

New York State Standardized DOMESTIC INCIDENT REPORT (DIR)

(Form 3221-03/2022)

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

WHEN COMPLETING THE DIR PLEASE BE SURE:

- All handwriting is legible and seen on all 3 copies of the DIR
- Wraparound cover is in place
- To complete every section of the DIR
- To hand Victim Rights Notice to the victim
- Victim understands the Victim 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 (Page A and Page B) to:
NYS Division of Criminal Justice Services
Office of Criminal Justice Records-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 Misdemeanor)

Disorderly Conduct (240.20; Violation)

Forcible Touching (130.52; A Misdemeanor)

Harassment 1st (240.25; B Misdemeanor)

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 Misdemeanor)

Sexual Abuse 3rd (130.55; B Misdemeanor)

Sexual Misconduct (130.20; A Misd.)

Stalking 1st (120.60; D Felony)

Stalking 2nd (120.55; E Felony)

Stalking 3rd (120.50; A Misdemeanor)

Stalking 4th (120.45; B Misdemeanor)

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 Misdemeanor)

Often Committed Offenses

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

Agg. Criminal Contempt (215.52; D Felony)

Agg. Harassment 1st (240.31; E Felony)

Aggravated Cruelty to Animals (NY Agg. & 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 Misdemeanor)

Criminal Trespass 1st (140.17; D Felony)

“ 2nd (140.15; A Misdemeanor)

“ 3rd (140.10; B Misdemeanor)

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 Misdemeanor)

Unlawful Imprisonment 1st (135.10; E Felony)

“ 2nd (135.05; A Misd.)

Other Possible Offenses

Aggravated 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 Misdemeanor)

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 Felony)

“ 3rd (265.02; D Felony)

“ 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 Misdemeanor)

“ 3rd (145.14; B Misdemeanor)

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

“ 2nd (265.08; A Misd.)

Criminally Negligent Homicide (125.10; E Felony)

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 Felony)

“ 2nd (215.12; D Felony)

“ 3rd (215.11; E Felony)

“ 4th (215.10; A Misd.)

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

“ 2nd (165.06; E Felony)

“ 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/YYYY)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male		
	Address (Street No., Street Name, Bldg. No., Apt No.)			Victim Phone Number:		Language:		
	City, State, Zip			<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:		
	How can we safely contact you? <small>(i.e. Name, Phone, Email)</small>							
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)			DOB (MM/DD/YYYY)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male		
	Address (Street No., Street Name, Bldg. No., Apt No.)			Suspect Phone Number:		Language:		
	City, State, Zip			<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:		
	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"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Other: _____					Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 regarding the incident? _____							
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Threats to:			
	Access to Guns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other 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:			
In Pain? <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)		City, State, Zip		Phone:
	Child/Witness (2) Name (Last, First, M.I.)		DOB:	Child/Witness(2) Address (Street No., Name, Bldg./Apt)		City, State, Zip		Phone:
Incident Narrative	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 <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away				
Evidence Present? <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"/> Damaged 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	Law (e.g. PL)	Offense 2	Law (e.g. PL)		
POLICE COPY (Please make a copy for DA's office if appropriate)			NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906			3221-03/2022 DCJS Copyright © 2022 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	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/YYYY)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male		
	Address (Street No., Street Name, Bldg. No., Apt No.)			Victim Phone Number:		Language:		
	City, State, Zip			<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:		
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Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)			DOB (MM/DD/YYYY)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male		
	Address (Street No., Street Name, Bldg. No., Apt No.)			Suspect Phone Number:		Language:		
	City, State, Zip			<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:		
	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		
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	Weapon Used? <input type="checkbox"/> Yes <input type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:				Suspect Threats? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Threats to:			
	Access to Guns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other 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:			
In Pain? <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							
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Incident Narrative	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 <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away				
Evidence Present? <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"/> Damaged 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	Law (e.g. PL)	Offense 2	Law (e.g. PL)		
NYS DIVISION OF CRIMINAL JUSTICE SERVICES COPY		NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906			3221-03/2022 DCJS Copyright © 2022 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 #			
	Address (Street No., Street Name, Bldg. No., Apt No.)							City, State, Zip			
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)				DOB (MM/DD/YYYY)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified:				
	Address (Street No., Street Name, Bldg. No., Apt No.)				Suspect Phone Number:		Language:				
	City, State, Zip				<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:				
	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"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Other: _____						Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Emotional condition of VICTIM ? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other: _____										
Victim Interview	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? _____										
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other 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						
In Pain? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____				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										
Incident Narrative	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 <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away						
	Evidence Present? <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"/> Damaged 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		Law (e.g. PL)		Offense 2		Law (e.g. PL)	
VICTIM / COMPLAINANT COPY			NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906				3221-03/2022 DCJS Copyright © 2022 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:		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:
--	--

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 _____	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Note:</p> <p style="text-align: center;"><i>Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.</i></p> </div>
Witness or Officer Signature _____	Date _____	
Interpreter Signature and Interpreter Service Provider Name _____ Interpreter Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____	

Page _____
Of _____

Agency:

B

Incident #

Complaint #

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: () _____.

