AFFIDAVIT IN SUPPORT OF LATE FILING OF OVS CLAIM
(TM 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