

**REIMBURSEMENT  
CHILD FORENSIC INTERVIEW**

JD-VS-34 New 10-12  
C.G.S. § 19a-112a;  
P.A. 12-1, June Spec. Sess., Sec. 141(e)

STATE OF CONNECTICUT  
**OFFICE OF VICTIM SERVICES**  
JUDICIAL BRANCH  
[www.jud.ct.gov/crimevictim/](http://www.jud.ct.gov/crimevictim/)



**Instructions**

*Providers or examiners working with a multidisciplinary team or with a child advocacy center, or both may be reimbursed \$250 for a forensic interview of a child victim of sexual assault or abuse.*

*To apply for reimbursement complete all sections of this form. Mail the completed form to:*

**Office of Victim Services**  
**Attn: Forensic Interview Reimbursement**  
**225 Spring Street**  
**Wethersfield CT 06109**

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**Section 1 — Victim Information**

Name of victim/patient	Date of birth	Account or record number
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If the victim is an adult (*over 17 years old*), does the victim have a developmental delay or other functional impairment?

Yes     No    If yes, explain: \_\_\_\_\_

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**Section 2 — Services Provided**

Name and title of interviewer	Date of forensic interview
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Is this a reopened case?     Yes     No    If yes, "x" if this is a     New incident     Different perpetrator  
(*"x" one*)

V71.5 (*observation following alleged rape or seduction*)

Evaluation for suspected sexual assault or abuse

995.53 (*child sexual abuse*)

Was the victim referred for or did the victim have a forensic medical physical examination?

Referral     Forensic examination completed     No

Date of referral/Forensic examination	Health care/Provider name
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**Section 3 — Billing Information**

Health care/Provider name	Telephone number	Tax identification number	
Address	City	State	Zip

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**Section 4 — Signature Of Person Completing Form**

Name and title of person completing form	Telephone number and e-mail address
Signature of person completing form	Date signed