



**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

State of New York)
) ss.:
County of)

On the _____ day of _____ in the year _____ before me, the undersigned, 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 he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC

