



**Office of
Victim Services**

ANDREW M. CUOMO
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

