

Agency				ORI				<b>NEW YORK STATE DOMESTIC INCIDENT REPORT</b>				Sprint # (NYC)				Incident #												
<b>DATES</b>	Month	Day	Year	Time (24 hrs)	Address of Occurrence				APT #	Precinct (NYC) CTV	Aided # (NYC)	Complaint #																
	Report	How can we safely contact you? (e.g. Name, Phone)								<input type="radio"/> Officer-Initiated <input type="radio"/> Radio Run <input type="radio"/> Walk-In																		
<b>VICTIM/PARTY1 (P1)</b>	Name (Last, First, M.I.) / (include aliases)								Phone				DOB	Month	Day	Year	Age	<input type="radio"/> Male <input type="radio"/> Female										
	Street & City				APT #	Zip				<i>If non-English, language:</i> <input type="radio"/> Spanish <input type="radio"/> Chinese <input type="radio"/> Other: _____																		
Injured? <input type="radio"/> No <input type="radio"/> Yes				Removed to Hospital? <input type="radio"/> No <input type="radio"/> Yes <i>If yes,</i> what hospital? _____				<input type="radio"/> White	<input type="radio"/> Black	<input type="radio"/> Asian	<input type="radio"/> Hispanic	Notes (e.g. special needs, disability, requests):																
Describe: _____								<input type="radio"/> American Indian	<input type="radio"/> Non-Hispanic				<input type="radio"/> Unknown															
<b>SUSPECT / PARTY2 (P2)</b>	Name (Last, First, M.I.) / (include aliases)								Phone				DOB	Month	Day	Year	Age	<input type="radio"/> Male <input type="radio"/> Female										
	Street & City				APT #	Zip				<i>If non-English, language:</i> <input type="radio"/> Spanish <input type="radio"/> Chinese <input type="radio"/> Other: _____																		
Injured? <input type="radio"/> No <input type="radio"/> Yes				Removed to Hospital? <input type="radio"/> No <input type="radio"/> Yes <i>If yes,</i> what hospital? _____				<input type="radio"/> White	<input type="radio"/> Black	<input type="radio"/> Asian	<input type="radio"/> Hispanic	Prior DV History? <input type="radio"/> Yes <input type="radio"/> No Prior DV police report? <input type="radio"/> Yes <input type="radio"/> No Victim fearful? <input type="radio"/> Yes <input type="radio"/> No <b>Suspect:</b> Access to weapons? <input type="radio"/> Yes <input type="radio"/> No Drug/Alcohol history? <input type="radio"/> Yes <input type="radio"/> No Suicide threat history? <input type="radio"/> Yes <input type="radio"/> No																
Describe: _____								<input type="radio"/> American Indian	<input type="radio"/> Non-Hispanic				<input type="radio"/> Unknown															
<b>SUSPECT/P2</b>	<b>LIVING SITUATION</b>								<b>RELATIONSHIP: (SUSPECT / P2 to VICTIM / P1)</b>																			
	Do parties <i>currently</i> live together? <input type="radio"/> Yes <input type="radio"/> No IF NO, have they lived together <i>in the past</i> ? <input type="radio"/> Yes <input type="radio"/> No Do the parties have a <i>child-in-common</i> ? <input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Married <input type="radio"/> Intimate Partner/Dating <input type="radio"/> Child of victim/party 1 <input type="radio"/> Relative; _____				<input type="radio"/> Formerly Married <input type="radio"/> Former Intimate/Dating <input type="radio"/> Parent of victim/party 1 <input type="radio"/> Other: _____																			
<b>ASSOCIATED PERSONS</b>	1. Name (Street / APT# / City, if needed)								Phone				DOB	Month	Day	Year	Relationship to victim / P1											
	2.																											
	3.																											
<b>SUSPECT ACTIONS</b>	<i>(Check all that apply)</i> <input type="radio"/> Biting <input type="radio"/> Destroyed Property (Estimated \$ _____) <input type="radio"/> Forced Entry <input type="radio"/> Forcible Restraint <input type="radio"/> Hair Pulling <input type="radio"/> Homicide								<input type="radio"/> Impaired Alcohol/Drugs <input type="radio"/> Injury to Child <input type="radio"/> Injury to Other Persons <input type="radio"/> Injury to Pet/Animal <input type="radio"/> Interference with Phone <input type="radio"/> Intimidation/Coercion <input type="radio"/> Kicking <input type="radio"/> Punching				<input type="radio"/> Pushing <input type="radio"/> Sexual Assault <input type="radio"/> Shooting <input type="radio"/> Slapping <input type="radio"/> Slamming Body <input type="radio"/> Stabbing <input type="radio"/> Strangulation/"Choking" <input type="radio"/> Punching				<input type="radio"/> Threw Items <input type="radio"/> Unwanted Contact <input type="radio"/> Verbal Abuse <input type="radio"/> Violated Visitation/ Custody Conditions <input type="radio"/> OTHER Suspect Actions: _____				<input type="radio"/> Threats: (specify) <input type="radio"/> Injure/Kill Persons <input type="radio"/> Injure/Kill Self <input type="radio"/> Injure/Kill Pet/Animal <input type="radio"/> Take Child <input type="radio"/> Destroy/Take Property <input type="radio"/> Other: _____				<input type="radio"/> Threat with weapon <input type="radio"/> Weapons used: (specify) <input type="radio"/> Blunt Object <input type="radio"/> Gun <input type="radio"/> Motor Vehicle <input type="radio"/> Sharp Instrument <input type="radio"/> Other: _____			