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

Note:
Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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: Are you the victim of domestic violence? If you need help now, you can call 911 for the police to come to you. You can also call a domestic violence hotline. You can have a confidential talk with an advocate at the hotline about help you can get in your community including: where you can get treatment for injuries, where you can get shelter, where you can get support, and what you can do to be safe. The New York State 24-hour Domestic & Sexual Violence Hotline number is 1-800-942-6906. They can give you information in many languages. If you are deaf or hard of hearing, call 711. This is what the police can do: They can help you and your children find a safe place such as a family or friend's house or a shelter in your community. You can ask the officer to take you or help you and your children get to a safe place in your community. They can help connect you to a local domestic violence program. They can help you get to a hospital or clinic for medical care. They can help you get your personal belongings. They must complete a report discussing the incident. They will give you a copy of this police report before they leave the scene. It is free. They may, and sometimes must, arrest the person who harmed you if you are the victim of a crime. The person arrested could be released at any time, so it is important to plan for your safety. If you have been abused or threatened, this is what you can ask the police or district attorney to do: File a criminal complaint against the person who harmed you. Ask the criminal court to issue an order of protection for you and your child if the district attorney files a criminal case with the court. Give you information about filing a family offense petition in your local family court. You also have the right to ask the family court for an order of protection for you and your children. This is what you can ask the family court to do: To have your family offense petition filed the same day you go to court. To have your request heard in court the same day you file or the next day court is open. Only a judge can issue an order of protection. The judge does that as part of a criminal or family court case against the person who harmed you. An order of protection in family court or in criminal court can say: That the other person have no contact or communication with you by mail, phone, computer or through other people. That the other person stay away from you and your children, your home, job or school. That the other person not assault, harass, threaten, strangle, or commit another family offense against you or your children. That the other person turn in their firearms and firearms licenses, and not get any more firearms. That you have temporary custody of your children. That the other person pay temporary child support. That the other person not harm your pets or service animals. If the family court is closed because it is night, a weekend, or a holiday, you can go to a criminal court to ask for an order of protection. If you do not speak English or cannot speak it well, you can ask the police, the district attorney, or the criminal or family court to get you an interpreter who speaks your language. The interpreter can help you explain what happened. You can get the forms you need to ask for an order of protection at your local family court. You can also get them online: www.NYCcourts.gov/forms. You do not need a lawyer to ask for an order of protection. You have a right to get a lawyer in the family court. If the family court finds that you cannot afford to pay for a lawyer, it must get you one for free. If you file a complaint or family court petition, you will be asked to swear to its truthfulness because it is a crime to file a legal document that you know is false. (*NYS Criminal Procedure Law, Section 530.11 (6)*)

<p>NEW YORK STATE 24 HOUR DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906</p> <p>English and Español, Multi-language Accessibility National Relay Service for Deaf or Hard of Hearing:711</p> <p>NEW YORK CITY (all languages) 1-800-621-Hope (4673) or 311</p>	<p>COURT INFORMATION</p> <p>New York City—Criminal Court Information 1-646-386-4500</p> <p>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)</p>
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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.alert.ny.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 el tribunal en lo penal e informarle sobre la localización del tribunal en lo penal y del tribunal de familia en su comunidad.

Lo que pueden hacer los tribunales:

- * Si la persona que le hizo daño o que lo amenazó es su pariente o familiar 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 al tribunal de familia, en lo penal, o ambos.
- * Puede obtener los formularios que necesita en el tribunal de familia y en el tribunal en lo penal.
- * Los tribunales podrían proveerle una orden de protección provisional para usted, sus hijos, y cualquier testigo que así lo pida.
- * Si el tribunal determina que usted no puede pagar los servicios de un abogado, el tribunal puede asignarle uno.
- * El tribunal 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 el tribunal 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 penal. Usted también tiene derecho a presentar una petición ante el tribunal 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 en tribunales, y dicha petición debe ser vista el tribunal ese mismo día, o el próximo día en que esté en sesión. Cualquiera de los tribunales puede expedir una orden de protección una causa de 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. El tribunal de familia también puede ordenar el pago temporal de manutención para sus niños y otorgarle a usted la custodia temporal de sus niños. Si el tribunal de familia no está en sesión, usted puede solicitar ayuda inmediata del tribunal en lo penal para obtener una orden de protección. Los formularios que usted necesita para obtener una orden de protección están disponibles en el tribunal de familia y en el tribunal en lo penal. 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 delito radicar una querrela penal o una petición ante el tribunal 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 LÍNEAS DIRECTAS PARA VIOLENCIA DOMÉSTICA Y SEXUAL LAS 24 HORAS

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 DEL TRIBUNAL

La ciudad de Nueva York
Información de el tribunal de penal del condado
1-646-386-4500

Para obtener la información del tribunal para otras áreas de NYS, pedirle al oficial de la policía que responde los números del tribunal, consulte su guía de telefonos, o llame el teléfono de Ayuda contra la violencia doméstica y sexual (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 les permite a las víctimas de violencia doméstica registrarse para ser Notificadas cuando una Orden judicial de protección de la familia ha sido entregada

www.alert.ny.gov