

**NOTICE OF APPLICATION  
STATE OF CONNECTICUT  
OFFICE OF VICTIM SERVICES JUDICIAL BRANCH**

www.jud.ct.gov

**To Be Completed By The Applicant**

Name of person completing form (*Applicant*)      JD/GA Court location where application filed  
Docket number

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Name of inmate/defendant      Department of Correction inmate number (*If known*)  
Inmate/defendant's date of birth (*If known*)

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**For OVS Use Only**

Certified letter mailed to registrant/victim at last known address.

OVS Compliance Requirement

No registrant/victim on file.

Signed \_\_\_\_\_ Date signed \_\_\_\_\_

**For DOC Use Only**

Certified letter mailed to registrant/victim at last known address.

DOC Compliance

Requirement

No registrant/victim on file.

Signed \_\_\_\_\_ Date signed \_\_\_\_\_