	<b>Arrest Made?</b> <input type="radio"/> Yes <input type="radio"/> No		Arrest #		<b>Reasons arrest not made on-scene:</b> <input type="radio"/> No Offense Committed <input type="radio"/> No Probable Cause <input type="radio"/> Suspect Off-Scene <input type="radio"/> Warrant/Criminal Summons to be requested <input type="radio"/> Violation level: not in police presence (no citizen's arrest) <input type="radio"/> Other: _____																							
<b>OFFENSES &amp; OP</b>	<b>Offenses</b>				Law (e.g. PL)	Section (Sub)	Charges Filed	<b>Offenses Involved: (check all that apply)</b> <input type="radio"/> Felony <input type="radio"/> Misdemeanor <input type="radio"/> Violation <input type="radio"/> Other (Specify) _____																				
	1.						<input type="radio"/>	Registry Checked? <input type="radio"/> Yes <input type="radio"/> No Order of Protection? <input type="radio"/> Yes <input type="radio"/> No Stay Away Order? <input type="radio"/> Yes <input type="radio"/> No Order Violated? <input type="radio"/> Yes <input type="radio"/> No Any PRIOR orders? <input type="radio"/> Yes <input type="radio"/> No				OP Court Name: _____ <input type="radio"/> Family <input type="radio"/> Criminal <input type="radio"/> Supreme <input type="radio"/> Out of State <input type="radio"/> Tribal																
	2.						<input type="radio"/>					Expiration Date   Month   Day   Year																
3.						<input type="radio"/>																						
<b>STOP! &gt; ***** COMPLETE STATEMENT ON PAGE 2 NEXT ***** &gt;</b>																												
<b>INVESTIGATION</b>	<b>Photos Taken?</b> <input type="radio"/> Yes <input type="radio"/> No		IF YES, photos taken of: <input type="radio"/> Victim Injuries <input type="radio"/> Suspect Injuries <input type="radio"/> Scene <input type="radio"/> Damaged Property <input type="radio"/> Other: _____				<b>Other evidence collected?</b> <input type="radio"/> Yes <input type="radio"/> No IF YES, describe: _____				Results of investigation and basis of action taken. ( <i>Were excited utterances, spontaneous admissions or spontaneous statements made?</i> ) <input type="radio"/> Yes <input type="radio"/> No   ( <i>Complete 710.30 or other form when applicable.</i> ) _____																	
	_____																											
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	_____																											
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Any Guns in House? <input type="radio"/> Yes <input type="radio"/> No				Any Guns Seized? <input type="radio"/> Yes <input type="radio"/> No				Household Member Has Pistol Permit? <input type="radio"/> Yes <input type="radio"/> No				Permit Seized? <input type="radio"/> Yes <input type="radio"/> No																
Permit #(s): _____				Issuing County: _____				Name on Permit(s): _____																				
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment, or endangerment? <input type="radio"/> Yes <input type="radio"/> No <b>IF YES, officer must contact the NYS CHILD ABUSE HOTLINE REGISTRY # 1-800-635-1522</b>																												
<b>IS SUSPECT ON PAROLE OR PROBATION?</b> <input type="radio"/> Probation <input type="radio"/> Parole <input type="radio"/> Not Supervised <input type="radio"/> Status Unknown								<b>CONTACTS INITIATED BY POLICE:</b> <input type="radio"/> Domestic Violence Services <input type="radio"/> Child Protective Services (or ACS) <input type="radio"/> Other Agency: _____																				
Officer's Signature (& Rank)				(PRINT and SIGN)				I.D.	Month	Day	Year	1. Was DIR given to the victim at the scene? <input type="radio"/> Yes <input type="radio"/> No 2. Was Victim Rights Notice given to victim? <input type="radio"/> Yes <input type="radio"/> No <b>IF NO, give reason:</b> _____																
Supervisor's Signature (& Rank)				(PRINT and SIGN)								Page _____ of _____																
<b>POLICE COPY</b> (Please make a copy for DA's office if appropriate) <b>NYS DOMESTIC VIOLENCE HOTLINE</b> ENGLISH: 1-800-942-6906   SPANISH: 1-800-942-6908   3221-05/2011 DCJS Copyright © 2011 by NYS DCJS																												

