I. Purpose

The purpose of this policy is to insure compliance with and define the department’s policy, procedures and responsibilities pursuant to the New York State Crime Victim’s Compensation Law.

II. Policy

A. The Ithaca Police Department recognizes that many innocent victims suffer personal physical injury, death, or disability, incur financial hardships, or become dependent upon public assistance as a result of violent crime.

B. Members of the department are required to aid crime victims and encourage them to take advantage of assistance as provided by the New York State Crime Victim’s Compensation Law.

III. Definitions

A. Good Samaritan Victim is a person who has been killed or injured while attempting to prevent a crime, lawfully apprehending a perpetrator of a crime, or assisting a police officer in making an arrest.

IV. Procedures

A. Eligible crime victims shall be provided with the State of New York brochure titled “Crime Victims” Rights. (Appendix 1A & B). This brochure contains a crime victim claim form.
B. Members of the department will be required to explain the content of the brochure and claim form.

C. Members of the department will be required to advise victims of their option to contact the local Crime Victims Office for assistance or guidance in submitting or completing the Crime Victim's Claim Form. Said forms should be submitted to:

Crime Victim's Compensation Board
Albany Office
845 Central Ave
Suite 107
Albany, NY 12206
(518) 457-8727

D. Eligibility

1. The following persons are eligible for Crime Victim's Compensation awards:

   a. The victim of a crime who has sustained personal physical injuries;

   b. An elderly (60 or older) or disabled victim, not necessarily physically injured, who has suffered a loss or damage to personal property because of a crime;

   c. The surviving spouse, parent, or child or person dependent upon a victim who dies as a direct result of a crime;

   d. A person who has paid for or incurred the burial expenses of a victim. (Unless otherwise eligible, compensation is limited to burial expenses.);

   e. A child victim of, or witness to, a crime or his/her parent, guardian or sibling;

   f. An eligible person under the age of eighteen or who is incompetent may have the claim application filed on their behalf by a relative, guardian, conservator committee or attorney.

E. Awards

1. Compensation may be awarded if:

   a. The person is an innocent victim of a crime;
b. The crime was reported to the police within one week or justification for the delay can be shown;

c. The claim for compensation benefits is filed within one year of discovery or justification for the delay can be shown.

F. Benefits

1. Expenses for medical or other related services not covered by other insurance benefit programs;

2. Lost earnings or loss of support up to $400 per week and up to a total maximum of $30,000;

3. Burial Expenses up to $2,500;

4. Occupational rehabilitation expenses;

5. Counseling services;

6. Cost of repair or replacement of essential personal property lost, damaged or destroyed as a direct result of a crime up to $500;

7. Transportation expenses for necessary court appearances in connection with the prosecution of the crime;

8. The cost of residing at or utilizing the services of a domestic violence shelter;

9. For Good Samaritan victims only, property losses up to $5,000.

G. Emergency Benefits

1. A crime victim may obtain emergency benefits if:

   a. They are deemed to be potentially eligible for compensation benefits and would suffer an undue financial hardship if some immediate payment is not made.

   1) In the event it is believed by a member of this department that a person may be eligible for emergency aid, the victim should be referred directly to the Albany Crime Victim's Compensation Office.
How to Apply for Compensation

Who can apply for compensation?
Innocent victims of crime, certain relatives, dependents, legal guardians and eligible Good Samaritans can apply to the Office of Victim Services (OVS) for compensation of out-of-pocket expenses not covered by insurance or other resources.

What kinds of expenses can I get compensated for?
OVS offers compensation related to personal injury, death and loss of essential personal property.

The specific expenses OVS may cover include:
- Medical, pharmacy and counseling expenses
- Loss of Essential Personal Property (up to $500, including $100 for cash)
- Burial or Funeral Expenses (up to $6,000)
- Lost Wages or Lost Support (up to $30,000) 
  (Parents or guardians of hospitalized minor children may be eligible for this benefit.)
- Transportation (court/medical)
- Occupational/Vocational Rehabilitation
- Security and Shelter
- Crime scene clean-up (up to $2,500)

How do I ask for compensation?
Send us your completed OVS application along with copies of:
- Police reports
- Medical bills
- Correspondence with insurance companies or benefits plan saying if they will cover your loss
- Insurance cards
- Receipts for essential personal property
- Death certificate and funeral contract
- Victim’s birth certificate

What if I don’t have some of the papers OVS needs?
Send your application in right away. You can send the other documents later.

What if my property was lost, damaged or destroyed because of the crime?
If you are under 18, 60 or over, disabled or were injured, you may apply for benefits to replace your essential personal property or cash that was not covered by any other resource.

Essential means necessary for your health and welfare, like eyeglasses and clothes.

What if I move?
Send OVS a signed letter right away. Tell us your new address and phone number. Also let us know if your email address changes.

What if I have questions or need help filing a claim?
We can help you find a victim assistance program near you. Call us at: 800-247-8035
Or visit our website: ovs.ny.gov

It’s best to fill out the form completely, or it may take longer to process your claim.

Who can sign the claim?
Generally, the victim must sign the claim. However, if the victim is under 18, or is physically or mentally incapable of signing, then the legal guardian (the person receiving the benefits) must fill out section 2 of the claim and sign the claim.

If the victim died, the person asking for benefits must fill out section 2 of the claim and sign the claim.

Do I have to fill out the attached HIPAA form?
Yes. Fill out one HIPAA form for each service provider. You can photocopy a blank form to make extra copies.
Court Ordered Restitution Information

What is restitution?
Restitution is compensation paid to a victim by the perpetrator of a criminal offense for the losses or injuries incurred as a result of the criminal offense. It must be ordered by the Court at the time of sentencing, and is considered part of the sentence. Restitution is NOT for payment of damages for future losses, mental anguish or "pain and suffering."

When the District Attorney’s (DA) office advises the Court that you have requested restitution or when the victim impact statement contained in the probation investigation report (pre-sentence, pre-plea or pre-disposition report) indicates that the victim seeks restitution, the Court must order restitution unless the interests of justice dictate otherwise. When the judge does not order restitution, the judge must clearly state his/her reasons on the record.

What can I request as restitution?
You can ask for any expense you incur as a result of the criminal offense – even for items the OVS may not be able to reimburse. Restitution may include, but is not limited to, reimbursement for medical bills, counseling expenses, loss of earnings, funeral expenses, insurance deductibles and the replacement of stolen or damaged property.

Who is entitled to restitution?
Anyone who has been the victim of a criminal offense and has suffered injuries, economic losses or damages can seek restitution. Many times, victims who deserve restitution do not request it. This can occur because victims are not aware that they are entitled to restitution, or do not know what steps to take to go about receiving the restitution they deserve.

How do I ask for restitution?
You should contact the DA’s office and advise them of the extent of your injury, your out-of-pocket losses and the amount of damages you are requesting.

