



COUNTY OF ONONDAGA

## Department of Social Services-Economic Security

Child Support ♦ Day Care ♦ Fair Hearings ♦ Fraud ♦ HEAP ♦ Medicaid ♦ SNAP ♦ Systems ♦ Temporary Assistance

JOHN H. MULROY CIVIC CENTER

421 MONTGOMERY STREET

SYRACUSE, NY 13202

[www.ongov.net](http://www.ongov.net)

**J. Ryan McMahon, II**  
County Executive

**Sarah G. Merrick**  
Commissioner

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January 31, 2022

Instructions for Attestation Form for access to OCERA information for purpose of eviction court proceedings

Each user will individually be granted access based on their signing the attached form and submitting it to the DSS-ES IT Director Mike Torrick. We will provide the “read only” link and authority to each authorized person who submits this fully-executed form. We will rely on your organizations to enforce end user security protocols to ensure that this information is not used improperly or subject to unauthorized disclosure.

Questions regarding this form or its terms: Paula M. Engel, Onondaga County Department of Law,  
[Paula.Engel@dfa.state.ny.us](mailto:Paula.Engel@dfa.state.ny.us).

Questions regarding technical issues with access: DSS-ES IT Help Desk,  
[dfa3A31.SSHelpDesk@dfa.state.ny.us](mailto:dfa3A31.SSHelpDesk@dfa.state.ny.us)

Signed and notarized attestation form should be emailed to: [Michael.Torrick@dfa.state.ny.us](mailto:Michael.Torrick@dfa.state.ny.us)

Questions about information on the OCERA reports Call: 315-435-2985 x7576

# Attestation

State of New York        )  
  ss.  
County of Onondaga    )

I, (full name) \_\_\_\_\_,

[Check at least one]

\_\_\_\_ an attorney duly admitted to practice in the courts of the State of New York, certifies the following information: AND/OR

\_\_\_\_ a member of the judiciary or court staff handling landlord-tenant matters of Onondaga County, NY residents.

I am a \_\_\_\_\_ (title) at \_\_\_\_\_ (organization) involved with tenants facing eviction defense cases in Onondaga County, NY area courts.

In order to efficiently manage these cases, I will need to access specific information on the status of Onondaga County Emergency Rental Assistance programs for which the individuals whom I represent or who are appearing in the Court for which I serve. The purpose of having access to this information will be solely for (representing attorneys) being able to represent our clients at Court OR (court personnel) to efficiently manage specific cases before the court, and for no other purpose. I agree not to share the access credentials which I am provided as a result of submitting this attestation, and will not access nor disseminate any information provided by virtue of this access beyond the specific requirements of my professional services.

I swear that all of the aforementioned information is true and accurate.

Dated:

\_\_\_\_\_  
NAME: \_\_\_\_\_  
ORGANIZATION: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
OFFICE PHONE NUMBER (Direct Dial): \_\_\_\_\_  
OFFICE EMAIL ADDRESS: \_\_\_\_\_

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Sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 2022

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Notary Public