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	Report	How can we safely contact you? (e.g. Name, Phone)								<input type="radio"/> Officer-Initiated <input type="radio"/> Radio Run <input type="radio"/> Walk-In						
<b>VICTIM/PARTY1 (P1)</b>	Name (Last, First, M.I.) / (include aliases)								Phone		DOB	Month	Day	Year	Age	<input type="radio"/> Male <input type="radio"/> Female
	Street & City				APT #	Zip				If non-English, language: <input type="radio"/> Spanish <input type="radio"/> Chinese <input type="radio"/> Other: _____						
Injured? <input type="radio"/> No <input type="radio"/> Yes				Removed to Hospital? <input type="radio"/> No <input type="radio"/> Yes <i>If yes,</i> what hospital? _____		<input type="radio"/> White	<input type="radio"/> Black	<input type="radio"/> Asian	<input type="radio"/> Hispanic	Notes (e.g. special needs, disability, requests):						
Describe: _____						<input type="radio"/> American Indian	<input type="radio"/> Other: _____		<input type="radio"/> Non-Hispanic	<input type="radio"/> Unknown						
<b>SUSPECT / PARTY2 (P2)</b>	Name (Last, First, M.I.) / (include aliases)								Phone		DOB	Month	Day	Year	Age	<input type="radio"/> Male <input type="radio"/> Female
	Street & City				APT #	Zip				If non-English, language: <input type="radio"/> Spanish <input type="radio"/> Chinese <input type="radio"/> Other: _____						
Injured? <input type="radio"/> No <input type="radio"/> Yes				Removed to Hospital? <input type="radio"/> No <input type="radio"/> Yes <i>If yes,</i> what hospital? _____		<input type="radio"/> White	<input type="radio"/> Black	<input type="radio"/> Asian	<input type="radio"/> Hispanic	Prior DV History? <input type="radio"/> Yes <input type="radio"/> No Prior DV police report? <input type="radio"/> Yes <input type="radio"/> No Victim fearful? <input type="radio"/> Yes <input type="radio"/> No <b>Suspect:</b> Access to weapons? <input type="radio"/> Yes <input type="radio"/> No Drug/Alcohol history? <input type="radio"/> Yes <input type="radio"/> No Suicide threat history? <input type="radio"/> Yes <input type="radio"/> No						
Describe: _____						<input type="radio"/> American Indian	<input type="radio"/> Other: _____		<input type="radio"/> Non-Hispanic	<input type="radio"/> Unknown						
<b>SUSPECT/P2 present?</b>	<b>LIVING SITUATION</b>				<b>RELATIONSHIP: (SUSPECT / P2 to VICTIM / P1)</b>											
	<input type="radio"/> Yes <input type="radio"/> No	Do parties <i>currently</i> live together? <input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Married	<input type="radio"/> Formerly Married										
<input type="radio"/> Yes <input type="radio"/> No	IF NO, have they lived together <i>in the past</i> ? <input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Intimate Partner/Dating	<input type="radio"/> Former Intimate/Dating											
<input type="radio"/> Yes <input type="radio"/> No	Do the parties have a <i>child-in-common</i> ? <input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Child of victim/party 1	<input type="radio"/> Parent of victim/party 1											
				<input type="radio"/> Relative: _____		<input type="radio"/> Other: _____										
<b>ASSOCIATED PERSONS</b>	1. Name (Street / APT# / City, if needed)								Phone		DOB	Month	Day	Year	Relationship to victim / P1	
	2.															
	3.															
<b>SUSPECT ACTIONS</b>	<i>(Check all that apply)</i>															
	<input type="radio"/> Biting	<input type="radio"/> Impaired Alcohol/Drugs	<input type="radio"/> Pushing	<input type="radio"/> Threw Items	<input type="radio"/> Threats: (specify)				<input type="radio"/> Threat with weapon							
<input type="radio"/> Destroyed Property (Estimated \$ _____)	<input type="radio"/> Injury to Child	<input type="radio"/> Sexual Assault	<input type="radio"/> Unwanted Contact	<input type="radio"/> Injure/Kill Persons				<input type="radio"/> Weapons used: (specify)								
<input type="radio"/> Forced Entry	<input type="radio"/> Injury to Other Persons	<input type="radio"/> Shooting	<input type="radio"/> Verbal Abuse	<input type="radio"/> Injure/Kill Self				<input type="radio"/> Blunt Object								
<input type="radio"/> Forcible Restraint	<input type="radio"/> Injury to Pet/Animal	<input type="radio"/> Slapping	<input type="radio"/> Violated Visitation/ Custody Conditions	<input type="radio"/> Injure/Kill Pet/Animal				<input type="radio"/> Gun								
