THE FOLLOWING IS AN ADVISORY BULLETIN EMAIL TO ALL OVS FUNDED VICTIM ASSISTANCE PROGRAMS

Dear Colleague:

The Office of Victim Services has created a new authorization form (attached) for claimants who initially filed their claim applications through one VAP but subsequently want to use another program. Currently, they have to use the individual authorization form which only allows them to set up a single advocate as an authorized representative. Therefore, it does not give clearance for anyone else from the new VAP to contact OVS on behalf of the claimant.

With this new form, OVS will be able to associate the new program the claimant designates with his or her claim. The claimant will also have the option to indicate whether the original program should also remain on the claim or if they wish to have them removed.

This new form needs to be notarized so OVS will require the original, signed copy be mailed to the Albany office.

We hope this new process will make it easier for victims to work with the Advocates they are most comfortable with and allow for a much easier way for Advocates to work with existing claims that they had not originally submitted.

On behalf of the New York State Office of Victim Services, thank you for your commitment to providing the highest quality services to innocent victims of crime in New York State.

Virginia Miller  
Deputy Director of Administration  

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Authorization by OVS Claimant

Pursuant to New York State Executive Law, §633, I, __________________________ would like to authorize a new Victim Assistance Program to assist me with my claim.

My claim number is: _____________

Please change my records to reflect that I am now working with the following program:

Program Name: ________________________________
Advocate Name: ________________________________
Address: ______________________________________
______________________________________________

I understand OVS may speak with any advocate at the above-named program. This authorization shall be valid until revoked by me in writing.

(Please check one box:)

Additionally, I □ do □ do not wish to have my original Victim Assistance Program continue to be associated with my claim.

__________________________________________
Signature of OVS Claimant

__________________________________________
Date

State of New York )
) ss.:
County of ____________ )

On the __________ day of __________ in the year __________ before me, the undersigned, 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 he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

__________________________________________
NOTARY PUBLIC