

New York State Standardized DOMESTIC INCIDENT REPORT (DIR)

(Form 3221-04/2015)

REMEMBER: Whenever possible, ask complainant the DIR questions OUT of earshot and eyesight of suspect

TIPS FOR COMPLETION

When completing the DIR please be sure:

- To print legibly and firmly
- Wraparound cover is in place
- All copies of each page are lined up properly
- Writing is visible on all 3 copies of the form
- To complete every section of the DIR
- Hand victim's rights notice to the victim
- Victim understands the victims rights notice
- Victim receives all pink copies at the scene

WHERE TO SEND DIR FORMS

New York City (NYC) DIR forms are sent to NYPD and do not need to be sent directly to DCJS.

State Police forward DCJS copies of DIR to **Zone Headquarters**.

All Other Agencies, send DCJS copies of DIR to:
NYS Division of Criminal Justice Services
NYS Identification Bureau-DIR, 5th Floor
80 South Swan Street
Albany, New York 12210

If Suspect is on Probation or Parole Supervision, photocopy the **police copy** of DIR and send to the County Probation Department or the local Parole Office.

Addresses for County Probation Departments and Parole Offices can be found in the Criminal Justice Directory at: <http://criminaljustice.ny.gov>

HOW TO REQUEST MORE DIR FORMS

To order additional forms send an email to:

dcjs.dl.dirform@dcjs.ny.gov

When ordering forms, please provide the **agency name** and **street address** for shipment, no P.O. Boxes accepted. DIR forms come 25 forms to a pad. Please base your order on the **number of pads** needed, not the number of forms.

IMPORTANT HOTLINE NUMBERS

NYS Domestic and Sexual Violence 1-800-942-6906
Child Protective Services (Public) 1-800-342-3720
CPS (Mandated Reporter) 1-800-635-1522
Adult Protective Services 1-800-342-3009 (Option 6)

Local Service Provider Name _____
Hotline _____

Quick Reference Guide

Recommended Wording

(PRIOR DV HISTORY?) “Has _____ ever hurt you, threatened harm to you or others, made you afraid, or forced you to do something that you didn’t want to do (prior to this incident)?”

(VICTIM FEARFUL?) “Are you currently concerned or in **fear** for your safety or the safety of someone else because of _____’s behavior?” (**Note:** Document specific fear and reasons for it. Fear may be an element of an offense (e.g. menacing, coercion, stalking, etc.). Also, document in statement of allegations.

INFORM VICTIM. “A **victim advocate can help you with SAFETY PLANNING**, an important issue to be discussed with a local service provider. On the back of a form that I will give you are some phone numbers that can assist you. **Do you need assistance with making arrangements for transportation to another location?**” **Note:** CPL 530.11(6) requires a police officer to advise a victim of local available services.)

Officers are NOT required to arrest each person in dual complaint situations.

Officers must identify the PRIMARY PHYSICAL AGGRESSOR. Consider injuries, threats of past and future harm, history of domestic violence, and self-defense responses. An ARREST DECISION shall NOT be based on the willingness of a person to testify or participate in a judicial proceeding (refer to the *Primary/Dominant Aggressor Law*, (CPL 140.10 (4)(c))).

Below is a list of some frequently seen offenses in domestic violence incidents.

REMEMBER to CHARGE all relevant offenses and charge at the highest degree appropriate for the circumstances.

Family Offenses

(refer to CPL articles 140 and 530.11)

Aggravated Family Offense (240.75; E Felony)

Aggravated Harassment 2nd (240.30; A Misd)

Assault 2nd (120.05; D Felony)

Assault 3rd (120.00; A Misdemeanor)

Attempted Assault (110.00)

Criminal Mischief 1st (145.12; B Felony)

Criminal Mischief 2nd (145.10; D Felony)

Criminal Mischief 3rd (145.05; E Felony)

Criminal Mischief 4th (145.00; A Misd)

Disorderly Conduct (240.20; Violation)

Forcible Touching (130.52; A Misd)

Harassment 1st (240.25; B Misd)

Harassment 2nd (240.26; Violation)

Menacing 2nd (120.14; A Misdemeanor)

Menacing 3rd (120.15; B Misdemeanor)

Reckless Endangerment 1st (120.25; D Felony)

Reckless Endangerment 2nd (120.20; A Misd)

Sexual Abuse 2nd (130.60(1); A Misd)

