

CONNECTICUT VETERAN STATUS CERTIFICATION

Eligibility to participant in pretrial programs reserved for Veterans is conditioned upon a threshold finding that the applicant is a Veteran pursuant to Conn. Gen. Stat. Section 27-103(a) which defines "Veteran" as any person honorably discharged from, or released under honorable conditions from active service in, the armed forces. The "Armed forces" are defined as the United States Army, Navy, Marine Corps, Coast Guard and Air Force and any reserve component thereof, including the Connecticut National Guard performing duty as provided in Title 32 of the United States Code.

INSTRUCTIONS

1. Complete this application and send to the CT Department of Veterans Affairs:
 Email: ryan.j.mckenna@ct.gov, Subject: "Judicial Veteran Cert Form" or Fax to: 860-616-3562
2. With application provide proof of honorable military service (Example: DD Form 214, NGB Form 22, Certificate of Honorable Discharge or other acceptable government documentation).
3. If applicant unable to locate document demonstrating military service options are as follows:
 - a. If receiving Federal VA benefits applicant may contact the Federal VA to obtain records.
 - b. If receiving any municipal Veterans benefits (e.g. tax abatement(s)) applicant may contact the municipality to determine whether discharge records are on file with the Town Clerk or Tax Assessor/Collector office.
 - c. Upon request the DVA will conduct a search of the of the CT Veterans Registry which contains discharge documents for a limited number of CT Veterans.
 - d. When unable to obtain discharge documents pursuant to the above the applicant may submit a military records request via: www.archives.gov/veterans/military-service-records.

1. Applicant's Information			
Applicant's name: (Last, First, MI)		Date of Birth:	
Home Address:			
Proof of Honorable Discharge Provided <input type="checkbox"/> DD 214 <input type="checkbox"/> Other: _____			
To request search of CT Veterans Registry check box <input type="checkbox"/>		If Box checked provide Applicant's: Branch of Service: _____ Dates of service: _____	
2. Requestor's Information: (not required if information contained in text of transmitting email)			
Name (Printed):	Title:	Agency & Division:	
Phone:	Email:		Date of Request:
Purpose of Request:			