It is your responsibility to give the police, DA and, upon request, the local probation department copies of the bills and other documents showing the extent of your injuries, your out-of-pocket losses and the amount of damages you want considered by the Court. Your claim for restitution will be included in any probation investigation report (pre-sentence, pre-plea or pre-disposition report). Be sure to:
• Keep accurate records such as original receipts of any expenses you have as a direct result of the criminal offense.
• Give copies of these receipts to the police, DA and local probation department.

You need to clearly explain your need for restitution as soon as possible to the DA, the victim/witness advocate, and the probation department. Plea agreements can occur within days of the actual criminal offense. If this information is not provided before the plea agreement and sentencing, you may have to pursue the perpetrator in Civil Court.

The DA is under an obligation to petition the Court to order restitution on your behalf.

In all felony criminal cases, many misdemeanor criminal cases and all juvenile delinquency and persons in need of supervision (PINS) cases, a pre-sentence or predisposition investigation report is required. The local probation department will contact you about the issue of restitution as it pertains to your case.

How is restitution determined?
The amount of restitution is based on proof of your out-of-pocket losses incurred as a result of the criminal offense. The perpetrator has a right to object to the amount of restitution. The Court may hold a hearing on the issue of restitution where the Court may consider the perpetrator’s ability to pay. The DA’s office may contact you and ask you to testify at the restitution hearing. If you have a concern about appearing personally in Court, you should explore alternatives with the DA assigned to your case.

If the OVS has paid your bills, the Court may order that restitution payments be made to the OVS for those paid items. It is important that you advise the DA’s Office that you filed a claim with the OVS.

If you filed a claim with the OVS, it is important that you advise the OVS if the Court orders the perpetrator to pay restitution.

Rev. February 2015
Application for Compensation
New York State Office of Victim Services
Please print. Answer all questions. It is a crime to file a false claim!

Victim Assistance Program Use Only

OVS VAP ID# Program Name/Phone Advocate Name/Email

1 Tell us about the victim.

Last Name First Name MI Social Security # Date of Birth
☐ Check here if you do not have one.

Mailing Address:
Street Apt. # (or P.O. Box) City County State (or Foreign Country) Zip Code

Race/Ethnicity: ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ Hispanic ☐ American Indian/Alaskan Native ☐ Other ☐ Unknown

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Lives with partner

Gender: ☐ Male ☐ Female ☐ Was the victim disabled at the time of the crime? ☐ Yes ☐ No ☐ Unknown

How did you first hear about the Office of Victim Services?
☐ Police ☐ Hospital ☐ District Attorney ☐ Victim Assistance Program ☐ Radio/TV ☐ Brochure/Poster ☐ Internet ☐ Other

2 If you are not the victim, and you are signing this claim, you are the claimant. Tell us about you. (See “Who can sign the claim?” on the instructions page.)

Last Name First Name MI Social Security # Date of Birth
☐ Check here if you do not have one.

Mailing Address:
Street Apt. # (or P.O. Box) City County State (or Foreign Country) Zip Code

What is your relationship to the victim? (Check only one.)
☐ Parent ☐ Spouse ☐ Child ☐ Legal Guardian ☐ Attorney ☐ Other (Explain): ________________

3 Tell us about the crime. (Check only one.)

The victim died because of:
☐ Motor Vehicle (DWI) ☐ Motor Vehicle (Other) ☐ Terrorism ☐ Arson ☐ Human Trafficking ☐ Other Homicide:

The victim was injured because of:
☐ Assault ☐ Sexual Assault ☐ Child Physical Abuse ☐ Child Sexual Abuse ☐ Motor Vehicle (DWI) ☐ Motor Vehicle (not DWI) ☐ Other (Explain):
☐ Stalking ☐ Kidnapping ☐ Terrorism ☐ Arson ☐ Robbery ☐ Human Trafficking

The victim lost essential personal property because of:
☐ Burglary/Robbery/Larceny ☐ Arson ☐ Motor Vehicle (DWI) ☐ Criminal Mischief ☐ Motor Vehicle (not DWI) ☐ Human Trafficking ☐ Other (Explain):

Where did the crime happen? (Check only one.) ☐ Work ☐ Owned residence ☐ Apt. Bldg. ☐ Public Street ☐ Subway/Bus ☐ Parking Lot ☐ Restaurant/Bar ☐ School/School grounds ☐ Shopping Mall ☐ Other (Explain):

Was this a domestic violence crime? ☐ Yes ☐ No ☐ Unknown

Was the victim driving a livery cab when the crime happened? ☐ Yes ☐ No ☐ Unknown

Was the victim’s property lost or damaged while trying to prevent or stop a crime against someone else or while helping the authorities stop the crime? ☐ Yes ☐ No

Crime Report #: __________________ Police or criminal justice agency reported to:

County where crime happened: __________________ Date of crime: __________________ Date crime was reported: __________________

If more than 7 days between the date of crime and date the crime was reported, explain why: __________________

If more than 1 year between the date of crime and the date you are filing this claim, explain why: __________________

Describe the crime in your own words: __________________

Rev. February 2015
4 Tell us about the suspect. Suspect’s name (if you know):

Has the suspect been arrested for this crime? Yes ☐ No ☐
Has the suspect been prosecuted for this crime? Yes ☐ No ☐ Not Yet ☐
Does the suspect live in the same house as the victim? Yes ☐ No ☐
OR is the suspect a member of the victim’s family? Yes ☐ No ☐
Has the court issued an order of protection in this case? Yes ☐ No ☐ (If Yes, attach a copy.)
Has the DA asked the court to order restitution? Yes ☐ No ☐ Not Yet ☐
Did the court order the suspect to pay restitution? Yes ☐ (Amount $ ________) No ☐ Not Yet ☐

NOTE: If you are eligible for compensation, the OVS may be able to reimburse for the expenses listed below. These items should also be requested as part of court ordered restitution. Applicants are encouraged to share this information with prosecutors if there is a criminal case. See the Court Ordered Restitution Information page for important information about restitution.

5 Tell us about your expenses related to this crime. (Check all that apply.)

☐ Medical/Ambulance ☐ Loss of Support (Death Claim Only)
☐ Crime Scene Cleanup ☐ Vocational/Rehabilitation
☐ Security Device/System ☐ Moving/Storage ☐ Essential Personal Property
☐ Counseling ☐ Funeral/Burial ☐
☐ Other (Explain):

☐ Personal Transportation ☐ DV Shelter ☐ Medical

6 List any essential personal property, like cash, eyeglasses, or clothing that needs to be replaced because of this crime. (If none, skip to 7.)

<table>
<thead>
<tr>
<th>Describe what was lost/damaged:</th>
<th>Cost</th>
<th>Describe what was lost/damaged:</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>$</td>
<td>3.</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td>$</td>
<td>4.</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>$</td>
<td>6.</td>
<td>$</td>
</tr>
</tbody>
</table>

Homeowner/Renter Insurance Company Policy or ID # Deductible $
Auto/Other Insurance Company Policy or ID # Deductible $

— If there were no injuries and you are only asking for essential personal property benefits, skip to 15.