Sexual Abuse 3rd (130.55; B Misd)

Sexual Misconduct (130.20; A Misd)

Stalking 1st (120.60; D Felony)

Stalking 2nd (120.55; E Felony)

Stalking 3rd (120.50; A Misd)

Stalking 4th (120.45; B Misd)

Criminal Obstruction of Breathing or

Blood Circulation (121.11; A Misd)

Strangulation 1st (121.13; C Felony)

Strangulation 2nd (121.12; D felony)

Coercion 2nd (135.60(1) (2) (3); A Misd)

Grand Larceny 3rd (155.35; D Felony)

Grand Larceny 4th (155.30; E Felony)

Identity Theft 1st (190.80; D Felony)

Identity Theft 2nd (190.79; E Felony)

Identity Theft 3rd (190.78; A Misd)

Often Committed Offenses

Agg. Assault Person under 11 (120.12; E Fel)

Agg. Criminal Contempt (215.52; D Felony)

Agg. Harassment 1st (240.31; E Felony)

Aggravated Cruelty to Animals (NY Agr & M
Section 353-a; Felony)

Assault 1st (120.10; B Felony)

Burglary 1st (140.30; B Felony)

“ 2nd (140.25; C Felony)

“ 3rd (140.20; D Felony)

Robbery 1st (160.15; B Felony)

“ 2nd (160.10; C Felony)

Coercion 1st (135.65; D Felony)

Criminal Contempt 1st (215.51; E Felony)

“ 2nd (215.50; A Misd)

Criminal Trespass 1st (140.17; D Felony)

“ 2nd (140.15; A Misd)

“ 3rd (140.10; B Misd)

Endangering Welfare of Child (260.10; A Misd)

Endang. Welf. of Vulnerable Elderly Person 1st
(260.34; D Felony)

Intimidating Victim or Witness 1st
(215.17; B Felony)

Intimidating Victim or Witness 2nd
(215.16; D Felony)

Intimidating Victim or Witness 3rd
(215.15; E Felony)

Menacing 1st (120.13; E Felony)

Manslaughter 1st (125.20; B Felony)

Manslaughter 2nd (125.15; C Felony)

Murder 1st (125.27; A-I Felony)

Murder 2nd (125.25; A-I Felony)

Resisting Arrest (205.30; A Misd)

Unlawful Imprisonment 1st (135.10; E Felony)

“ 2nd (135.05; A Misd)

Other Possible Offenses

Agg. Sexual Abuse 1st (130.70; B Felony)

“ 2nd (130.67; C Felony)

“ 3rd (130.66; D Felony)

“ 4th (130.65-a; E Felony)

Computer Tampering 1st (156.27; C Felony)

“ 2nd (156.26; D Felony)

“ 3rd (156.25; E Felony)

“ 4th (156.20; A Misd.)

Computer Trespass (156.10; E Felony)

Criminal Possession of a Dangerous Weapon
1st (265.04; B Felony)

Criminal Possession of a Weapon
2nd (265.03; C Fel)

“ 3rd (265.02; D Fel)

“ 4th (265.01; A Misd)

Criminal Sexual Act 1st (130.50; B Felony)

“ 2nd (130.45; D Felony)

“ 3rd (130.40; E Felony)

Criminal Tampering 1st (145.20; D Felony)

“ 2nd (145.15; A Misd.)

“ 3rd (145.14; B Misd.)

Criminal Use of a Firearm 1st (265.09; B Fel)

“ 2nd (265.08; A Misd)

Criminally Negligent Homicide (125.10; E Fel)

Endang. Welf. Vulner. Elderly 2nd (260.32; E Fel)

Facil. a Sex Off. W. a Cont. Sub. (130.90; D Fel)

Kidnapping 1st (135.25; A-I Felony)

“ 2nd (135.20; B Felony)

Rape 1st (130.35; B Felony)

“ 2nd (130.30; D Felony)

“ 3rd (130.25; E Felony)

Reckless Endanger. of Property (145.25; B Misd)

Sexual Abuse 1st (130.65; D Felony)

Tampering with a Witness 1st (215.13; B Fel)

“ 2nd (215.12; D Fel)

“ 3rd (215.11; E Fel)

“ 4th (215.10; A Misd)

Unauth. Use of a Vehicle 1st (165.08; D Fel)

“ 2nd (165.06; E Fel)

“ 3rd (165.05; A Misd)

