Office of
Victim Services

KATHY HOCHUL
Governor

ELIZABETH CRONIN ESQ.
Director

AFFIDAVIT IN SUPPORT OF LATE FILING OF OVS CLAIM
(TO BE COMPLETED BY CLAIMANT)

NAME : _____ CLAIM NO:_____

DATE OF CRIME: _____ LOCATION OF CRIME: _____

DATE REPORTED TO POLICE: _____DATE CLAIM FILED WITH THE OVS:_____

DATE YOU WERE INFORMED OF THE OFFICE OF VICTIM SERVICES: _____

LIST THE FACTORS WHICH CAUSED THE DELAY IN FILING THE CLAIM BEYOND THE STATUTORY ONE YEAR FILING PERIOD:

_____

_____

_____

_____

_____

_____

_____ _____/_____/_____
Signature of Claimant Date

State of New York

County of _____

On this _____day of _____20_____, before me, the undersigned Notary Public in and for the

State of _____personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his/her capacity and by his/her signature on the instrument (s)he executed the instrument.

_____ _____
Notary Public Seal/Stamp

822340

I-55

NEW YORK STATE | Office of Victim Services