7 Tell us about the victim’s or the parent’s employment and insurance for Lost Wages.

If you do not want us to contact your employer, you cannot ask to be reimbursed for Lost Wages. (Skip to 8.)

Was the victim/parent of hospitalized minor victim employed when the crime happened? Yes ☐ No ☐ (If No, skip to 8.)
Did the victim/parent of hospitalized minor victim miss work because of the crime? Yes ☐ No ☐
Was the victim/parent self-employed? Yes ☐ No ☐ (If Yes, attach copies of last year’s federal tax return and all schedules.)

Employer’s Name, Address, and Phone #:

Employer Street City State Zip Code Phone #

Other Employer’s Name, Address, and Phone #:

Employer Street City State Zip Code Phone #

Name, Address, and Phone # of doctor who certified victim could not go to work:

Doctor Street City State Zip Code Phone #

Tell us about any insurance company that will cover the victim’s lost time at work. (If none, write “None” below and skip to 8.)

<table>
<thead>
<tr>
<th>Policy or ID # or “None”</th>
<th>Policy or ID # or “None”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Unemployment Insurance</td>
<td>5. Workers’ Compensation</td>
</tr>
<tr>
<td>2. Disability Insurance</td>
<td>6. Other insurance</td>
</tr>
<tr>
<td>3. Pension Plan</td>
<td>7. Social Security Benefits (ssn required)</td>
</tr>
<tr>
<td></td>
<td>8. SSI Benefits (ssn required)</td>
</tr>
<tr>
<td>4. Other insurance</td>
<td>SSN</td>
</tr>
</tbody>
</table>

8 If the victim died, fill out below if you have any burial expenses. (If not, skip to 9.)

Also, attach a copy of the funeral home contract, other bills for burial expenses, and a photocopy of the Death Certificate, if you have them.

Name of Funeral Home: Phone #: (______)
Address: Street City State Zip Code
9. If the victim was injured or died because of this crime, fill out below.

Describe the victim’s injuries, briefly:

Did the victim receive any medical treatment?   □ Yes   □ No (If No. skip to section 10.)

Tell us about the health professionals who treated the victim for injuries related to this crime:

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Complete Address</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Doctor (not in hospital)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Dentist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim’s Counselor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Tell us about the victim’s dependents or others who depended on the victim for support. (If none, skip to 11.)

<table>
<thead>
<tr>
<th>Dependent</th>
<th>Social Security #</th>
<th>Date of Birth</th>
<th>Relationship to Victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Dependent</td>
<td></td>
<td></td>
<td>Are you the legal guardian?   □ Yes □ No</td>
</tr>
<tr>
<td>Other Dependent</td>
<td></td>
<td></td>
<td>Are you the legal guardian?   □ Yes □ No</td>
</tr>
<tr>
<td>Other Dependent</td>
<td></td>
<td></td>
<td>Are you the legal guardian?   □ Yes □ No</td>
</tr>
</tbody>
</table>

If more than 3 dependents, attach a separate sheet and check here: □

11. Did anyone besides the victim receive counseling because of this crime? (If no, skip to 12.)

<table>
<thead>
<tr>
<th>Who received counseling?</th>
<th>Relationship to Victim</th>
<th>Insurance company billed for counseling</th>
<th>Policy or ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor's name, address and phone #:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who else received counseling?</th>
<th>Relationship to Victim</th>
<th>Insurance company billed for counseling</th>
<th>Policy or ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor's name, address and phone #:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If more than 2 people received counseling because of this crime, check here and attach a separate sheet to describe. □

12. List any insurance covering the victim or the victim's dependents. If no insurance, write "None" below.

If you have applied but are not covered yet, write "Pending" under Policy or ID #.

<table>
<thead>
<tr>
<th>Policy or ID #</th>
<th>Name of person(s) covered by this insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Insurance Company</td>
<td></td>
</tr>
<tr>
<td>Major Medical Insurance Company</td>
<td></td>
</tr>
<tr>
<td>Other Insurance (Union, Dental, Vision, etc.)</td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td></td>
</tr>
<tr>
<td>Workers' Compensation</td>
<td></td>
</tr>
<tr>
<td>Auto Insurance</td>
<td></td>
</tr>
<tr>
<td>Other insurance</td>
<td></td>
</tr>
</tbody>
</table>
13 If the victim died, tell us about any life insurance and death benefits.
(If the victim did not die, or does not have any life insurance or death benefits, skip to 14.)

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>Phone #</th>
<th>Policy or ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Insurance</td>
<td></td>
<td>( )</td>
<td></td>
</tr>
<tr>
<td>Pension Plan</td>
<td></td>
<td>( )</td>
<td></td>
</tr>
<tr>
<td>Other Insurance/Plan</td>
<td></td>
<td>( )</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td></td>
<td>( )</td>
<td></td>
</tr>
<tr>
<td>Workers' Compensation</td>
<td></td>
<td>( )</td>
<td></td>
</tr>
</tbody>
</table>

If any other insurance or death benefits, list here:

Do any of these policies cover the victim's burial expenses? □ Yes □ No
Has anyone applied for the Social Security Death Benefit? □ Yes □ No

14 Tell us about your financial situation. You MUST fill out ALL sections below. If none, enter zero (0).

How many dependents do you have?

What is your total annual income (from ALL sources)? If you are not sure, estimate: $ 

List ALL your assets and ALL your debts below. If you are not sure, estimate. Attach additional pages, if needed.

<table>
<thead>
<tr>
<th>Your Assets – If none, enter zero (0).</th>
<th>Your Debts – How much do you owe now?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings, stocks, bonds $</td>
<td>Mortgage $</td>
</tr>
<tr>
<td>Real Property (house, etc.) $</td>
<td>Loans $</td>
</tr>
<tr>
<td>Proceeds from life insurance $</td>
<td></td>
</tr>
</tbody>
</table>

15 Is a private lawyer (not DA) representing you? □ Yes □ No
If Yes: □ OVS Claim □ Civil Suit □ Both

Lawyer's Name

Address

Phone #

16 Authorization to speak with representative:

If you would like to give permission to a family member, friend or other person to speak to OVS regarding your claim, enter here.

Name of Person

Address

Phone #

17 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 order of restitution. I further authorize any funeral director, attorney, employer, police or other public authority, insurance company or any person who rendered 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 a 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) in order for the VAP to assist the OVS in processing my claim and making its determination. If a private lawyer has been indicated above, I also authorize the OVS to share my information and records compiled for this claim with the lawyer in order for him/her 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 indicated above, I authorize the OVS to share my information and records compiled for this claim with that person in order that they assist me with this claim.

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

Claimant's Signature

Date

Daytime Phone #

Email:

Interpreter Needed: □ Yes □ No

Language you prefer to speak: □ English □ Spanish □ Simplified Chinese □ Traditional Chinese □ Haitian Creole □ Italian □ Korean □ Russian □ Other

To process your claim, mail us the following documents. (Keep a copy for your records.)