Unlawful Surveillance 2nd (250.45; E Felony)

Incident	Agency:		A		New York State DOMESTIC INCIDENT REPORT			ORI:	Incident #		
	Reported Date (MM/DD/YYYY)	Time (24 hours)	Occurred Date (MM/DD/YYYY)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint #			
	Address (Street No., Street Name, Bldg No., Apt No.)							City, State, Zip			
Victim (P1)	Name (Last, First, M.I.) (Include Aliases)							DOB (MM/DD/YY)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified:	
	Address (Street No., Street Name, Bldg No., Apt No.)				City, State, Zip			Language:			
	How can we safely contact you? (i.e. Name, Phone, Email)										
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)							DOB (MM/DD/YY)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified:	
	Address (Street No., Street Name, Bldg No., Apt No.)				City, State, Zip			Language:			
	Do suspect and victim live together <input type="checkbox"/> Yes <input type="checkbox"/> No	Suspect/P2 present <input type="checkbox"/> Yes <input type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes describe:			Possible drug or alcohol use <input type="checkbox"/> Yes <input type="checkbox"/> No	Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown				
	Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Child of Victim (P1) <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Other: _____										
Victim Interview	Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:										
	What were the first words that VICTIM said to the Responding Officers at the scene?										
	Did suspect make victim fearful? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, describe:										
	Weapon Used: <input type="checkbox"/> Yes <input type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:							Suspect Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other If yes, describe:			
	Access to Guns: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:										
	Injured <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:					Strangulation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation <input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing Visible Marks <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:					
Suspect	What did the suspect say (Before and After Arrest) :										
	710.30 completed <input type="checkbox"/> Yes <input type="checkbox"/> No										
Witnesses	Child/Witness (1) Name (Last,First,M.I.)		DOB:	Child/Witness(1) Address (Street No.,Name,Bldg/Apt No.)			City,State,Zip		Phone:		
	Child/Witness (2) Name (Last,First,M.I.)		DOB:	Child/Witness(2) Address (Street No.,Name,Bldg/Apt No.)			City,State,Zip		Phone:		
	Child/Witness (3) Name (Last,First,M.I.)		DOB:	Child/Witness(3) Address (Street No.,Name,Bldg/Apt No.)			City,State,Zip		Phone:		
Incident	Briefly Describe the circumstances of this incident:										
Evid	DIR Repository checked? <input type="checkbox"/> Yes <input type="checkbox"/> No			Order of Protection Registry checked? <input type="checkbox"/> Yes <input type="checkbox"/> No			Order of Protection in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:			Other Evidence: <input type="checkbox"/> Damage Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:			Destruction of Property: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:				
Offense	Offense Committed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:		Offense 1 (Include Law & Section)			Offense 2 (Include Law & Section)		Offense 3 (Include Law & Section)	
Police Copy (Please make a copy for your DA's Office if appropriate)				NYS Domestic and Sexual Violence Hotline 1-800-942-6906				3221-04/2015 DCJS Copyright © 2015 by NYS DCJS			

