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