- All bills and receipts for services listed on this form
- Your completed, signed claim form
- One completed HIPAA form for each service provider listed on this form (You can photocopy the HIPAA form.)
- Letters from any insurers denying or authorizing payment for the services listed on this form.

Remember: You must bill your insurance company or benefits plan before the OVS can pay.

Mail your documents to: New York State Office of Victim Services
                      AE Smith Building
                      80 S. Swan Street
                      Albany, NY 12210-8002

Rev. February 2015
AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA
[This form has been approved by the New York State Department of Health]

Patient Name ____________________________ Date of Birth ____________________________ Social Security Number XXX-XX-____

Patient Address ____________________________

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.

2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redescribing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.

3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:

   NYS OFFICE OF VICTIM SERVICES – AE SMITH BLDG., 80 S. SWAN ST., ALBANY, NY 12210-8002

9(a). Specific information to be released:

   ☐ Medical Record from (insert date) ___________ to (insert date) ___________.

   ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

   ☐ Other: ___________________________________________________________________________________________

   Include: (Indicate by Initialing)

   ☐ Alcohol/Drug Treatment
   ☐ Mental Health Information
   ☐ HIV-Related Information

Authorization to Discuss Health Information

   (b) ☐ By initialing here ___________, I authorize ___________ to discuss my health information with my attorney, or a governmental agency, listed here: ____________________________________________________________________________________________

   Name of individual health care provider

NEW YORK STATE OFFICE OF VICTIM SERVICES
(Associate/Firm Name or Governmental Agency Name)

10. Reason for release of information:

   At request of the individual for purposes of establishing eligibility for New York State Office of Victim Services benefits.

11. Date or event on which this authorization will expire:

   This authorization will expire upon the termination of the individual's eligibility for Office of Victim Services benefits.

12. If not the patient, name of person signing form:

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law. ____________________________ Date: __________

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.
The Rights of Crime Victims in New York State
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Rights of Crime Victims

1. Your Right to Certain Kinds of Compensation and Assistance:

The New York State Office of Victim Services may be able to reimburse you for your direct out-of-pocket expenses caused by the crime. These expenses may include the repair or replacement of essential personal property, loss of earnings or support, medical bills, including the cost of counseling, vocational rehabilitation, crime scene cleanup or funeral bills. A claim form can be obtained from a police station, sheriff's office, District Attorney's (DA) office, local victim advocate's office, hospital emergency room, or by requesting one from the Office of Victim Services or our website: http://www.ovs.ny.gov. The New York State Office of Victim Services may be reached at:

NYS Office of Victim Services
1-800-247-8035
TTY: 1-888-289-9747
http://www.ovs.ny.gov
e-mail: ovsinfo@ovs.ny.gov

NYS Office of Victim Services
65 Court Street, Room 308
Buffalo, NY 14202
(716) 847-7992

NYS Office of Victim Services
55 Hanson Place
Brooklyn, NY 11217
(718) 923-4325

NYS Office of Victim Services
AE Smith Office Bldg
80 S. Swan St., 2d Fl
Albany, NY 12210
(518) 457-8727

Claims must be filed within one year of the crime or within one year of the victim's death. If a delay in filing is justified, the Office may accept claims filed over a year after the crime or victim's death.

There are several other ways you may be compensated for your losses:
• You can also file a civil lawsuit against your offender or a liable third party (e.g. if your landlord fails to supply sufficient lighting or other security measures) for recovery for your losses. If you decide to file a civil lawsuit, you will need to see an attorney who will explain your choices and advise you.

• If the crime occurred during the course of employment or arising out of employment, you may be eligible for workers’ compensation benefits. The workers’ compensation benefits you may be eligible to receive through the Workers’ Compensation Board are: medical care, payment for lost wages, payment for permanent disability, rehabilitation or death benefits.

• If the crime is related to a vehicle, you may qualify for benefits under an automobile insurance policy.

• You may be eligible for compensation from other sources such as: mortgage insurance, homeowner’s/renter’s insurance, liability insurance, disability (private or state), veteran’s benefits, social security benefits or a funeral/burial policy.

The NYS Office of Victim Services is the payer of last resort when other sources such as these are available (with the exception of the FRE payments available, see page 20).

You may also be eligible for assistance from other programs such as rape crisis centers, victim/witness assistance programs, and domestic violence programs or shelters. Ask the DA's office about these programs or contact the nearest Office of Victim Services office or visit the website.


2. **Your Right to be Notified of Judicial Proceedings:**
If you have provided a current address and telephone number to the appropriate official (such as the District Attorney) you have the right to be notified of the accused’s:

1. arrest;
2. first appearance before a judge;
3. release from jail while the criminal proceeding is pending;
4. entry of a guilty plea;
5. trial;
6. sentencing;
7. maximum and minimum terms of imprisonment if the defendant is sentenced to prison.

You also may have a right to be given notice of the release or escape of a person committed to a state mental health facility.

If you ask the DA to notify you of the final disposition of the case, you will be notified within 60 days of that disposition. If a term of imprisonment is imposed, you also will be notified of your right to submit a written, audio-taped or videotaped victim impact statement to the Division of Parole or to meet personally with a member of the Parole Board and give an oral statement, at a time and place separate from the inmate's parole interview. The statement may be considered along with other factors in the discretionary release of the defendant. Victims can contact the Division of Parole's Victim Impact Unit at the toll free number 1-800-639-2650.

The victim in any case that involves a homicide or a violent felony offense is eligible to request a notification of an inmate’s release. The victim is notified when the inmate is released to post-release supervision, paroled, discharged, conditionally released, escapes or absconds. If the inmate is discharged, paroled, conditionally released or released to post-release supervision, the notification will be by certified
mail directly to the address provided by the victim. In the event the inmate has escaped or absconded, the notice will be made in the most reasonable and expedient manner. The Department of Correctional Services (DOCS) will subsequently notify the victim by certified mail when the escapee or absconder is taken into custody.

The victim’s request for notification of an inmate’s release must be submitted by the prosecuting DA’s Office. The victim should complete the form and return it to the DA, not directly to the Department of Correctional Services. Likewise, the victim should notify the DA if there is a change of address and the DA will advise the Department of Correctional Services.

The Department of Correctional Services Office of Victim Services can be contacted to answer questions that may arise while the offender is in custody. The toll-free number for the Department’s Office is 1-800-783-6059.

In addition, crime victims can obtain crime and release data on all prison inmates by calling the toll-free Victim Information and Notification Everyday (VINE) number or at the Department’s website www.docs.state.ny.us. Once an offender has been booked into custody at the DOCS, victims and their families can call the toll-free VINE number (1-888-VINE4NY or 1-888-846-3469) to access custody information and register to receive automatic telephone notification of an offender’s release.

When calling VINE, victims have to provide the offender’s full name and date of birth, the inmate's New York State identification number (NYSID) or DIN number. The DA’s office will provide the NYSID number and date of birth. If registering for notification, victims need to provide the telephone number where they can be reached and a 4-digit PIN code to be used for message confirmation. Two
telephone numbers can be registered during each call and victims must keep their registration information current with VINE.

