

**NOTICE OF APPLICATION FILED  
SEEKING RELEASE OR OTHER RELIEF**

JD-VS-3 Rev. 10-25  
C.G.S. § 54-227

*This form is available  
in other languages*

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

[www.jud.ct.gov](http://www.jud.ct.gov)



**Instructions**

- 1a. **Inmate or defendant:** Complete this form. Make sure you fill out the section on Page 2 that says, "To be completed by the applicant," too. Have a Department of Correction official or an attorney complete the Witness Statement section.
- 1b. **Attorney completing this form for an inmate or defendant:** Select the boxes in the Name and Signature fields indicating that you are completing this notice. Make sure to enter your juris number on the signature line and complete the "To be completed by the applicant" section on Page 2. **DO NOT** complete the Witness Statement section.
2. Make 3 copies of this form.
  - Attach the original to the application that you file with the Board of Pardons and Paroles, Department of Correction, or Superior Court.
  - Send 1 copy to the Office of Victim Services
  - Send 1 copy to the Department of Correction – Victim Services Unit.
  - Keep 1 copy for your records.
3. If you are filing more than 1 application that requires this form, you **must** complete a **separate** form for each application. You **cannot** select more than 1 option on this form.

To: Office of Victim Services, 225 Spring Street, 4th Floor, Wethersfield, CT 06109 or E-mail: [OVS@jud.ct.gov](mailto:OVS@jud.ct.gov)

To: Department of Correction - Victim Services Unit, 24 Wolcott Hill Road, Wethersfield, CT 06109 or E-mail: [doc.victimservices@ct.gov](mailto:doc.victimservices@ct.gov)

Name of person completing notice	<input type="checkbox"/> Attorney for the inmate or defendant	JD/GA court location where application is to be filed	
Name of inmate or defendant	Inmate number (If known)	Date of birth (If known)	Docket number

**Type of Application filed** (Select ONLY one)

**Board of Pardons and Paroles**

- ☐ for parole - Parole Division  
☐ for pardon - Pardon Division  
☐ for commutation - Pardon Division

**Department of Correction**

- ☐ for release other than a furlough

**Superior Court**

- ☐ to modify (change) sentence  
☐ for review of sentence  
☐ to restrict or to remove restriction on dissemination of sex offender registration information  
☐ for exemption from the sex offender registration requirements

By signing this *Notice of Application Filed Seeking Release or Other Relief* form, I am stating that I am the person completing this Notice. I am also stating that the information in this Notice is true and accurate.

I understand that I **must** send a copy of this notice to the Office of Victim Services and the Department of Correction – Victim Services Unit as part of my application. If I do not send them a copy of this notice, the Board of Pardons and Paroles, Department of Correction, or Superior Court **will not consider my application**. I will send a copy of this notice as described:

Date Notice will be sent to Office of Victim Services	How I will send notice: (Select only one) <input type="checkbox"/> Mail <input type="checkbox"/> Hand deliver <input type="checkbox"/> E-mail <input type="checkbox"/> Other: (Specify)
Date Notice will be sent to Department of Correction	How I will send notice: (Select only one) <input type="checkbox"/> Mail <input type="checkbox"/> Hand deliver <input type="checkbox"/> E-mail <input type="checkbox"/> Other: (Specify)

Signed (Applicant) <input type="checkbox"/> Attorney for the inmate or defendant	Juris Number for Attorney	On (Date)
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**Witness Statement** (Not required if attorney for inmate or defendant completes this notice)

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
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**ADA Accommodations**  
[ADAProgram@jud.ct.gov](mailto:ADAProgram@jud.ct.gov)  
<https://www.jud.ct.gov/ADA>



**Interpreters**  
Free language services available  
<https://www.jud.ct.gov/LEP>

Servicios de asistencia lingüística gratuita están a su disposición  
Serviços de assistência linguística gratuitos estão à disposição

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***To be completed by the applicant***

Name of person completing notice	<input type="checkbox"/> Attorney for the inmate or defendant	JD/GA court location where application is to be filed	
Name of inmate or defendant	Inmate number <i>(If known)</i>	Date of birth <i>(If known)</i>	Docket number

***For OVS Use Only***

**OVS Compliance Requirement**

☐ Received and Processed by Office of Victim Services.

Signed *(OVS Staff)*

Date signed

***For DOC Use Only***

**DOC Compliance Requirement**

☐ Received and Processed by Department of Correction - Victim Services Unit.

Signed *(DOC Staff)*

Date signed

***Instructions to OVS and DOC for Sentence Review ONLY***

Send the completed form to:

Sentence Review Division  
225 Spring Street, 2nd Floor  
Wethersfield, CT 06109

**DO NOT send this form to Clerk's Office**