



Office of  
Victim Services

ANDREW M. CUOMO  
Governor

ELIZABETH CRONIN ESQ.  
Director

Claimant Name:

Date:

Claim #:

Crime Date:

Victim:

**Essential Personal Property Verification Form**

The NYS Office of Victim Services (OVS) is reviewing your claim application. You have requested reimbursement for Essential Personal Property (EPP) that was not listed on the Police Report.

In order for OVS to consider your request you must confirm that the following property was in fact lost or damaged as a result of the crime your claim with us is based upon. Please include a copy of the original receipt or replacement receipt for the item.

Item Description	Quantity	Lost, stolen or damaged due to crime <b>**Please circle appropriately:</b>	
		Yes	No
Ex.: <b><i>“Wallet”</i></b>	Ex.: <b><i>“1”</i></b>	<input checked="" type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>

**Please Note:** If you require additional space to list property, you may write on the back of this sheet.

**NOTICE**

It is a crime to knowingly make a false written statement to the Office of Victim Services. Such action may result in denial of all or part of a claim and/or criminal prosecution.

**By signing this form, I confirm that all the information provided is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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