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