<input type="radio"/> Hair Pulling	<input type="radio"/> Interference with Phone	<input type="radio"/> Slamming Body	<input type="radio"/> OTHER Suspect Actions: _____	<input type="radio"/> Take Child				<input type="radio"/> Motor Vehicle								
<input type="radio"/> Homicide	<input type="radio"/> Intimidation/Coercion	<input type="radio"/> Stabbing		<input type="radio"/> Destroy/Take Property				<input type="radio"/> Sharp Instrument								
	<input type="radio"/> Kicking	<input type="radio"/> Strangulation/"Choking"		<input type="radio"/> Other: _____				<input type="radio"/> Other: _____								
	<input type="radio"/> Punching	<input type="radio"/> Suicide or Attempt														
<b>ARREST</b>	<b>Arrest Made?</b> <input type="radio"/> Yes <input type="radio"/> No		Arrest #		Reasons arrest not made on-scene: <input type="radio"/> No Offense Committed <input type="radio"/> No Probable Cause <input type="radio"/> Suspect Off-Scene											
	<input type="radio"/> Warrant/Criminal Summons to be requested <input type="radio"/> Violation level: not in police presence (no citizen's arrest) <input type="radio"/> Other: _____															
<b>OFFENSES &amp; OP</b>	<b>Offenses</b>				<b>Law (e.g. PL)</b>	<b>Section (Sub)</b>	<b>Charges Filed</b>	<b>Offenses Involved: (check all that apply)</b> <input type="radio"/> Felony								
	1.						<input type="radio"/>	<input type="radio"/> Misdemeanor <input type="radio"/> Violation <input type="radio"/> Other (Specify) _____				OP Court Name: _____				
	2.						<input type="radio"/>	Registry Checked? <input type="radio"/> Yes <input type="radio"/> No				Order of Protection? <input type="radio"/> Yes <input type="radio"/> No				
3.						<input type="radio"/>	Stay Away Order? <input type="radio"/> Yes <input type="radio"/> No				Order of State? <input type="radio"/> Yes <input type="radio"/> No					
						<input type="radio"/>	Order Violated? <input type="radio"/> Yes <input type="radio"/> No				Any PRIOR orders? <input type="radio"/> Yes <input type="radio"/> No					
						<input type="radio"/>	Expiration Date				Month	Day	Year			
<b>STOP!   &gt; ***** COMPLETE STATEMENT ON PAGE 2 NEXT ***** &gt;</b>																
<b>INVESTIGATION</b>	<b>Photos Taken?</b> <input type="radio"/> Yes <input type="radio"/> No		IF YES, photos taken of: <input type="radio"/> Victim Injuries <input type="radio"/> Suspect Injuries				<b>Other evidence collected?</b> <input type="radio"/> Yes <input type="radio"/> No									
	<input type="radio"/> Scene <input type="radio"/> Damaged Property <input type="radio"/> Other: _____		IF YES, describe: _____													
	Results of investigation and basis of action taken. ( <i>Were excited utterances, spontaneous admissions or spontaneous statements made?</i> ) <input type="radio"/> Yes <input type="radio"/> No   ( <i>Complete 710.30 or other form when applicable.</i> )															
	_____															
	_____															
Any Guns in House? <input type="radio"/> Yes <input type="radio"/> No		Any Guns Seized? <input type="radio"/> Yes <input type="radio"/> No		Household Member Has Pistol Permit? <input type="radio"/> Yes <input type="radio"/> No		Permit Seized? <input type="radio"/> Yes <input type="radio"/> No										
Permit #(s): _____		Issuing County: _____		Name on Permit(s): _____												
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment, or endangerment? <input type="radio"/> Yes <input type="radio"/> No																
IF YES, officer must contact the <b>NYS CHILD ABUSE HOTLINE REGISTRY # 1-800-635-1522</b>																
<b>IS SUSPECT ON PAROLE OR PROBATION?</b>								<b>CONTACTS INITIATED BY POLICE:</b> <input type="radio"/> Domestic Violence Services								
<input type="radio"/> Probation <input type="radio"/> Parole <input type="radio"/> Not Supervised <input type="radio"/> Status Unknown								<input type="radio"/> Child Protective Services (or ACS) <input type="radio"/> Other Agency: _____								
Officer's Signature (& Rank)				(PRINT and SIGN)				I.D.	Month	Day	Year	1. Was DIR given to the victim at the scene? <input type="radio"/> Yes <input type="radio"/> No				
Supervisor's Signature (& Rank)				(PRINT and SIGN)								2. Was Victim Rights Notice given to victim? <input type="radio"/> Yes <input type="radio"/> No				
												IF NO, give reason: _____				
												Page _____ of _____				