Incident	Agency:		A		New York State DOMESTIC INCIDENT REPORT			ORI:	Incident #		
	Reported Date (MM/DD/YYYY)	Time (24 hours)	Occurred Date (MM/DD/YYYY)	Time (24 hours)	<input type="checkbox"/> Officer Initiated <input type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in <input type="checkbox"/> ICAD (NYC)			Complaint #			
	Address (Street No., Street Name, Bldg No., Apt No.)						City, State, Zip				
Victim (P1)	Name (Last, First, M.I.) (Include Aliases)						DOB (MM/DD/YY)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified:		
	Address (Street No., Street Name, Bldg No., Apt No.)				City, State, Zip			Language:			
	How can we safely contact you? (i.e. Name, Phone, Email)										
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)						DOB (MM/DD/YY)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified:		
	Address (Street No., Street Name, Bldg No., Apt No.)				City, State, Zip			Language:			
	Do suspect and victim live together <input type="checkbox"/> Yes <input type="checkbox"/> No	Suspect/P2 present <input type="checkbox"/> Yes <input type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes describe:			Possible drug or alcohol use <input type="checkbox"/> Yes <input type="checkbox"/> No	Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown				
	Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Child of Victim (P1) <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Other: _____										
Victim Interview	Emotional condition of VICTIM ? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:										
	What were the first words that VICTIM said to the Responding Officers at the scene?										
	Did suspect make victim fearful? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, describe:										
	Weapon Used: <input type="checkbox"/> Yes <input type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:						Suspect Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other If yes, describe:				
	Access to Guns: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:										
	Injured <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:					Strangulation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation <input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing Visible Marks <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:					
Suspect	What did the suspect say (Before and After Arrest) :										
	710.30 completed <input type="checkbox"/> Yes <input type="checkbox"/> No										
Witnesses	Child/Witness (1) Name (Last,First,M.I.)		DOB:	Child/Witness(1) Address (Street No.,Name,Bldg/Apt No.)			City,State,Zip		Phone:		
	Child/Witness (2) Name (Last,First,M.I.)		DOB:	Child/Witness(2) Address (Street No.,Name,Bldg/Apt No.)			City,State,Zip		Phone:		
	Child/Witness (3) Name (Last,First,M.I.)		DOB:	Child/Witness(3) Address (Street No.,Name,Bldg/Apt No.)			City,State,Zip		Phone:		
Incident	Briefly Describe the circumstances of this incident:										
Evid	DIR Repository checked? <input type="checkbox"/> Yes <input type="checkbox"/> No			Order of Protection Registry checked? <input type="checkbox"/> Yes <input type="checkbox"/> No			Order of Protection in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:			Other Evidence: <input type="checkbox"/> Damage Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:			Destruction of Property: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:				
	Offense Committed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:		Offense 1 (Include Law & Section)			Offense 2 (Include Law & Section)		Offense 3 (Include Law & Section)	
NYS DIVISION OF CRIMINAL JUSTICE SERVICES COPY											
NYS Domestic and Sexual Violence Hotline 1-800-942-6906					3221-04/2015 DCJS Copyright © 2015 by NYS DCJS						

Incident	Agency:		A		New York State DOMESTIC INCIDENT REPORT			Incident #
	Reported Date (MM/DD/YYYY)	Time (24 hours)	Occurred Date (MM/DD/YYYY)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint #
	<input type="checkbox"/> ICAD (NYC)							
Address (Street No., Street Name, Bldg No., Apt No.)							City, State, Zip	
Victim (P1)								
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)				DOB (MM/DD/YY)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
	Address (Street No., Street Name, Bldg No., Apt No.)				City, State, Zip		<input type="checkbox"/> Self-Identified:	
	Do suspect and victim live together <input type="checkbox"/> Yes <input type="checkbox"/> No		Suspect/P2 present <input type="checkbox"/> Yes <input type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes describe:		Possible drug or alcohol use <input type="checkbox"/> Yes <input type="checkbox"/> No	
							Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Child of Victim (P1) <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Other: _____								
Victim Interview	Emotional condition of VICTIM ? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:							
	What were the first words that VICTIM said to the Responding Officers at the scene?							
	Did suspect make victim fearful? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, describe:							
	Weapon Used: <input type="checkbox"/> Yes <input type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:						Suspect Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other If yes, describe:	
Access to Guns: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:								
Injured <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:				Strangulation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation				
In Pain <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing				
				Visible Marks <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:				
Suspect	What did the suspect say (Before and After Arrest) :							
710.30 completed <input type="checkbox"/> Yes <input type="checkbox"/> No								
Witnesses								
Incident	Briefly Describe the circumstances of this incident:							
DIR Repository checked? <input type="checkbox"/> Yes <input type="checkbox"/> No			Order of Protection Registry checked? <input type="checkbox"/> Yes <input type="checkbox"/> No			Order of Protection in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Evid	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:			Other Evidence: <input type="checkbox"/> Damage Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:			Destruction of Property: <input type="checkbox"/> Yes <input type="checkbox"/> No	
							If yes, Describe:	
Offense	Offense Committed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Offense 1 (Include Law & Section)		Offense 2 (Include Law & Section)	Offense 3 (Include Law & Section)
			If no, explain:					
VICTIM / COMPLAINANT COPY			NYS Domestic and Sexual Violence Hotline 1-800-942-6906			3221-04/2015 DCJS Copyright © 2015 by NYS DCJS		

Agency:	B	ORI:	Incident #	Complaint #
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Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

Prior History

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: () _____.

