# EMOTIONAL INJURY APPLICATION

JD-VS-8EI 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, 6 or 6a, and 9 must be completed.**

## SECTION 1 – VICTIM INFORMATION

The person who was emotionally 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 – 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

Primary language spoken

Relationship: ☐ parent ☐ legal guardian ☐ conservator

## SECTION 3 – 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: _____

FOR OFFICE USE ONLY | Claim Number | Claims Examiner

## 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 or Section 6a must be completed.**

## SECTION 6 – CRIME INFORMATION

If the crime involved domestic violence or human trafficking, please do not fill out this section. Instead, complete Section 6a.

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

Type of crime: ☐ child pornography ☐ kidnapping ☐ robbery ☐ stalking ☐ threat of death ☐ threat of physical injury ☐ unlawful sharing of intimate image(s) ☐ voyeurism ☐ other _____

Briefly describe the crime: _____

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 6a – DOMESTIC VIOLENCE OR HUMAN TRAFFICKING CRIMES

Date(s) of crime

Address (street, city, state, zip) where crime happened

Type of crime: ☐ child witness to domestic violence ☐ domestic violence ☐ forced labor ☐ other _____

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 7 – 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 8 – 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 9 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 | | | |
| ☐ Medicare | | | |

☐ **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. Provide a copy of the note from your medical or mental health provider that states these expenses are part of your treatment and provide copies of bills and receipts, if available. Expenses may include 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 |
|---|---|---|
| | | |
| | | |

## SECTION 9 – 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 emotional 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 (Section 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.