Agency				<b>NEW YORK STATE DOMESTIC INCIDENT REPORT</b>				Sprint # (NYC)		Incident #								
<b>DATES</b>	Month	Day	Year	Time (24 hrs)	Address of Occurrence	APT #	Precinct (NYC) CTV	Aided # (NYC)	Complaint #									
	Report						<input type="radio"/> Officer-Initiated <input type="radio"/> Radio Run <input type="radio"/> Walk-In											
<b>VICTIM/PARTY1 (P1)</b>	Name (Last, First, M.I.) / (include aliases)						DOB	Month	Day	Year	Age	<input type="radio"/> Male <input type="radio"/> Female						
	Injured? <input type="radio"/> No <input type="radio"/> Yes Describe: _____						Removed to Hospital? <input type="radio"/> No <input type="radio"/> Yes <i>If yes, what hospital?</i> _____ <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Asian <input type="radio"/> American Indian <input type="radio"/> Other: _____ <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic <input type="radio"/> Unknown	If non-English, language: <input type="radio"/> Spanish <input type="radio"/> Chinese <input type="radio"/> Other: _____										
<b>SUSPECT / PARTY2 (P2)</b>	Name (Last, First, M.I.) / (include aliases)						Phone	DOB	Month	Day	Year	Age	<input type="radio"/> Male <input type="radio"/> Female					
	Injured? <input type="radio"/> No <input type="radio"/> Yes Describe: _____						Removed to Hospital? <input type="radio"/> No <input type="radio"/> Yes <i>If yes, what hospital?</i> _____ <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Asian <input type="radio"/> American Indian <input type="radio"/> Other: _____ <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic <input type="radio"/> Unknown	If non-English, language: <input type="radio"/> Spanish <input type="radio"/> Chinese <input type="radio"/> Other: _____										
<b>SUSPECT / P2 present?</b>	<b>LIVING SITUATION</b> Do parties <i>currently</i> live together? <input type="radio"/> Yes <input type="radio"/> No IF NO, have they lived together <i>in the past</i> ? <input type="radio"/> Yes <input type="radio"/> No Do the parties have a <i>child-in-common</i> ? <input type="radio"/> Yes <input type="radio"/> No						<b>RELATIONSHIP: (SUSPECT / P2 to VICTIM / P1)</b> <input type="radio"/> Married <input type="radio"/> Formerly Married <input type="radio"/> Intimate Partner/Dating <input type="radio"/> Former Intimate/Dating <input type="radio"/> Child of victim/party 1 <input type="radio"/> Parent of victim/party 1 <input type="radio"/> Relative: _____ <input type="radio"/> Other: _____						Prior DV History? <input type="radio"/> Yes <input type="radio"/> No Prior DV police report? <input type="radio"/> Yes <input type="radio"/> No Victim fearful? <input type="radio"/> Yes <input type="radio"/> No <b>Suspect:</b> Access to weapons? <input type="radio"/> Yes <input type="radio"/> No Drug/Alcohol history? <input type="radio"/> Yes <input type="radio"/> No Suicide threat history? <input type="radio"/> Yes <input type="radio"/> No					
	<b>ASSOCIATED PERSONS</b>																	
<b>SUSPECT ACTIONS</b>	(Check all that apply) <input type="radio"/> Biting <input type="radio"/> Impaired Alcohol/Drugs <input type="radio"/> Pushing <input type="radio"/> Threw Items <input type="radio"/> Threats: (specify) _____ <input type="radio"/> Destroyed Property (Estimated \$ _____) <input type="radio"/> Injury to Child <input type="radio"/> Sexual Assault <input type="radio"/> Unwanted Contact <input type="radio"/> Threat with weapon <input type="radio"/> Forced Entry <input type="radio"/> Injury to Other Persons <input type="radio"/> Shooting <input type="radio"/> Verbal Abuse <input type="radio"/> Injure/Kill Persons <input type="radio"/> Forcible Restraint <input type="radio"/> Injury to Pet/Animal <input type="radio"/> Slapping <input type="radio"/> Violated Visitation/Custody Conditions <input type="radio"/> Injure/Kill Self <input type="radio"/> Hair Pulling <input type="radio"/> Interference with Phone <input type="radio"/> Slamming Body <input type="radio"/> Stabbing <input type="radio"/> OTHER Suspect Actions: _____ <input type="radio"/> Injure/Kill Pet/Animal <input type="radio"/> Homicide <input type="radio"/> Intimidation/Coercion <input type="radio"/> Strangulation/"Choking" <input type="radio"/> Kicking <input type="radio"/> Punching <input type="radio"/> Suicide or Attempt <input type="radio"/> Destroy/Take Property <input type="radio"/> Other: _____ <input type="radio"/> Other: _____																	
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<b>OFFENSES &amp; OP</b>	<b>STOP!</b> <b>COMPLETE STATEMENT ON PAGE 2 NEXT</b>																	
	<b>Photos Taken?</b> <input type="radio"/> Yes <input type="radio"/> No <b>IF YES, photos taken of:</b> <input type="radio"/> Victim Injuries <input type="radio"/> Suspect Injuries <b>Other evidence collected?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Scene <input type="radio"/> Damaged Property <input type="radio"/> Other: _____ <i>IF YES, describe:</i> _____																	
	Results of investigation and basis of action taken. (Were excited utterances, spontaneous admissions or spontaneous statements made?) <input type="radio"/> Yes <input type="radio"/> No   (Complete 710.30 or other form when applicable). _____																	
<b>INVESTIGATION</b>	Any Guns in House? <input type="radio"/> Yes <input type="radio"/> No   Any Guns Seized? <input type="radio"/> Yes <input type="radio"/> No   Household Member Has Pistol Permit? <input type="radio"/> Yes <input type="radio"/> No   Permit Seized? <input type="radio"/> Yes <input type="radio"/> No Permit #(s): _____   Issuing County: _____   Name on Permit(s): _____																	
	Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment, or endangerment? <input type="radio"/> Yes <input type="radio"/> No <b>IF YES, officer must contact the NYS CHILD ABUSE HOTLINE REGISTRY # 1-800-635-1522</b>																	
	<b>IS SUSPECT ON PAROLE OR PROBATION?</b> <input type="radio"/> Probation <input type="radio"/> Parole <input type="radio"/> Not Supervised <input type="radio"/> Status Unknown						<b>CONTACTS INITIATED BY POLICE:</b> <input type="radio"/> Domestic Violence Services <input type="radio"/> Child Protective Services (or ACS) <input type="radio"/> Other Agency: _____											
Officer's Signature (& Rank) (PRINT and SIGN)				I.D.		Month	Day	Year	1. Was DIR given to the victim at the scene? <input type="radio"/> Yes <input type="radio"/> No 2. Was Victim Rights Notice given to victim? <input type="radio"/> Yes <input type="radio"/> No <b>IF NO, give reason:</b> _____									
Supervisor's Signature (& Rank) (PRINT and SIGN)									Page _____ of _____									
<b>VICTIM / COMPLAINANT COPY</b>				<b>NYS DOMESTIC VIOLENCE HOTLINE</b> ENGLISH: 1-800-942-6906 SPANISH: 1-800-942-6908				3221-05/2011 DCJS Copyright © 2011 by NYS DCJS										



