Office of
Victim Services

KATHY HOCHUL
Governor

BEA HANSON, PhD
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

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