



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 authorize any funeral director, attorney, employer, police or other public authority, insurance company or any person who provided services to the above, or having knowledge of the same, to furnish the 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 the crime, and information relating to this claim. If an award is made, I authorize the OVS to make payments directly to the provider of services. I also authorize the 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 the OVS in processing my claim, making its determination, and coordinating services. If I have listed a private lawyer on this application, I also authorize the OVS to share my information and records compiled for this claim with the lawyer 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 listed on this application, I authorize the OVS to share my information and records compiled for this claim with that person so they can assist me with this claim. I certify the information given on this application and any documentation provided in support of this application is true and complete. I understand that making a false statement on this application, or submitting any documentation provided in support of this application that is false, may be punishable as a criminal offense. I acknowledge that completing this application does not guarantee an award.

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

Claimant's Signature

Date

Daytime Phone Number

Claimant's Email Address

