



**Office of  
Victim Services**

**ANDREW M. CUOMO**  
Governor

**ELIZABETH CRONIN, ESQ.**  
Director

**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

