



Office of Victim Services

<GOVERNOR_NAME>
Governor

<CHAIRPERSON_NAME>
Acting Director and Counsel

<Claimant_name>
<Claimant_address1>
<Claimant_address2>
<CI_CSZ>

3/7/2024
Claim #: <CI_No>
Crime Date: <Date_of_Crime>
Claimant: <Claimant_name>
Victim: <Victim_name>

Dear <Claimant_name>:

Your claim has been received. Your claim number is <CI_No>. This claim number must be written on all documents you send to OVS.

Please fill out any attached forms and send them to OVS at the contact information listed below.

Please send OVS the following documents within **30 days of the date on the top of this letter**. Copies of documents are acceptable.

- **PLEASE SEE DOCUMENT CHECKLIST ON PAGE 5.**

You can send these forms and documents to OVS in one of these different ways:

1. If you filed your claim online using the Victim Service Portal, you can upload documents directly to your claim using the portal.
2. Contact the person at the Victim's Assistance Program with whom you worked to prepare your application.
3. Email documents to ovsintake@ovs.ny.gov
4. Mail to: NYS Office of Victim Services
80 S. Swan St, 2nd Fl
Albany, NY 12210

If you have any questions about this letter, cannot provide the information requested, or if you would like to know why you are being asked to provide this information, please feel free to contact our office at 800-247-8035.

Sincerely,

Compensation Program
NYS Office of Victim Services

I-P30

If you are a victim of Domestic Violence and are seeking information about available services, please visit the Office for the Prevention of Domestic Violence website: www.opdv.ny.gov or call the NYS Domestic and Sexual Violence Hotline. Hotline staff can assist callers in most languages.

Hotline: 1-800-942-6906 Spanish language: 1-800-942-6908
In NYC (New York City): 1-800-621-HOPE (4673) or dial 311
TTY: 1-866-604-5350
24 hours a day, seven days a week

For emergency help dial 911.



New York State Victim Information and Notification Everyday (VINE):

VINE (Victim Information and Notification Everyday) allows crime victims to use their touch tone phones or computer to get information about offenders in custody. You can obtain free information through VINE which is available around-the-clock in English or Spanish. Call 1-888-VINE-4-NY (1-888-846-3469) and follow the prompts or visit www.vinelink.com, click on the state of New York and enter the information requested about the offender. If you would like notification of the offender's release using the VINE service, you will need to know the offender's name and date of birth or the offender's NYSID # to register for telephone and/or e-mail notification. If you choose to receive telephone notification of the offender's release, you will be required to select a 4 digit PIN # to confirm you have received the notification. Please pick out a PIN # that is easy for you to remember because the PIN # is the only way to stop the notification calls.

If you need help with the VINE service, contact the New York State Department of Correction and Community Supervision at 1-800-783-6059.



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New York State Office of Victim Services Notice of Important Document

English	This is an important document. If you need help to understand it, please call 1-800-247-8035. An interpreter will be provided free.
العربية Arabic	هذه وثيقة هامة إذا كنت بحاجة للمساعدة في فهمها، يرجى الاتصال بالرقم 1-800-247-8035. سيتم توفير مترجم فوري بدون مقابل.
বাঙালি Bengali	এটি একটি গুরুত্বপূর্ণ নথি। যদি এই নথি বুঝতে আপনার কোনো সাহায্যের প্রয়োজন হয়ে থাকে, তাহলে অনুগ্রহ করে আমাদের ফোন নম্বরে 1-800-247-8035 ফোন করুন। এই জন্য একজন দোভাষী বিনামূল্যে সরবরাহ করা হবে।
简体字 Simplified Chinese	这是一份重要文件。如果您需要帮助理解此文件，请打电话至 1-800-247-8035 。您会得到免费翻译服务。
繁體字 Traditional Chinese	这是一份重要文件。如果您需要帮助理解此文件，請打電話至 1-800-247-8035 。您会得到免費翻譯服務。
Kreyòl Ayisyen Haitian Creole	Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: 1-800-247-8035 . Y ap ba ou yon entèprèt gratis.
Italiano Italian	Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero 1-800-247-8035 . Un interprete sarà disponibile gratuitamente.
한국어 Korean	이것은 중요한 서류입니다. 도움이 필요하시면, 연락해 주십시오: 1-800-247-8035 . 무료 통역이 제공됩니다.
Język Polski Polish	To jest ważny dokument. Jeżeli Pan/Pani potrzebuje pomocy w zrozumieniu go, prosimy zadzwonić pod numer 1-800-247-8035 . Bezpłatnie zapewnimy usługi tłumaczeniowe.

Русский Russian	Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-800-247-8035 . Переводчик предоставляется бесплатно.
Español Spanish	Este es un documento importante. Si necesita ayuda en entenderlo, por favor llame al 1-800-247-8035 . Se le proveerá un intérprete gratis.
אידיש Yiddish	דאס איז א וויכטיגע דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, רופט ביטע 1-800-247-8035 . איינער וועט עס אייך איבערטייטשן אומזיסט.

SAMPLE

DOCUMENTS CHECKLIST

Eligibility

- Birth certificate
- Family Offense Petition
- Order of Protection
- Other: _____

Loss of Earnings

- A letter from a treating physician describing the victim's crime-related condition and the dates the victim is or was unable to work due to this condition.
- NYS Disability Benefits Decision or private disability benefits statements paid directly to the claimant or the claimant's employer.
- The complete name, mailing address, and phone number for the claimant's employer.
- Last federal income tax return filed by the claimant.

Moving or Storage

- A moving or truck rental company quote, estimate, or receipt that lists the claimant as the person responsible for paying the bill.
- A signed letter from the claimant listing their new mailing address.
- A letter from a treating physician; licensed, treating counselor; or a District Attorney describing why it is necessary for the victim to move.
- A moving contract, signed by the claimant, after the move is complete.
- A storage contract, signed by the claimant, and an itemized bill and receipts.

Security System

- A letter from a treating physician; a treating, licensed counselor; or a District Attorney describing why the victim needs a security system.
- A written estimate from a security system company or an itemized installation bill.
- A letter from the landlord (if renter) giving permission to install the security system.

Essential Personal Property

- An original or replacement receipt for the lost or damaged item.
- Completed Essential Personal Property Verification form.
- A letter from a treating physician; a licensed, treating counselor; or a District Attorney describing why the property is necessary for the victim's health and/or safety.
- Homeowner, renter, or automobile insurance policy Insurance Declaration Page.

Medical

- Itemized medical bills for services for any crime-related conditions.
- Medical documentation or signed HIPAA form for treating medical or mental health providers.
- Explanation of Benefits from the victim's health insurance company for crime related services.

Funeral

- Signed funeral contract or itemized bill showing the claimant paid the bill for services.
- Death certificate