A prosecutor may not want the victim and/or family to attend proceedings for strategic reasons related to the prosecution, but court proceedings are, as a rule, public and a victim or his/her family always have the right to attend court proceedings that are open to the public. Statutory references: Executive Law Sections 641(3), 641(3)(b), 641(3)(c), 259-i(2)(c)(v); Criminal Procedure Law Sections 330.20, 380.50 (4) & (5), 440.50.

3. Your Rights During Judicial Proceedings:

The victims of certain felony offenses shall be consulted by the DA in order to obtain the views of the victim regarding disposition of the criminal case by dismissal, plea of guilty or trial.

In such a case in which the victim is a minor child, or in the case of a homicide, the DA shall consult for such purpose with the family of the victim. In addition, the DA shall consult and obtain the views of the victim or family of the victim, as appropriate, concerning the release of the defendant in the victim's case pending judicial proceedings upon an indictment, and concerning the availability of sentencing alternatives such as community supervision and restitution from the defendant.

The victim or witness may request assistance from law enforcement agencies and DA's in informing employers, creditors or others that the need for victim and witness cooperation in the prosecution of the case may necessitate absence of that victim or witness from work or create an inability to meet other obligations.

The court shall consider the views of such crime victims regarding discretionary decisions relating to the criminal case, including, but not limited to, plea
agreements and sentence. In addition, the court shall consider the views of the victim or family of the victim, as appropriate, concerning the release of the defendant in the victim's case pending judicial proceedings upon an indictment, and concerning the availability of sentencing alternatives such as community supervision and restitution from the defendant.

Law enforcement agencies and DA's shall promptly return property held for evidentiary purposes unless there is a compelling reason for retaining it relating to proof at trial. The court shall assist in and expedite the return of such property.

Statutory reference: Executive Law Sections 642 (1),(3),(4) and Section 647 (1),(3).

4. Your Right to be Free from Intimidation:

Crime victims have the right to be protected from threats, physical injury, or other kinds of intimidation. The police, sheriff's department, or DA can offer advice regarding appropriate measures. If necessary, the court can issue an Order of Protection.

Additionally, intimidating a witness is a felony, apart from any charges the defendant may already face. If you are threatened or harassed by anyone about the case, contact the DA's office, police or sheriff's department. If you receive unwanted contact once the offender is in custody with the New York State Department of Correctional Services, contact the Department's Office of Victim Services, immediately. Witnesses and victims may receive assistance in relocating themselves and their families and may even get assistance to change their identity when necessary.

Statutory references: Criminal Procedure Law Sections 530.12, 530.13; Penal Law Sections 215.15, 215.16, 215.17; 9 NYCRR 6170; Executive Law Section 837(17).

The victims and other prosecution witnesses shall, where possible, be provided, when awaiting court
appearances, a secure waiting area that is separate from all other witnesses.
Statutory reference: Executive Law Sections 642(2) and Section 647(2).

5. Your Right to Submit a Victim Impact Statement:

The "pre-sentence report" is prepared by the county probation department when the defendant has been convicted of a felony, or a misdemeanor when the sentence includes probation or more than ninety days imprisonment. A pre-sentence report may contain a "victim impact statement" in which your version of the offense and the extent of your injury, out-of-pocket and other economic losses are summarized for the court. The victim impact statement sets forth your views on the disposition of the criminal case, and the amount of restitution and reparation you seek. The prosecutor and defense attorney may agree to waive the pre-sentence investigation under certain circumstances, and in the case of a misdemeanor conviction a "short form" report may be appropriate. So, it is important for the DA to know your views about sentencing.

If the defendant is being sentenced for a felony conviction, you or a member of your family may request to speak at the time the sentence is pronounced. You must give the court 10 days advance notice. You may speak on "any matter relevant to the question of sentence". The DA's office may assist you. If you are the relative of a deceased victim, or a victim who is so disabled as to make it impracticable to appear in court in person, you may speak on the victim's behalf.

As indicated on page 3, you may also submit a written, oral, audio-taped or videotaped victim impact statement to the Parole Board, which will be considered before any discretionary release on parole is granted.
6. **Your Right to Restitution:**

Restitution is compensation paid to a victim by the perpetrator of a criminal offense for the losses or injuries incurred as a result of the criminal offense. Restitution is NOT for payment of damages for future losses, mental anguish or “pain and suffering”. Anyone who has been the victim of a criminal offense and has suffered injuries, economic losses or damages can seek restitution. It must be ordered by the court at the time of sentencing and is considered part of the sentence. Restitution may include but is not limited to reimbursement for medical bills, counseling expenses, loss of earnings and the replacement of stolen or damaged property.

You should contact the DA’s office and advise them of the extent of your injury, your out-of-pocket losses and the amount of damages you are requesting as restitution. The DA is under an obligation to petition the court to order restitution on your behalf. You need to clearly explain your need for restitution as soon as possible to the DA, the victim/witness advocate, and the probation department. Unless waived by mutual consent, plea agreements can occur within days of the actual criminal offense. If this information is not provided before sentencing, you may have to pursue restitution by bringing a lawsuit in Civil Court.

It is your responsibility to give the police, DA and, upon request, the local probation department copies of the bills and other documents showing the extent of your injuries, your out-of-pocket losses and the amount of damages you want considered by the court. Your claim for restitution will be included in any probation investigation report (pre-sentence, pre-plea or pre-disposition report). Be sure to:
- Keep accurate records such as original receipts of any expenses you have as a direct result of the criminal offense AND
- Give copies of these receipts to the police, DA and local probation department.

In requesting restitution, you can ask for, but are not limited to, any of the following:

- Medical expenses (doctor, physical therapist, ambulance, transportation, emergency services, etc.)
- Counseling expenses
- Loss of earnings
- Property expenses (replace, repair and/or clean damaged or stolen property)
- Funeral expenses
- Insurance deductible
- Incidental expenses (changing locks, towing fees, and the cost of changing your phone number)
- Any expense you incur as a result of the criminal offense

The amount of restitution is based on proof of your out-of-pocket losses incurred as a result of the criminal offense. The perpetrator has a right to object to the amount of restitution. The court may hold a hearing on the issue of restitution where the court may consider the perpetrator’s ability to pay. The DA’s office may contact you and ask you to testify at the restitution hearing. If you have a concern about appearing personally in court, you should explore alternatives with the DA assigned to your case.

When the DA’s office advises the court that you have requested restitution or when the victim impact statement contained in the probation investigation report (pre-sentence, pre-plea or pre-disposition report) indicates that you are seeking restitution, the court must order restitution unless the interests of justice dictate
otherwise. When the judge does not order restitution, the judge must clearly state his/her reasons on the record. The Department of Correctional Services will collect restitution if ordered by the court and the restitution order is documented on the inmate’s commitment paper.