Has Suspect ever: Threatened to kill you or your children <input type="checkbox"/> Yes <input type="checkbox"/> No Strangled or "choked" you <input type="checkbox"/> Yes <input type="checkbox"/> No Beaten you while you were pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	Is suspect capable of killing you or children <input type="checkbox"/> Yes <input type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? Yes No
 If Yes, the Officer must contact the **NYS Child Abuse Hotline Registry # 1-800-635-1522.**

Was DIR given to the Victim at the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No if NO , Why: _____	Was Victim Rights Notice given to the Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No if NO , Why: _____
--	--

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)	Supervisor (Print and Sign include Rank and ID#)
---	--

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I)

I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)
 at _____ (Location of incident) in the County/City/Town/Village _____
 of the State of New York, the following did occur: _____

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature	Date	Note: <i>Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.</i>	Page
Witness or Officer Signature	Date		____
Interpreter Signature and Interpreter Service Provider Name	Date		Of
Interpreter Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No	Date		____

Agency:	B	ORI:	Incident #	Complaint #
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Prior History

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: () _____.

Has Suspect ever: Threatened to kill you or your children <input type="checkbox"/> Yes <input type="checkbox"/> No Strangled or "choked" you <input type="checkbox"/> Yes <input type="checkbox"/> No Beaten you while you were pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	Is suspect capable of killing you or children <input type="checkbox"/> Yes <input type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? Yes No
 If Yes, the Officer must contact the **NYS Child Abuse Hotline Registry # 1-800-635-1522**.

Was DIR given to the Victim at the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No if NO , Why:	Was Victim Rights Notice given to the Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No if NO , Why:
--	--

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)	Supervisor (Print and Sign include Rank and ID#)
---	--

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I)

I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)

at _____ (Location of incident) in the County/City/Town/Village _____

of the State of New York, the following did occur: _____

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature _____	Date _____	Note: <i>Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.</i>	Page _____
Witness or Officer Signature _____	Date _____		Of _____
Interpreter Signature and Interpreter Service Provider Name _____	Date _____		_____
Interpreter Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____		_____

Agency:	B _____	Incident #	Complaint #
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Prior History Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): _____

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: () _____.

Has Suspect ever:	Is suspect capable of killing you or children <input type="checkbox"/> Yes <input type="checkbox"/> No
Threatened to kill you or your children <input type="checkbox"/> Yes <input type="checkbox"/> No	Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Strangled or "choked" you <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Beaten you while you were pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? Yes No
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No if NO , Why: _____	Was Victim Rights Notice given to the Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No if NO , Why: _____
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Signatures:

Reporting Officer (Print and Sign include Rank and ID#)	Supervisor (Print and Sign include Rank and ID#)
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STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

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

I, _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)
at _____ (Location of incident) in the County/City/Town/Village _____
of the State of New York, the following did occur: _____

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature _____	Date _____
Witness or Officer Signature _____	Date _____
Interpreter Signature and Interpreter Service Provider Name _____	Date _____
Interpreter Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____

Note: <i>Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.</i>	Page _____

	Of _____

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 AND SEXUAL
VIOLENCE HOTLINE
1-800-942-6906**

**English and Español, Multi-language Accessibility
National Relay Service for Deaf or Hard of Hearing:711**

**NEW YORK CITY (all languages)
1-800-621-Hope (4673) or 311**

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 and Sexual Violence Hotline (1-800-942-6906)

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) or www.vinelink.com

STATEWIDE AUTOMATED VICTIM INFORMATION AND NOTIFICATION (SAVIN-NY)

Victim notification program which allows domestic violence victims to register to be notified when an Order of Protection has been served

www.nyalert.gov

Si USTED ES VÍCTIMA DE VIOLENCIA DOMÉSTICA, PUEDEN AYUDAR LA POLICÍA Y LOS TRIBUNALES.

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, 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))



ESTADO DE NUEVA YORK
24 LÍNEAS DIRECTAS DE LA VIOLENCIA
DOMÉSTICA DE HORA
1-800-942-6906

Ingles y Español, Multi-language Accessibility
Servicio de retransmisión nacional para sordos o con
problemas de audición:711

CIUDAD DE NUEVA YORK (todo lenguajes)
1-800-621-Hope (4673) o 311

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).

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) o www.vinelink.com

NOTIFICACIONES E INFORMACIÓN ESTATAL VÍCTIMA AUTOMATIZADO (SAVIN-NY)

Programa de notificación de la víctima que permite a víctimas de violencia doméstica para registrarse para ser notificado cuando un Orden judicial de protección de la familia ha servido

www.nyalert.gov