

STATE OF CONNECTICUT  
OFFICE OF THE VICTIM ADVOCATE  
CHANGE OF VICTIM CONTACT  
INFORMATION – OVA-VC-05

- INSTRUCTIONS:
1. COMPLETE FORM & SIGN
  2. PROVIDE COPY TO THE CLERK OF THE COURT
  3. PROVIDE COPY TO THE STATE'S ATTORNEY

COURT LOCATION:	
DEFENDANT'S NAME:	DOCKET #:

I am the victim in the above-referenced matter. I previously submitted Notice of Intent to Exercise Victim Rights form (OVA-VR-05) and provided my contact information. My contact information has now changed. Please attach to Notice of Intent to Exercise Victim Rights form (OVA-VR-05).

**PREVIOUS VICTIM CONTACT INFORMATION**

NAME	ADDRESS
CITY, STATE, ZIP	DAYTIME TELEPHONE
EVENING TELEPHONE	CELL PHONE

**NEW VICTIM CONTACT INFORMATION**

NAME	ADDRESS
CITY, STATE, ZIP	DAYTIME TELEPHONE
EVENING TELEPHONE	CELL PHONE

I understand that it is my responsibility to maintain current contact information.  
Thank you for your assistance.

SIGNATURE	DATE
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**KEEP A COPY FOR YOUR RECORDS**