Minors can be ordered to pay restitution by the Family Court. However, restitution from juvenile delinquents may be limited to $1,500 and restitution from persons in need of supervision (PINS) may be limited to $1,000. Additional restitution may be pursued by commencing a civil lawsuit under certain circumstances against the parent(s) or guardian(s) of the minor.

Restitution payments are usually made to the local probation department by the perpetrator. In New York City, all restitution is referred to Safe Horizon. Payments are based on the amount ordered and disbursed according to the schedule of payments in the restitution order. The appropriate restitution collection agency will then send a check to you accordingly. You must furnish the restitution collection agency with your current address. Always notify the restitution collection agency, which is listed on the restitution order, if you have a change of address.

If the New York State Office of Victim Services has paid your bills, the court may order that restitution payments be made to the Office of Victim Services for those paid items. If you filed a claim with the New York State Office of Victim Services, it is important that you advise the Office if the court orders the perpetrator to pay restitution.

Statutory reference: Criminal Procedure Law Section 420.10; Penal Law 60.27.

7. Your General Rights:

a. A victim of a crime, including a victim of identity theft, can get, without charge, a
copy of the police report of the crime.
Statutory reference: Executive Law Section 646.

b. The victim has the right to the prompt return of property held for evidence unless there is a compelling reason for holding it. Statutory reference: Executive Law Section 642(3).

c. The Commissioner of the Department of Motor Vehicles may waive payment of fees for replacement of driver’s license, permit, registration, and license plates which are lost, destroyed or stolen as a result of a crime.
Statutory reference: Vehicle and Traffic Law Sections 401(3) and 503(3).

d. Victims (this includes next of kin of deceased victims, a “representative” of a crime victim under Section 621(6) of the Executive Law and good samaritans) shall not be subject to discharge from a job or penalty on the job when appearing as a witness in a criminal proceeding, to give a statement to the Parole Board, or consultation with the DA. Violation of this law by an employer is a B Misdemeanor. An employer may, however, withhold wages from a victim appearing as a witness in a criminal proceeding or consultation with the DA during the period of such attendance.

e. The victim or witness who so requests, shall be assisted by law enforcement agencies and the DA in informing employers that the need for victim and witness cooperation in the prosecution of the case may necessitate absence of that victim or witness from work. In addition, such agencies or the DA should assist the victim or witness by providing creditors accurate information about the circumstances of the crime if the inability
to meet obligations is a direct result of the crime.
Statutory reference: Executive Law Section
642(4).

f. The victim can request that a defendant
convicted of a felony sexual offense (Penal
Law Article 130) be ordered to submit to
human immunodeficiency (HIV) testing.
The test results shall not be disclosed to the
court, but will be “communicated to the
defendant and the victim”. Any request
made by the victim must be in writing, filed
with the court and provided by the court to
the defendant or his/her counsel. If the
victim is an infant or incompetent person,
the application for an order to compel a
convicted person to undergo an HIV test
can be made by a representative (as defined
in Civil Practice Law and Rules §1201).
Statutory reference: Criminal Procedure Law
Section 390.15.

g. A victim of identity theft, including a
victim that suffered a financial loss, is
entitled to a free copy of the police report.
Due to the nature of the crime, several
counties may have jurisdiction over the
criminal matter.
Statutory reference: Executive Law Section 646(2);
Criminal Procedure Law Section 20.40(4)(I).

h. For the safety of victims who apply for a
name change, if a Court finds that the
applicant would have his/her safety
jeopardized by publication of the name
change, the Court may order the current
name, new name and other identifying
information sealed to prevent unauthorized
use or disclosure.
Statutory reference: Civil Rights Law Section 64-a.

i. The definition of “property of another” has
been expanded for criminal mischief to
include any property another has an interest
in even if the defendant has an interest in the property also.

8. Rights of Child Victims:

In addition to the rights of adult crime victims, children who are victims of crime are afforded additional rights. These rights are as follows:

1. The right to expect the various governmental agencies, including the criminal justice system and the social service agencies including child advocacy centers, to work together to minimize the number of times the child must recite the events of the crime.

2. The judge presiding should be sensitive to the psychological and emotional stress a child witness may undergo when testifying.

3. The right to expect that the same prosecutor will handle all aspects of the case whenever possible.

4. The right to a speedy trial.

5. In certain cases, the right to testify by means of a video tape or by live two way closed-circuit television.

6. The right to have a support person present and accessible during the child’s testimony.

7. A child witness should be permitted, at the discretion of the court, to use anatomically correct dolls and drawings during his/her testimony.

8. All forms of child abuse, regardless of severity, will be addressed by a multidisciplinary team.

Statutory reference: Executive Law Sections 642-a, Criminal Procedure Law Article 65 and Sections 190.30(4) and 190.32; Social Services Law Sections 422 and 423.
9. Victims Under the Stalking Law:

The Penal Law includes victims of Stalking, Kidnapping in the First and Second Degree, Unlawful Imprisonment in the First Degree, Labor Trafficking or Sex Trafficking. In addition, the Executive Law includes these crimes to make these victims eligible for compensation from the NYS Office of Victim Services.

Statutory reference: Penal Law Sections 120.45, 120.50, 120.55, 120.60, 135.10, 135.20, 135.25, 135.35 and 230.34; Executive Law Sections 621(5) and 631(12).
Rights of Domestic Violence Victims

Victims of domestic violence who are “members of the same family or household” can go to either Criminal Court or Family Court to obtain an order of protection. For this purpose, “members of the same family or household” include persons related by blood or marriage, persons who were formerly married regardless of whether they still reside in the same household and unrelated persons who are or have been in an intimate relationship. An intimate relationship is determined by the Court, but does not have to mean a relationship which is sexual in nature. Therefore, unmarried couples, dating couples and same-sex partners can choose to go to either Family Court or Criminal Court to obtain an order of protection.

Statutory reference: Family Court Act Section 812(1); Criminal Procedure Law Section 530.11.

Both family court and criminal court have jurisdiction over the following family offenses (Family Court Act section 812):

- Criminal Mischief (even if property is co-owned by the offender)
- Disorderly Conduct
- Harassment in the First Degree
- Harassment in the Second Degree
- Aggravated Harassment in the Second Degree
- Menacing in the Second Degree
- Menacing in the Third Degree
- Reckless Endangerment
- Assault in the Second Degree
- Assault in the Third Degree
- Attempted Assault
- Stalking in the First, Second, Third and Fourth Degree
Law enforcement officers must serve the order of protection without charging a fee for the service of the order regardless of whether the order of protection arises out of Criminal Court or Family Court.  
Statutory reference:  Criminal Procedure Law and Rules Section 8011(h)(2).

The Criminal Procedure Law section 140.10(4)* requires an arrest in the following circumstances involving family/household members:

Felonies - If the police find that your abuser committed a felony against you, they must make an arrest. (Criminal Procedure Law section 140.10). An example of a felony would be Assault in the Second Degree, which is an intentional assault that results in serious physical injury like a broken bone or a wound, from a weapon that lasts over a period of time. (Penal Law section 120.05).

