New York State Standardized DOMESTIC INCIDENT REPORT (DIR)  
(Form 3221-03/2016)

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
- 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 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)

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<th>Other Possible Offenses</th>
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<td>Criminal Possession of a Dangerous Weapon 1st (265.04; B Felony)</td>
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<td>Criminal Contempt 1st (215.51; E Felony)</td>
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<td>“ 3rd (265.02; D Felony)</td>
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<td>Criminal Trespass 1st (140.17; D Felony)</td>
<td>“ 4th (265.01; A Misd.)</td>
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<td>“ 2nd (140.15; A Misdemeanor)</td>
<td>Criminal Sexual Act 1st (130.50; B Felony)</td>
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<td>“ 2nd (145.14; B Misdemeanor)</td>
<td>Criminal Use of a Firearm 1st (265.09; B Felony)</td>
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<td>Intimidating Victim or Witness 2nd (215.16; D Felony)</td>
<td>“ 2nd (265.08; A Misd.)</td>
</tr>
<tr>
<td>Intimidating Victim or Witness 3rd (215.15; E Felony)</td>
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<td>Endang. Welf. Vulner. Elderly 2nd (260.32; E Fel)</td>
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<td>Menacing 3rd (120.15; B Misdemeanor)</td>
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<tr>
<td>Reckless Endangerment 3rd (120.25; D Felony)</td>
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<tr>
<td>Reckless Endangerment 2nd (120.20; A Misd.)</td>
<td>“ 2nd (135.20; B Felony)</td>
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<tr>
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<tr>
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<td>Sexual Abuse 1st (130.65; D Felony)</td>
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<tr>
<td>Stalking 3rd (120.50; A Misdemeanor)</td>
<td>Tampering with a Witness 1st (215.13; B Felony)</td>
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<tr>
<td>Grand Larceny 4th (155.30; E Felony)</td>
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<td>Identity Theft 2nd (190.79; E Felony)</td>
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<tr>
<td>Identity Theft 3rd (190.78; A Misdemeanor)</td>
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<tr>
<td>Incident Narrative</td>
<td>Victim Interview</td>
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<tr>
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<tr>
<td>Name (Last, First, M.I.) (Include Aliases)</td>
<td>DOB (MM/DD/YYYY)</td>
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<tr>
<td>Address (Street No., Street Name, Bldg. No., Apt No.)</td>
<td>Age:</td>
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<tr>
<td>City, State, Zip</td>
<td>□ Female □ Male</td>
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<td></td>
<td>□ Self-Identified:</td>
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<td></td>
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<tr>
<td>How can we safely contact you?</td>
<td></td>
</tr>
<tr>
<td>(i.e. Name, Phone, Email)</td>
<td>Victim Phone Number:</td>
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<tr>
<td></td>
<td>□ White □ Black □ Asian</td>
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<td></td>
<td>□ American Indian □ Other</td>
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<td></td>
<td>□ Hispanic □ Non Hispanic □ Unknown</td>
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<td></td>
<td>□ Other Identifier:</td>
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<tr>
<td>Evidence Present?</td>
<td>Yes</td>
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<tr>
<td>□ Yes □ No</td>
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<tr>
<td>Suspect (P2) Relationship to Victim (P1)</td>
<td>Married</td>
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<tr>
<td>□ Parent of Victim (P1)</td>
<td>Intimate Partner/Dating</td>
</tr>
<tr>
<td>□ Child of Victim (P1)</td>
<td>Former Intimate Partner</td>
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<td></td>
<td>Relative:</td>
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<tr>
<td>Suspect (P2) present?</td>
<td>□ Yes □ No</td>
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<tr>
<td>Was suspect injured?</td>
<td>□ Yes □ No</td>
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<tr>
<td>If yes describe:</td>
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<tr>
<td>Possible drug or alcohol use?</td>
<td>□ Yes □ No</td>
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<td></td>
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<tr>
<td>Did suspect make victim fearful?</td>
<td>□ Yes □ No</td>
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<tr>
<td>If yes, describe:</td>
<td></td>
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<tr>
<td>Weapon Used?</td>
<td>□ Yes □ No</td>
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<tr>
<td>Gun:</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, describe:</td>
<td></td>
</tr>
<tr>
<td>Access to Guns?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>Injured?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If yes, describe:</td>
<td></td>
</tr>
<tr>
<td>In Pain?</td>
<td>□ Yes □ No</td>
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<tr>
<td>If yes, describe:</td>
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<tr>
<td>What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?</td>
<td></td>
</tr>
<tr>
<td>Emotional condition of VICTIM?</td>
<td>□ Upset □ Nervous □ Crying □ Angry □ Other</td>
</tr>
<tr>
<td>What did the SUSPECT say (Before and After Arrest):</td>
<td></td>
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<tr>
<td>710.30 completed?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Child/Witness (1) Name (Last, First, M.I.)</td>
<td>DOB:</td>
</tr>
<tr>
<td>Address (Street No., Name, Bldg./Apt)</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Phone:</td>
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</tr>
<tr>
<td>Child/Witness (2) Name (Last, First, M.I.)</td>
<td>DOB:</td>
</tr>
<tr>
<td>Address (Street No., Name, Bldg./Apt)</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
</tbody>
</table>

