



STATE OF NEW YORK
EXECUTIVE DEPARTMENT
OFFICE OF VICTIM SERVICES

www.ovs.ny.gov

Claim Number:

Claimant Name:

Victim/Claimant's Authorization:

I ACKNOWLEDGE that accepting an award from the Office of Victim Services (OVS) creates a lien in favor of the State of New York on any recovery relating to the crime upon which this claim is based, including any judgment, settlement or payments of an order of restitution. I further authorize any funeral director, attorney, employer, police or other public authority, insurance company or any person who rendered services to the above, or having knowledge of the same, to furnish OVS or its representatives the following information: Workers' Compensation records, information relating to the crime, or any injuries or death suffered as the result of crime, and information relating to this claim. If an award is made, I authorize OVS to make payments directly to the provider of services. I also authorize OVS to share my information and records compiled for this claim with the local Victim Assistance Program (VAP) listed on this application or any local government entity established in New York State to assist crime victims in order for the VAP or local government entity to assist OVS in processing my claim and making its determination. If a private lawyer has been indicated above, I also authorize OVS to share my information and records compiled for this claim with the lawyer in order for him/her to act as my representative. I understand a separate Notice of Appearance from my lawyer will be needed in addition to this authorization. If a family member, friend or other person is indicated above, I authorize OVS to share my information and records compiled for this claim with that person in order that they assist me with this claim.

A photocopy of this authorization shall be deemed as effective as the original.

Claimant's Signature

Date

Daytime Phone Number

Claimant's Email Address

