



**Office of
Victim Services**

ANDREW M. CUOMO
Governor

ELIZABETH CRONIN, ESQ.
Director

Authorization by OVS Claimant

Pursuant to New York State Executive Law, §633, I, _____ would like to authorize a new Victim Assistance Program to assist me with my claim.

My claim number is: _____

Please change my records to reflect that I am now working with the following program:

Program Name: _____

Advocate Name: _____

Address: _____

I understand OVS may speak with any advocate at the above-named program. This authorization shall be valid until revoked by me in writing.

(Please check one box:)

Additionally, I do do not wish to have my original Victim Assistance Program continue to be associated with my claim.

Signature of OVS Claimant

Date

Claimant identity confirmed by:

Print Name of Advocate

Initial

