



Office of Victim Services

KATHY HOCHUL
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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
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

