

**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

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

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 _____