Briefly describe the circumstances of this incident:
**New York State Domestic Incident Report**

**Agency:**

**DOMESTIC INCIDENT REPORT**

**ORI:**

**Incident #:**

---

**Reported Date (MM/DD/YYYY)**

**Offense Committee?**

**Offense 1**

**Law (e.g. PL):**

---

**Suspect (P2) Relationship to Victim (P1)**

**Suspect/P2 present?**

**Child or Witness in common?**

**Suspect/P2 present?**

**USPERA**

**Married**

**Intimate Partner Dating**

**Formerly Married**

**Former Intimate Partner**

**Do the suspect and victim have a child in common?**

**Yes**

**No**

---

**Victim (P1)**

**DOB:**

**Age:**

**DOB:**

**Age:**

---

**Victim (P1)**

**DOB:**

**Age:**

**DOB:**

**Age:**

---

**Witnesses**

**Child/Witness (1) Name (Last, First, M.I.) (Include Aliases)**

**DOB:**

**Address (Street No., Street Name, Bldg., Apt No.):**

**City, State, Zip:**

**Child/Witness (1) Address (Street No., Name, Bldg./Apt):**

**City, State, Zip:**

**Child/Witness (2) Name (Last, First, M.I.) (Include Aliases)**

**DOB:**

**Address (Street No., Street Name, Bldg., Apt No.):**

**City, State, Zip:**

**Child/Witness (2) Address (Street No., Name, Bldg./Apt):**

**City, State, Zip:**

---

**Incident Narrative**

**How can we safely contact you?**

**Language:**

**□**  **White**

**□**  **Black**

**□**  **Asian**

**□**  **American Indian**

**□**  **Other**

**□**  **Female**

**□**  **Male**

**□**  **Self-identified:**

---

**Evidence Present?**

**Photos taken:**

**□**  **Victim Injury**

**□**  **Suspect Injury**

**Other Evidence:**

**□**  **Damaged Property**

**□**  **Videos**

**□**  **Electronic Evidence**

**Destruction of Property?**

**□**  **Yes**

**□**  **No**

---

**Offense Committed?**

**Law (e.g. PL):**

**Offense 1**

**Law (e.g. PL):**

**Offense 2**

---

**DIR Repository checked?**

**□**  **Yes**

**□**  **No**

---

**NYS Domestic and Sexual Violence Hotline**

1-800-942-6906

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**New York State Domestic and Sexual Violence Hotline**

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# New York State
## Domestic Incident Report

