



Office of Victim Services

ANDREW M. CUOMO
Governor

ELIZABETH CRONIN ESQ.
Director

XXXX XXXXXX
78 XXXXXX St
XXXXXXXXXX NY 11111

2/2/2021
Claim #: 123456
Crime Date: 11/29/2020
Claimant: XXXX XXXXXXXX
Victim: XXXX XXXXXXXX

Dear XXXX XXXXXXXX:

I am the Agency Service Representative 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**. Please submit copies of the information, NOT ORIGINALS. Your claim number is **123456** and should 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:

- Please sign and date the enclosed claimant authorization form and return it to OVS. You can scan and upload to your claim or email to ovsintake@ovs.ny.gov.
- If you are disabled and receiving SSI payments, please submit a Social Security Disability award letter or a letter from your physician indicating your disability. The Doctor’s letter must include a clear sentence that states that you are disabled; a description of your disability is not sufficient. In addition, the letter must indicate the period of your disability and to be eligible for OVS benefits, your disability period must include the date of the crime upon which your claim is based.
- Please provide a receipt or estimate for the door damage you are claiming.
- Please submit a copy of your homeowner’s or renter’s insurance policy that covers the date of crime of 11/29/20. If you do NOT have insurance you MUST inform me.
- I have requested a copy of the police report from the agency you reported the incident to and have not yet received it. If you have a copy or can obtain one, please submit it.

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,

XXXXXX XXXXXXXX
Agency Service Representative