

**New York State Referral of Human Trafficking Victim**

**FAX TO 518-485-9611**

**Social Services Law § 483-cc requires that this form be completed and sent to the Division of Criminal Justice Services and the Office of Temporary and Disability Assistance as soon as practicable after a first encounter with a person who reasonably appears to be a human trafficking victim.**

Date Form Faxed: \_\_\_/\_\_\_/\_\_\_      Time Form Faxed: \_\_\_ : \_\_\_ a.m. / p.m. (circle one)  
Victim's Name: \_\_\_\_\_ Victim's DOB: \_\_\_/\_\_\_/\_\_\_  
Victim's Gender: \_\_\_\_\_

Was victim trafficked from another country? YES\_\_ NO\_\_ DON'T KNOW\_\_  
Penal Law crime committed against victim: Sex Trafficking/Penal Law § 230.34 \_\_ Labor Trafficking/Penal Law § 135.35 \_\_  
Incident number: \_\_\_\_\_

Date & Jurisdiction where Penal Law crime occurred: \_\_\_\_\_

Is victim willing to assist in investigation/prosecution of trafficker(s)? YES\_\_ NO\_\_  
Was victim arrested? YES\_\_ NO\_\_ Court case is pending in: \_\_\_\_\_  
Statutory Referral Source: \_\_\_\_\_

Contact person: \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_

If a service provider or local social services department is involved or has been contacted, please provide name or any other contact information. \_\_\_\_\_

Please indicate the facts and circumstances regarding Penal Law crime committed against victim and the victimization upon which this referral is based. Describe any force, fraud, or coercion used and be as specific as possible. Use additional sheets if necessary.

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