



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:

Multiple horizontal lines for listing factors causing delay in filing the claim.

_____/_____/_____/_____
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



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