Page 2 of the NYS Domestic Incident Report: STATEMENT OF ALLEGATIONS / SUPPORTING DEPOSITION

Suspect Name (Last, First, M.I.)

I, \_\_\_\_\_ (victim/deponent name), state that on \_\_\_\_/\_\_\_\_/\_\_\_\_, (date) at \_\_\_\_\_ Yo, \_\_\_\_\_ (nombre de victima/deponente), declaro que en tal fecha \_\_\_\_/\_\_\_\_/\_\_\_\_ en \_\_\_\_\_

(location of incident), in the County/City/Town/Village of \_\_\_\_\_, of the state of New York, the following did occur: (donde el incidente ocurrio), el condado/ciudad/aldea/pueblo de \_\_\_\_\_, del estado de Nueva York, lo siguiente ocurrio:

Multiple horizontal lines for providing details of the incident. (Use additional pages as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law. Declaraciones falsas hechas aqui son castigables como una clase de delito menor, de acuerdo con la seccion 210.45 de la ley penal.

Victim/Deponent Signature Firma de victima/deponente

Date Fecha

Interpreter

Date

Witness or Officer

Date

Note: Whether or not this form is signed, this DIR form will be filed with law enforcement. Nota: Si esta forma esta firmada, o no, esta DIR forma sera registrada con la policia.

## ***IF YOU ARE THE VICTIM OF DOMESTIC VIOLENCE, THE POLICE AND COURTS CAN HELP.***

### ***What the Police Can Do:***

- \* Assist you with finding a safe place, a place away from the violence.
- \* Inform you about how the court can help protect you from the violence.
- \* Help you and your children get medical care for any injuries you received.
- \* Assist you in getting necessary belongings from your home.
- \* Provide you with copies of police reports about the violence.
- \* File a complaint in criminal court, and tell you where your local criminal and family courts are located.

