DCJS - 3200 (7/04)

New York State Division of Criminal Justice Services

Complaint/Incident#		Warrant #	Date Received			
Last Name, First, MI			AKA			
Last Known Address			Phone			
Employment Phone			Associates/Contacts			
Known to Frequent			Court Information	SECTION 1		
Complainant/Victim			Date Issued: Judge:			
Address			Court: ROR			
Phone			Type of Warrant			
Description DOB: Sex: M F Race: Height: Weight:		Marks and Oddi	Bench ☐ Arrest ☐ Probation ☐ Other ☐			
Hair: Skin Tone: Eyes: Glasses ☐ Moustache ☐ Beard ☐] 		Charge: (Law Title, Section No., Class., Category, Degree)			
ID Information	<u> </u>	Notes/Warn	ing			
NYSID#				SECTION 2		
		WARRAN	CONTROL SHEET	<u> </u>		
	_	_	HE VALIDITY OF THIS WARRANT CONTROL SHEET. IROUGH COMMUNICATIONS PRIOR TO EXECUTION.			
3a. Initial Contacts: (As appropriate) Letter Sent to Subject Date Subject Instructed to Appear Appear						
DATE TIME LO	CATION		RESULTS I.D.#	SE(
				SECTION 4		
				4		

DATE	TIME	LOCATION	RESULTS	SHIELD# INITIALS
DCJS - 32	200 (7/0	4)		