Misdemeanors - If the police find that a misdemeanor constituting a family offense is committed against you, they are required to make an arrest unless you specifically ask the police not to make the arrest. (Criminal Procedure Law section 140.10(4)(c)). Even if you do ask them not to arrest, many police agencies will still make the arrest if they have evidence of a crime. An example of a misdemeanor would be Harassment in the First Degree, which is when a person intentionally and repeatedly harasses another by following them in a public place or by engaging in a course of conduct or repeatedly commits acts which places them in reasonable fear of physical injury. (Penal Law section 240.25). In cases where the police officer has reasonable cause to believe that more than one family/household member committed a

* This section expires and will be deemed repealed on Sept. 1, 2013.
misdemeanor constituting a family offense, the police are not required to arrest both parties, but must attempt to determine who is the primary physical aggressor in the situation. In doing so, they will consider factors such as the extent of injuries, any history of domestic violence and whether one party acted in self-defense against the other. (Criminal Procedure Law section 140.10(4)(c)).

**Order of Protection Violations** - Police must arrest when a duly served order of protection or an order that the abuser has direct knowledge of, because he or she was present in court when it was issued, has been violated by either the abuser failing to "stay away" from you or by committing another offense. This is true even if the order of protection was issued in another county or even another state, territorial or tribal jurisdiction. (Criminal Procedure Law section 140.10(4)(b)). In many circumstances, such as when the abuser violates the order by threatening to injure you, by committing Aggravated Harassment or destroying your property worth $250 or more, the charge that should be filed against the abuser is Criminal Contempt in the First Degree, a class E felony. (Penal Law section 215.51). Should the abuser violate the order by actually causing you physical injury, the charge should be Aggravated Criminal Contempt, a Class D felony. (Penal Law section 215.52). Criminal Contempt charges can only be handled in criminal court, even if the original order of protection was issued out of Family Court.

If the police witness a violation (sometimes called a petty offense) being committed, they have the authority to make an arrest, although they are not required to do so. If the police do not witness the violation or do not choose to arrest, you can make a civilian arrest. This does not mean that you must physically make the
arrest, but it means that you would have to sign the complaint against your partner. The police may either help you with this and take your abuser into custody, or give you information on how to get the court to take some action. (Criminal Procedure Law section 140.40).

In addition to making arrests when appropriate, the police can help you:

- Get to a safe place away from the violence. All victims of domestic violence, including non-qualified aliens, are eligible for emergency domestic violence residential services;
- Get information on how the court can help protect you against the violence;
- Get medical care for injuries you or your children may have;
- Get necessary, personal belongings from your home for you and your children;
- Get a copy of any incident reports at no cost from the law enforcement agency; and
- File a complaint in criminal court and tell you where your local criminal court is located.

Victims of Domestic Violence are allowed to place or temporarily lift a “freeze” on their credit report free of charge upon written notice to the credit reporting agency. In addition to the written notice, proof of a valid domestic violence incident report, police report, order of protection or signed affidavit of a medical provider or of certain victim advocates must be submitted. Additionally, credit reporting agencies are prohibited from sharing with any third party the fact that domestic violence is the basis for the request of or placement of a freeze. Victims of domestic violence shall not be discriminated against by an employer or licensing agency in terms of hiring or employment
practices. Neither the state nor any political subdivision or public authority or employee thereof shall compel a victim of domestic violence to contact his or her abuser.

Statutory Reference: General Business Law Section 380-t; Penal Law Section 65.10; Executive Law Sections 292(34)(a) and 296(1); Social Services Law Section 459-g.
Rights of Rape/Sexual Assault Victims

If you are the victim of a sex offense, the law enforcement officer must inform you in writing, of the name, address and telephone number of the nearest rape crisis center. In addition, all police departments, DAs and presentment agencies (agencies that prosecute juvenile delinquents or persons in need of supervision) must provide a private setting for interviewing rape/sexual assault victims. The only people permitted to be present during the interview are: 1) persons directly and immediately related to the interviewing of a particular victim, 2) the victim, 3) if the victim wants, a social worker, rape crisis counselor, psychologist or other professional providing emotional support and 4) if requested by the victim, their parent(s).

Statutory reference: Executive Law Section 642(2-a).

A rape or sexual assault victim cannot be asked or required to take a polygraph test or psychological stress evaluator examination.

The Office of Victim Services will provide for direct reimbursement for sexual assault forensic rape exams (FRE) performed by a hospital, licensed sexual assault examiner, or other appropriate licensed health care provider. Examiners and facilities are required to accept the state’s determined reimbursement fee from OVS as payment in full. The victim may assign their private insurance benefits to the examination provider, in which case, the OVS would not be billed. However, the victim may choose not to provide their private insurance information if they wish.

Statutory reference: Executive Law Section 631(13).

Every hospital providing emergency treatment to a rape victim shall provide information, either orally or written, regarding the availability of emergency contraception and its use and efficacy. These hospitals
are required to provide emergency contraception, unless the victim refuses or if the rape victim is already pregnant.

Hospitals are required to offer sexual offense victims the opportunity to have a rape crisis advocate or other trained sexual assault advocate present during the sexual offense examination. The sexual offense evidence will be collected and kept in a locked separate and secure area. The victim will be notified after one month that the refrigerated evidence will be discarded according to State and local health codes. The victim’s clothes will be returned upon their request.

As stated previously on page 12 (7f), the victim can request that a defendant convicted of a felony sexual offense be ordered to undergo an HIV test.

Sexual assault laws have been reformed to help protect sexual assault victims, including forcible touching, persistent sexual abuse and possession and sale of the date-rape drug, GHB. The Sexual Assault Reform Act (SARA) provides stronger penalties for offenses, new crime classifications, and language changes in the penal law. Under this Act, certain sex offenders placed on conditional release or parole are prohibited from entering upon school grounds or other facilities where children are cared for unless the offender obtains the necessary authorization. Secondly, under SARA and as a sexual assault victim, you are no longer required to report the crime to the police in order to establish eligibility for NYS Office of Victim Services compensation funds. SARA allows reimbursement for sexual assault forensic exams performed by a hospital, sexual assault examiner program or licensed health care provider. Thirdly, SARA established statutory funding for rape crisis programs. Finally, SARA allows for Sexual Assault Examiner Programs (SAE) to be designated throughout the state. SAE programs were established to improve the delivery of emergency care to sexual assault victims. Examiners are specifically
trained to care for sexual assault victims, to provide a sensitive examination, and collect forensic evidence as components of the overall treatment process. Victims meet with a sexual assault forensic examiner within 60 minutes of arriving at the hospital. After the exam, the victim can shower and is provided with a change of clothing and receives follow-up information, counseling, medical treatment and referrals.

"Megan’s Law” is the “Sex Offender Registration Act” (SORA), which requires sex offenders to register with local law enforcement officials. Sexual offenders who have been designated a sexual predator, a sexually violent offender or predicate sex offender remain on the Sex Offender Registry for life. All other sex offenders register for a period of ten years. The failure of offenders to register is a crime.

