated decision maker of a homicide victim.
7. You can help the Office of Victim Services process your application by sending the following information:
 - a. Civil Action Information A copy of the complaint. If you have settled with a third party, a copy of settlement and name, address and phone number of your attorney.
 - b. Employment Information If you are self-employed, a copy of your income tax return or other record of earnings for the year before the crime and the year of the crime.
 - c. Medical/Counseling Information Itemized medical, dental and/or counseling bills.
 - d. Insurance and Other Collateral Source Information If applicable, "Explanation of Benefits" statements from medical insurance, and the settlement on an auto insurance claim.
 - e. Funeral Expenses The funeral bill and a copy of the death certificate.
 - f. Loss of Support For a child, a copy of the child's birth certificate and, if applicable, Social Security Benefit statement. For a spouse, a copy of the marriage certificate. If an estate for the deceased has been opened, a copy of the Appointment. For a designated decision maker, a document that has been executed by the victim in accordance with CGS 1-56r.
8. **All applicants must sign Section 13 Statement of Facts and Authorization in the presence** of a person authorized to take acknowledgments in the State of Connecticut. Such persons include a Notary Public, an attorney admitted to the State bar, a Justice of the Peace, a Judge, a Clerk or Deputy Clerk of the court, or a Town Clerk.
NOTE: The person taking the acknowledgment must sign and date the form **on the same date** as the applicant.
9. Send your application to the Office of Victim Services, 31 Cooke Street, Plainville, CT 06062.

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.

SOCIAL SECURITY DISCLAIMER

The disclosure of your Social Security number is voluntary. It is not required in order for the Office of Victim Services to process your application. Employees at Victim Services use the Social Security number to identify applicants and their medical and other records when processing applications. The Office of Victim Services is given the authority to investigate claims in Section 54-208(c) of the Connecticut General Statutes.