### ***What the Courts Can Do:***

- \* If the person who harmed you or threatened you is a relative by blood or marriage, or is someone you've had a child with, or is someone with whom you are or have had an intimate relationship, then you have the right to take your case to family court, criminal court or both.
- \* The forms you need are available from the family court and the criminal court.
- \* The courts can decide to provide a temporary order of protection for you, your children and any witnesses who may request one.
- \* The family court may appoint a lawyer to help you if the court finds that you cannot afford one.
- \* The family court may order temporary child support and temporary custody of your children.

**New York Law States:** "If you are the victim of domestic violence, you may request that the officer assist in providing for your safety and that of your children, including providing information on how to obtain a temporary order of protection. You may also request that the officer assist you in obtaining your essential personal effects and locating and taking you, or assist in making arrangements to take you, and your children to a safe place within such officer's jurisdiction, including but not limited to a domestic violence program, a family member's or a friend's residence, or a similar place of safety. When the officer's jurisdiction is more than a single county, you may ask the officer to take you or make arrangements to take you and your children to a place of safety in the county where the incident occurred. If you or your children are in need of medical treatment, you have the right to request that the officer assist you in obtaining such medical treatment. You may request a copy of any incident reports at no cost from the law enforcement agency. You have the right to seek legal counsel of your own choosing and if you proceed in family court and if it is determined that you cannot afford an attorney, one must be appointed to represent you without cost to you." "You may ask the district attorney or a law enforcement officer to file a criminal complaint. You also have the right to file a petition in the family court when a family offense has been committed against you. You have the right to have your petition and request for an order of protection filed on the same day you appear in court, and such request must be heard that same day or the next day court is in session. Either court may issue an order of protection from conduct constituting a family offense which could include, among other provisions, an order for the respondent or defendant to stay away from you and your children. The family court may also order the payment of temporary child support and award temporary custody of your children. If the family court is not in session, you may seek immediate assistance from the criminal court in obtaining an order of protection. The forms you need to obtain an order of protection are available from the family court and the local criminal court. The resources available in this community for information relating to domestic violence, treatment of injuries, and places of safety and shelters can be accessed by calling the following 800 numbers. Filing a criminal complaint or a family court petition containing allegations that are knowingly false is a crime." (NYS Criminal Procedure Law, Section 530.11 (6))

### **NEW YORK STATE 24 HOUR DOMESTIC VIOLENCE HOTLINES**

**English 1-800-942-6906 Spanish 1-800-942-6908  
NEW YORK CITY (all languages) 1-800-621-4673**

**TTY/TDD FOR THE HEARING IMPAIRED: English 1-800-818-0656 or Spanish 1-800-780-7660  
New York City TTY/TDD 1-866-604-5350**

***Note: all New York State phone and TTY/TDD hotlines include language banks to 140 different languages***

### **VICTIM INFORMATION AND NOTIFICATION EVERYDAY (VINE)**

Victims may receive information relating to the status and release dates of persons incarcerated in state prison or local jails in New York State. For more information on this program and how you can register, call

**1-888-VINE-4NY (1-888-846-3469) This is an automated system.**

### **COURT INFORMATION**

**New York City—Criminal Court Information 1-646-386-4500**

To obtain court information for other areas of NYS, ask the responding officer for court numbers, consult your phone directory, or call the Domestic Violence Hotline (phone number provided above)

## **SI USTED ES VÍCTIMA DE LA VIOLENCIA DOMÉSTICA, LA POLICÍA Y LAS CORTES LE PUEDEN AYUDAR**

### **Lo que puede hacer la policía:**

- \* Ayudarle a encontrar un lugar seguro, un lugar lejos de la violencia.
- \* Informarle cómo la corte puede ayudar a protegerle de la violencia.
- \* Ayudarle a obtener atención médica para heridas o lesiones que usted y sus hijos pudieran haber sufrido.
- \* Ayudarle a sacar de su hogar las pertenencias necesarias.
- \* Proveerle copias de informes de la policía sobre la violencia.
- \* Presentar una querrela ante la corte criminal e informarle sobre la localización de la corte criminal y de la corte de familia en su comunidad.

