



Office of  
Victim Services

KATHY HOCHUL  
Governor

ELIZABETH CRONIN ESQ.  
Director

In order for the Office of Victim Services (OVS) to discuss or share any of the information and records compiled for your claim with your representative (attorney or otherwise), we require the following authorization be completed by the claimant and notarized:

**Representative's Authorization by OVS Claimant**

Pursuant to New York State Executive Law, §633 and Public Officers Law §96, I:

\_\_\_\_\_  
Name of OVS Claimant (Please print)

\_\_\_\_\_  
OVS Claim Number

hereby authorize:

\_\_\_\_\_  
Name of Representative

\_\_\_\_\_  
Address of Representative

\_\_\_\_\_  
Phone Number of Representative

to act as my representative in the above mentioned OVS claim. This authorization is to allow the OVS to share my information and records compiled for this claim with the above authorized representative. This authorization shall be valid until revoked by me in writing.

\_\_\_\_\_  
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

