DCJS - 3200 (7/04)

New York State Division of Criminal Justice Services

Complaint/Incident# | Warrant # | Date Received

Last Name, First, MI | AKA

Last Known Address | Phone

Employment Phone | Associates/Contacts

Known to Frequent

Complainant/Victim

Address

Phone

Court Information

Date Issued:

Judge:

Court:

ROR ☐ Bail ☐ Amount_____

Other ☐ Specify_____

Type of Warrant

Bench ☐ Arrest ☐ Probation ☐

Other ☐

Charge: (Law Title, Section No., Class., Category, Degree)

SECTION 1

Description

DOB:

Sex: ☐ M ☐ F Race:

Height: Weight:

Hair: Skin Tone:

Eyes: Glasses ☐

Moustache ☐ Beard ☐

Physical Marks and Oddities

ID Information

Local PD#_____

NYSID# ☐☐☐☐☐☐☐☐

FBI# ☐☐☐☐☐☐☐☐☐

SS# ☐☐☐ – ☐☐ – ☐☐☐☐

Notes/Warning

SECTION 2

WARRANT CONTROL SHEET

NOTE: DO NOT EXECUTE THIS WARRANT ON THE VALIDITY OF THIS WARRANT CONTROL SHEET. VERIFY CURRENT WARRANT STATUS THROUGH COMMUNICATIONS PRIOR TO EXECUTION.

3a. Initial Contacts: (As appropriate)

☐ Letter Sent to Subject
Date Subject Instructed to Appear
_____

☐ Telephone to Subject's Home
☐ Telephone Directory Check

3b. PATROL Responsible for:

☐ Personal Visit to Last Known Address
☐ Neighborhood Interviews
☐ Personal Visit to Employment (if within Post)
☐ Incident/Accident Check

3c. DETECTIVES Responsible for:

☐ County Jail Check
☐ DSS Check
☐ Surrounding PD Check
☐ Probation Check
☐ Parole Check
☐ Family Members Check
☐ Employment Check
☐ NYSPIN Inquiry

SECTION 3

DATE	TIME	LOCATION	RESULTS	I.D.#

SECTION 4

-Section 4 Continued on back- Part III (Officer's Copy)

(over)

DATE	TIME	LOCATION	RESULTS	SHIELD# INITIALS