



**ASSEMBLY STANDING COMMITTEE ON CONSUMER AFFAIRS AND PROTECTION
ASSEMBLY STANDING COMMITTEE ON AGING
ASSEMBLY SUBCOMMITTEE ON CONSUMER FRAUD PROTECTION**

NOTICE OF PUBLIC HEARING

ORAL TESTIMONY BY INVITATION ONLY

SUBJECT: State resource funding to protect consumers, including seniors, from frauds and scams.

PURPOSE: To solicit testimony regarding the Department of State's budget and resources for protecting consumers, including the senior citizen population, against consumer frauds and scams.

NEW YORK CITY
Wednesday, October 21, 2015
10 a.m. – 12 p.m.
Lenox Hill Neighborhood House
331 E. 70th Street
New York, New York 10021

ORAL TESTIMONY BY INVITATION ONLY

Consumers have become more susceptible to fraudulent business practices and scams due to technological advancements in society. Seniors are often particular targets for scams because they are more likely to have assets in retirement. This hearing will review the Department of State's budget allocation and utilization of existing resources available to protect consumers from fraud and scams and ascertain whether additional resources or legislative solutions are necessary. It is also vital to talk about how agencies can work together to uncover scams, raise awareness, provide assistance to those who have been victimized, and punish the perpetrators.

Persons **invited** to present pertinent testimony to the Committees should fully complete and return the enclosed reply form as soon as possible. In the event of an emergency postponement or cancellation invited persons will be notified.

Oral testimony will be limited to **five minutes**. In preparing the order of witnesses, the Committees will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committees would appreciate advance receipt of prepared statements. In order to publicize these hearings further, please inform interested parties and organizations of the Committees' interest in receiving testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

JEFFREY DINOWITZ

**Member of Assembly
Chair
Committee on Consumer Affairs and
Protection**

STEVEN CYMBROWITZ

**Member of Assembly
Chair
Committee on Aging**

REBECCA A. SEAWRIGHT

**Member of Assembly
Chair
Subcommittee on Consumer Fraud Protection**

PUBLIC HEARING REPLY FORM

Persons **invited** to give testimony on the Department of State's budget as it relates to consumer frauds, in general, with a particular interest in consumer frauds affecting the senior population are requested to complete this reply form as soon as possible and mail, email, or fax it to:

Colleen Honan
Committee Assistant
Assembly Committee on Consumer Affairs and Protection
Room 513 – Capitol
Albany, New York 12248
Email: honanc@assembly.state.ny.us
Phone: (518) 455-4355
Fax: (518) 455-7250

- I plan to attend the public hearing on consumer fraud issues, in general, with an interest in consumer frauds affecting the elderly, whether the Department of State's budget is sufficient in dealing with these and other consumer frauds, and whether there is a need for legislation to address any particular consumer fraud issues to be conducted by the Assembly Committee on Consumer Affairs and Protection, Assembly Committee on Aging, and Assembly Subcommittee on Consumer Fraud Protection on October 21, 2015.
- I have been **invited** to make a public statement at the hearing. My statement will be limited to **five minutes**, and I will answer any questions that may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

- I do not plan to attend the above hearing.
- I would like to be added to the Committees' mailing list for notices and reports.
- I would like to be removed from the Committees' mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____