



# Office of Victim Services

ANDREW M. CUOMO  
Governor

ELIZABETH CRONIN ESQ.  
Director

XXXXX XXXXXX  
416 XXXXXXXX Street  
XXXXXX NY 11111

2/1/2021  
Claim #: 123456  
Crime Date: 12/27/2020  
Claimant: XXXXX XXXXX  
Victim: XXXX XXXXXX

Dear XXXXXXX XXXXXXX:

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, 2<sup>nd</sup> Floor, Albany, NY 12210:

- A photocopy of the death certificate for the victim.
- Cancelled checks, receipts or other proof if you paid any out-of-pocket expenses
- Statements of Life Insurance or Death Benefits Received from any source.
- Final itemized funeral bill

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,

XXXXXXXXXXXXXXXXXX  
Crime Victim Specialist 1