



Office of Victim Services

ANDREW M. CUOMO
Governor

ELIZABETH CRONIN ESQ.
Director

XXXXX XXXXXX
503 XXXXX St
XXXXXXXXXX NY 14701

2/2/2021
Claim #: 123456
Crime Date: 9/1/2020
Claimant: XXXXX XXXXXX
Victim: XXXXX XXXXXX

Dear XXXXX XXXXXX:

I am the Crime Victim Specialist assigned to your claim for the Office of Victim Services (OVS). Before a determination can be made on your claim, you must provide the information below **within 30 days**. Any enclosed forms must be fully completed and the originals sent to OVS. Copies may be submitted for any other documents that are requested. Your claim number is **123456** and must be listed on all documents.

The following items must be submitted to NYS Office of Victim Services, Alfred E. Smith State Office Building, 80 South Swan Street, 2nd Floor, Albany, NY 12210:

- Security device: you must supply a statement from a treating physician, a treating counselor or a letter from the District Attorney indicating the necessity of a security system, estimate from reputable company or an itemized installation bill
- Please provide the name and contact information of the lead detective or assistant district attorney assigned to this case.
- Please submit a copy of your renter's insurance policy which covers the date of crime. If you do not have a renter's insurance policy, please advise this office that that is the case.
- Please submit a letter from your landlord indicating that you have permission to install a security device.
- Please submit a receipt or estimate for the repair of your window, along with any applicable insurance statement.
- A fully completed Financial Resource Form (enclosed)

If you have any questions, please feel free to contact me at the number below or at our toll free number 800-247-8035.

Thank you for your cooperation.

Sincerely,

XXXXXXXX XXXXXX
Crime Victim Specialist 1