New York State District Attorney's Office Annual Compliance Report
Article 23 Compliance Reporting Form

For Calendar Year:

District Attorney Office:

**Number of The Rights Of Crime Victims In New York State Pamphlets Issued to Victims**

<table>
<thead>
<tr>
<th>Item Distributed</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Rights of Crime Victim Pamphlets Distributed</td>
<td></td>
<td></td>
<td></td>
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<td>0</td>
</tr>
</tbody>
</table>

**DIRECTIONS:**
1) Enter calendar year for which you are reporting
2) Enter the District Attorney Office Name
3) For each month, enter the total number of The Rights Of Crime Victims In New York State pamphlets issued to victims
4) The annual total will calculate by formula as monthly entries are made

Completed forms must be submitted by January 1 of each year to:

OVSDATA@ovs.ny.gov

Inquiries on the form or reporting process can be sent to the email address noted above.