There are four procedures for notifying the community about sex offenders. First, law enforcement agencies are notified whenever a sex offender moves into their jurisdiction. That agency must notify schools and other “entities with vulnerable populations” about the presence of certain offenders, if they pose a threat to public safety. Second, SORA established a telephone number which victims, employers, parents, children’s groups and the general public can call to determine whether an individual is a convicted sex offender who is required to register [1-800-262-3257, you must be at least 18 years old to call]. To learn the status of an individual, you must have the individual’s name and at least one of the following identifiers: the individual’s street address and apartment number, driver’s license number, social security number, or birth date. Third, SORA provides for distribution of the Subdirectory of Level 3 Sex Offenders to law enforcement agencies throughout the state. Citizens can review that Subdirectory at local law enforcement agencies. The Subdirectory includes photographs of all Level 3 offenders. Fourth, the Subdirectory may also be accessed via the internet at the Division of Criminal
Justice Services' website www.criminaljustice.ny.gov. Citizens can also receive notices of change or update in the subdirectory of level 2 and 3 sex offenders by e-mail in a specific locality at no charge.

The "Electronic Security and Targeting of Online Predators Act" requires that sex offenders register their internet identifiers with law enforcement, permits social networking sites to access these identifiers of convicted sexual predators to prescreen or remove the predators from services used by children and prohibits certain high risk sex offenders from using the internet to victimize children. The act also authorizes sentencing courts to impose, as a condition of probation, certain limitations on sex offenders' internet use.

Statutory references: Executive Law Section 642(2-a)(b); Criminal Procedure Law Section 160.45(1) and §390.15; Public Health Law Section 2805-i and Section 2805-p; Penal Law Article 130 and §65.10(4)(a); Chapter 1 of the Laws of 2000 (The Sexual Assault Reform Act); Criminal Procedure Law Section 65.10, and Chapter 67 of the Laws of 2008 effective April 28, 2008 (The Electronic Security and Targeting of Online Predators Act); Correction Law Section 168-q(1).
State and National Contact Information for Crime Victims

A listing of local services can be obtained on our website http://ovs.ny.gov or by contacting the New York State Office of Victim Services.

**American Bar Association**
1-800-285-2221 or 312-988-5522
   Website - http://www.americanbar.org

**Child Abuse and Maltreatment Hotline**
1-800-342-3720

**Crime Victims' Rights**
New York State Office of Victim Services
1-800-247-8035 (victims/claimants only)
Website - http://www.ovs.ny.gov
e-mail - ovsinfo@ovs.ny.gov

   **Albany** (Voice)518-457-8727
   (TTY)888-289-9747
   Advocacy Unit: 518-485-9104

   **Buffalo** (Voice)716-847-7992
   **New York City** (Voice)718-923-4325

**National Association of Crime Victim Compensation Boards**
703-780-3200
e-mail - dan.eddy@nacvcb.org
Website - http://www.nacvcb.org

**Disabled**
Information and Referral (Voice and TDD)
1-800-522-4369
New York State Hotline for the Hearing Impaired
Emergency Services Dispatch
1-800-342-4357
New York Relay Service General Information
1-800-342-3377
Persons with TDD to contact persons without
1-800-662-1220
Persons without TDD to contact persons with
1-800-421-1220

**Domestic Violence**
New York State Domestic Violence Hotline
English – 1-800-942-6906
Spanish – 1-800-942-6908

TDD (Telecommunications Device for the Deaf)
Domestic Violence Hotline – 1-800-873-6363

**Elderly**
New York State Office for the Aging Senior Citizen
Hotline – 1-800-342-9871

**National Center for Missing and Exploited Children**
1-800-843-5678

**National Crime Victim Bar Association**
202-467-8753
Referral Service (attorneys specializing in victim-related litigation) – 202-467-8716
website - http://www.victimsofcrime.org
e-mail - victimbar@ncvc.org

**NYS Department of Correctional Services**
1-800-783-6059

**NYS Parole Victim Impact Unit**
518-486-4400 or 1-800-639-2650

**Sex Offender Registry Information Line**
1-800-262-3257
Website - http://www.criminaljustice.ny.gov

**U.S. Attorney Offices**
Northern District of New York, Syracuse
315-448-0672
Southern District of New York, New York
1-212-637-2200

Eastern District of New York, Brooklyn
718-254-7000

Western District of New York, Buffalo
1-800-320-0682

Victim Information and Notification Everyday (VINE)
1-888-VINE4NY (846-3469)
Website - http://www.doccs.ny.gov
(Crime & release information on convicted felony offenders in custody of the NYS Dept. of Correctional Services)
LOCAL VICTIM SERVICE
THE CRIMINAL JUSTICE PROCESS

FELONY OFFENSES:

ARREST
\[\downarrow\]
ARRAIGNMENT
\[\downarrow\]
PRELIMINARY HEARING
\[\downarrow\]
PRESENTMENT TO GRAND JURY
\[\downarrow\]
ARRAIGNMENT ON INDICTMENT
\[\downarrow\]
PRE-TRIAL HEARINGS
\[\downarrow\]
TRIAL
\[\downarrow\]
PRE-SENTENCE INVESTIGATION
\[\downarrow\]
SENTENCING

Note: With the permission of the court, a defendant may plead guilty at any stage of the criminal proceeding after (and including when) he/she is arraigned. An exception is when the defendant is arraigned on a felony complaint in local court. The defendant must plead to a felony in superior (county or supreme) court.
MISDEMEANOR OFFENSES:

ARREST
↓
ARRAIGNMENT
↓
PRE-TRIAL HEARINGS
↓
TRIAL
↓
PRE-SENTENCE INVESTIGATION
↓
SENTENCING

Arrest - The process of taking a person into legal custody to answer a criminal charge.

Arraignment - The initial step in a criminal process where a defendant is formally charged in court with an offense and is given a copy of the written accusatory instrument filed against the defendant.

Indictment - A written accusation by a Grand Jury, charging one or more persons with a crime. Felonies must be presented to a Grand Jury before trial.

Hearing - A hearing is a proceeding where judicial functions are held before a magistrate and without a jury at any stage of the proceeding, usually brought by a motion made by the defense or prosecution. Preliminary hearings determine such matters as what evidence will be admitted, and if there is sufficient evidence to go forward.

Trial - A judicial examination, held with or without a jury, of issues between parties before a court that has jurisdiction over the cause. Trials are governed by established procedures and court rules and usually involve offering of testimony or evidence.

Pre-Sentence Report - Material consisting of prior convictions, employment history, education, family, social background and a victim impact statement prepared by a probation department to assist the trial court in sentencing a criminal defendant after he/she has been convicted.

Sentencing - The punishment ordered by a court to be imposed upon a person convicted of a crime. It may include restitution, fines, community service, counseling, probation, incarceration in a jail or prison, or a combination of one or more