

NOTICE OF APPLICATIONJD-VS-3 (Page 1 of 2) Rev. 7-10
C.G.S. § 54-227**STATE OF CONNECTICUT
OFFICE OF VICTIM SERVICES
JUDICIAL BRANCH**

www.jud.ct.gov

Instructions

1. Fill out and sign the form and have a witness (a Commissioner of the Superior Court or a Department of Correction Official) sign acknowledging that you have provided notice.
2. You must send the original of this notice with any application to the Board of Pardons and Paroles or Department of Correction for release, other than a furlough, from a correctional institution.
3. You must send the original of this notice with any application to the sentencing court or judge for a reduction in sentence, with any application to the review division for a review of sentence, with any application for exemption from registration requirements of the Sex Offender Registry under section 54-251 of the General Statutes, or any application to restrict or remove restrictions on the disclosure of Sex Offender Registry information under section 54-255 of the General Statutes.
4. Send a copy of this notice to the Office of Victim Services and to the Department of Correction - Victim Services Unit.
5. Keep a copy of this notice for your records.

To: Office of Victim Services, 225 Spring St., Wethersfield, CT 06109**To: Department of Correction - Victim Services Unit, 24 Wolcott Hill Rd. Wethersfield, CT 06109**

| | | |
|----------------------------|---|--------------------------------------|
| From (Name of Applicant) | JD/GA Court location where application filed | Docket number |
| In re: (Name of Defendant) | Department of Correction inmate number (If known) | Defendant's date of birth (If known) |

Notice

I say that:

1. I am the applicant whose name is above.
2. The information above is true and accurate and is part of this Notice.
3. I have filed an application with the: ("X" one)

 Board of Pardons and Paroles Pardons Unit Paroles Unit Department of Correction for release other than a furlough. Sentencing Court or Judge for a reduction in sentence. Sentence Review Division for a review of sentence. Court for exemption from sex offender requirements of section 54-251 of the Connecticut General Statutes. Court for an order restricting the dissemination of sex offender information pursuant to section 54-255 of the General Statutes or removing such restriction.

4. I understand that my application, in paragraph 3 above, can not be accepted unless I provide proof that I have given notice to the Office of Victim Services and to the Department of Correction - Victim Services Unit, at the above addresses, that I have filed the application. Section 54-227 of the Connecticut General Statutes.
5. I gave a copy of this Notice to the Office of Victim Services, 225 Spring St., Wethersfield, CT 06109, on the date and in the way specified below;

| | |
|---|---|
| Date provided (Office of Victim Services) | "X" one <input type="checkbox"/> Sent by first class mail, postage paid <input type="checkbox"/> Hand delivered <input type="checkbox"/> Other (Specify) |
|---|---|

and to the Department of Correction - Victim Services Unit, 24 Wolcott Hill Rd., Wethersfield, CT 06109, on the date and in the way specified below.

| | |
|--|---|
| Date provided (Department of Correction) | "X" one <input type="checkbox"/> Sent by first class mail, postage paid <input type="checkbox"/> Hand delivered <input type="checkbox"/> Other (Specify) |
|--|---|

Signed (Applicant)

On (Date)

Witness Statement

I acknowledge that the applicant noted above provided a copy of this Notice of Application to the Office of Victim Services and to the Department of Correction - Victim Services Unit in the way specified above.

Signed (Commissioner of the Superior Court/Corrections Official)

On (Date)

Title

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation under the ADA, call the Office of Victim Services at 1-800-822-8428.

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C.G.S. § 54-227STATE OF CONNECTICUT
OFFICE OF VICTIM SERVICES
JUDICIAL BRANCH
www.jud.ct.gov**To Be Completed By The Applicant**

| | | |
|----------------------------|---|--------------------------------------|
| From (Name of Applicant) | JD/GA Court location where application filed | Docket number |
| In re: (Name of Defendant) | Department of Correction inmate number (If known) | Defendant's date of birth (If known) |

For OVS Use Only

| | |
|--|-------------|
| OVS Compliance Requirement | |
| <input type="checkbox"/> Certified letter mailed to registrant/victim at last known address. | |
| <input type="checkbox"/> No registrant/victim on file. | |
| Signed (OVS Staff) | Date signed |

For DOC Use Only

| | |
|--|-------------|
| DOC Compliance Requirement | |
| <input type="checkbox"/> Certified letter mailed to registrant/victim at last known address. | |
| <input type="checkbox"/> No registrant/victim on file. | |
| Signed (DOC Staff) | Date signed |