### **Lo que pueden hacer las cortes:**

- \* Si la persona que le hizo daño o que lo amenazó es su pariente o pariente político, o es alguien con quien usted tuvo un hijo, o alguien con quien usted tiene o ha tenido una relación íntima, entonces usted tiene el derecho de llevar el caso a la corte familiar, corte criminal, o ambos.
- \* Puede obtener los formularios que necesita en la corte de familia y la corte criminal.
- \* Las cortes podrían proveerle una orden de protección provisional para usted, sus hijos, y cualquier testigo que así lo pida.
- \* Si la corte determina que usted no puede pagar por los servicios de un abogado, la corte puede asignarle uno.
- \* La corte de familia puede otorgarle manutención provisional para sus hijos, así como la custodia provisional de sus hijos.

La Ley de Nueva York establece que: "Si usted es víctima de violencia doméstica, puede pedirle al oficial de la policía que resguarde su seguridad y la de sus hijos. Incluso, puede pedirle que le proporcione información sobre cómo obtener una orden temporal de protección. Asimismo, puede solicitar que dicho oficial de la policía le ayude a obtener sus efectos personales esenciales y a localizar un lugar seguro, al igual que transportarle a usted y a sus hijos a dicho lugar, o ayudarle a hacer arreglos para obtener dicha transportación dentro de la jurisdicción de dicho oficial de la policía, incluyendo pero sin limitarse a transportación a un programa que provea servicios contra la violencia doméstica, la residencia de un miembro de su familia o la residencia de un amigo, o un lugar que sea igualmente seguro. Cuando la jurisdicción de dicho oficial de la policía abarca más de un condado, usted puede pedirle al oficial que le transporte o que haga arreglos para transportarle a usted y a sus hijos a un lugar seguro en el condado donde ocurrió el incidente. Si usted o sus hijos necesitan tratamiento médico, usted tiene derecho a solicitar que dicho oficial de la policía le ayude a obtener dicho tratamiento médico. Usted puede solicitar que la agencia policial le provea una copia gratis de cualquier informe del incidente. Usted tiene derecho a buscar y escoger su propio consejero legal y si usted procede a utilizar la corte de familia y se determina que usted no puede pagar por los servicios de un abogado, uno deberá ser designado para que le represente sin costo para usted." "Usted puede pedirle al fiscal de distrito o a un oficial de la policía que radique una querrela criminal. Usted también tiene derecho a presentar una petición ante la corte de familia cuando una ofensa de familia ha sido cometida contra usted. Usted tiene derecho a presentar dicha petición y a solicitar una orden de protección el mismo día que usted comparece ante la corte, y dicha petición debe ser vista por la corte ese mismo día, o el próximo día en que la corte esté en sesión. Cualquiera de las cortes puede expedir una orden de protección contra una conducta que constituya una ofensa de familia, la cual puede incluir entre otras disposiciones, una orden contra el demandado o acusado que le requiera permanecer lejos de usted y de sus niños. La corte de familia también puede ordenar el pago temporal de manutención para sus niños y otorgarle a usted la custodia temporal de sus niños. Si la corte de familia no está en sesión, usted puede solicitar ayuda inmediata de la corte criminal para obtener una orden de protección. Los formularios que usted necesita para obtener una orden de protección están disponibles en la corte de familia y en la corte criminal local. Para acceso a los recursos disponibles en esta comunidad que proveen información sobre violencia doméstica, tratamiento de lesiones, y lugares seguros y refugios, llame a los siguientes números gratuitos. Es un crimen radicar una querrela criminal o una petición ante la corte de familia, a sabiendas de que dicha querrela o petición contiene alegaciones falsas." (NYS Criminal Procedure Law, Section 530.11 (6))

### **Información de Asistencia a la Víctima Teléfonos de Ayuda Contra la Violencia Doméstica**

**Estado de Nueva York (inglés) 1-800-942-6906 ó (español) 1-800-942-6908**

**TTY/TDD para personas con impedimento auditivo (inglés) 1-800-818-0656 ó (español) 1-800-780-7660**

**(incluye un banco de 140 idiomas diferentes)**

**En la ciudad de Nueva York 1-800-621-4673 (servicio de TTY/TDD, aparato de telecomunicaciones para sordos 1-866-604-5350)**

### **Información y Notificación Diaria Para La Víctima (VINE)**

Las víctimas pueden recibir información relacionada con el estado y la fecha de excarcelación de personas encarceladas en prisiones estatales o en cárceles locales en el Estado de Nueva York.

Para más información sobre este programa y como puede registrarse, llame al

**1-888-VINE-4NY (1-888-846-3469). Esto es un sistema automatizado.**

### **Información de la Corte**

La ciudad de Nueva York—Información de la corte de criminal del condado **(1-646-386-4500)**

Para obtener la información de la corte para otras áreas de NYS, pedirle al oficial de la policía que responde los números de la corte, consulte su guía de telefonos, o llame el teléfono de Ayuda contra la violencia doméstica (número de teléfono proporcionado arriba).