### Agency:

<table>
<thead>
<tr>
<th>Date (MM/DD/YYYY)</th>
<th>Time (24 hours)</th>
<th>Occurred Date (MM/DD/YYYY)</th>
<th>Time (24 hours)</th>
<th>Officer Initiated</th>
<th>Radio Run</th>
<th>Walk-in</th>
<th>Incident #</th>
</tr>
</thead>
</table>

### Address (Street No., Street Name, Bldg. No., Apt No.):

<table>
<thead>
<tr>
<th>City, State, Zip</th>
</tr>
</thead>
</table>

### Suspect (P2)

- Name (Last, First, M.I.) (Include Aliases):
-DOB (MM/DD/YYYY):
- Age: □ Female □ Male □ Self-Identified:
- Suspect Phone Number:
- Language:
- White □ Black □ Asian □ American Indian □ Other □ Hispanic □ Non Hispanic □ Unknown □ Other Identifier:
- Suspect/2 present? □ Yes □ No
- Suspect/P2 present? □ Yes □ No
- Was suspect injured? □ Yes □ No
- If yes, describe:
- Possible drug or alcohol use? □ Yes □ No
- Suspect supervised? □ Probation □ Parole □ Not Supervised □ Status Unknown
- Suspect Relationship to Victim (P1):
  □ Parent of Victim (P1) □ Child of Victim □ Relative:
  □ Former Intimate Partner
- Do the suspect and victim have a child in common? □ Yes □ No

### Victim (P1)

- Child/Witness (1) Name (Last, First, M.I.) (Include Aliases):
  □
- Name:
- Address (Street No., Street Name, Bldg. No., Apt No.):
- City, State, Zip:
- How can we safely contact you? □
- Briefly describe the circumstances of this incident:
- Reported Date (MM/DD/YYYY):
- Incident #:
- Evidence Present? □ Yes □ No
- Photos taken: □ Victim Injury □ Suspect Injury □ Other:
- Other Evidence: □ Damaged Property □ Videos □ Electronic Evidence □ Other:
- Injury:
  □ Loss of Consciousness □ Urination/Defecation □ Red eyes/Petechia □ Sore Throat □ Breathing Changed □ Difficulty Swallowing
- Visible Marks?
  □ Yes □ No
- If yes, describe:
- In Pain?
  □ Yes □ No
- If yes, describe:
- Suspect Threats?
  □ Yes □ No
- If yes, Threats to:
  □ Victim □ Child(re)n □ Pet □ Commit Suicide
  □ Other Describe:
- Order of Protection in effect?
  □ Yes □ No □ Refrain □ Stay Away
- Order of Protection Registry checked? □ Yes □ No
- Order of Protection in effect? □ Yes □ No □ Refrain □ Stay Away
- DIR Repository checked? □ Yes □ No

### Suspect/P2 Relationship to Victim (P1)

- □ Married □ Intimate Partner/Dating □ Formerly Married □ Other:
- Former Intimate Partner:
  □ Formerly Married □ Intimate Partner/Dating □ Formerly Married
- Do the suspect and victim have a child in common? □ Yes □ No

### Emotional condition of VICTIM?

- □ Upset □ Nervous □ Crying □ Angry □ Other:
- What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?

### Did suspect make victim fearful?

- □ Yes □ No
- If yes, describe:

### Weapon Used?

- □ Yes □ No Gun: □ Yes □ No Other, describe:

### Access to Guns?

- □ Yes □ No
- If yes, describe:

### Suspect Threats?

- □ Yes □ No
- If yes, Threats to:
  □ Victim □ Child(re)n □ Pet □ Commit Suicide
  □ Other Describe:

### Suspect/P2 present?

- □ Yes □ No

### Suspect/2 present?

- □ Yes □ No

### In Pain?

- □ Yes □ No

### Suspect Injury?

- □ Yes □ No

### Strangulation?

- □ Yes □ No

### Suspect arrested?

- □ Yes □ No

### Offense Committed?

- □ Yes □ No

### Sore Throat

- □ Yes □ No

### Breathing Changed

- □ Yes □ No

### Difficulty Swallowing

- □ Yes □ No

### Loss of Consciousness

- □ Yes □ No

### Visible Marks?

- □ Yes □ No

### Red eyes/Petechia

- □ Yes □ No

### Other:

- □ Yes □ No

### Order of Protection in effect?

- □ Yes □ No □ Refrain □ Stay Away

### Order of Protection Registry checked? □ Yes □ No

### DIR Repository checked? □ Yes □ No

### Evidence Present? □ Yes □ No

### Photos taken: □ Victim Injury □ Suspect Injury □ Other:

### Other Evidence: □ Damaged Property □ Videos □ Electronic Evidence □ Other:

### Destruction of Property?

- □ Yes □ No

### If yes, Describe:

### Offense Committed?

- □ Yes □ No

### Was suspect arrested? □ Yes □ No

### Offense 1

- Law (e.g. PL)

### Offense 2

- Law (e.g. PL)
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: ( ) _________________.

<table>
<thead>
<tr>
<th>Has Suspect ever:</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Threatened to kill you or your children?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Strangled or “choked” you?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Beaten you while you were pregnant?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

Is suspect capable of killing you or children? □ Yes □ No
Is suspect violently and constantly jealous of you? □ Yes □ No
Has the physical violence increased in frequency or severity over the past 6 months? □ Yes □ 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? □ Yes □ No if NO, Why:
Was Victim Rights Notice given to the Victim? □ Yes □ 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:

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

Victim/Deponent Signature

Witness or Officer Signature

Interpreter Signature and Interpreter Service Provider Name
Interpreter Requested □ Yes □ No Interpreter Used □ Yes □ No

Date

Date

Date

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

Page ___ Of ___
**Describe Victim’s prior domestic incidents with this suspect (Last, Worst, First):**

<table>
<thead>
<tr>
<th>Prior History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has Suspect ever:</td>
</tr>
<tr>
<td>Threatened to kill you or your children?</td>
</tr>
<tr>
<td>Strangled or “choked” you?</td>
</tr>
<tr>
<td>Beaten you while you were pregnant?</td>
</tr>
</tbody>
</table>

| Has Suspect ever: |
| Is suspect capable of killing you or children? | ☐ Yes ☐ No |
| Is suspect violently and constantly jealous of you? | ☐ Yes ☐ No |
| Has the physical violence increased in frequency or severity over the past 6 months? | ☐ Yes ☐ 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? ☐ Yes ☐ No  if NO, Why: ____________________________

Was Victim Rights Notice given to the Victim? ☐ Yes ☐ No if NO, Why: ____________________________

**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:

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

Victim/Deponent Signature ____________________________ Date ____________
Witnese or Officer Signature ____________________________ Date ____________
Interpreter Signature and Interpreter Service Provider Name ____________________________ Date ____________
Interpreter Requested ☐ Yes ☐ No  Interpreter Used ☐ Yes ☐ No
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? □ Yes □ No
- Strangled or “choked” you? □ Yes □ No
- Beaten you while you were pregnant? □ Yes □ No

Is suspect capable of killing you or children? □ Yes □ No

Is suspect violently and constantly jealous of you? □ Yes □ No

Has the physical violence increased in frequency or severity over the past 6 months? □ Yes □ 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? □ Yes □ No

Was Victim Rights Notice given to the Victim? □ Yes □ 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:

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

Victim/Deponent Signature

Witness or Officer Signature

Interpreter Requested □ Yes □ No Interpreter Used □ Yes □ No

Interpreter Signature and Interpreter Service Provider Name

Date

Date

Date

Note:

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

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

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)
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 querella 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, alguna 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 podrán 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 protección nacional de la jurisdicción de dicho oficial de la policía, incluyendo pero sin limitarse a: 
- Transportarle a usted 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 policíal le provea una copia gratuita de cualquier informe del incidente. Usted tiene derecho a buscar y escoger su propio consejero legal.
- 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, alguna con quien usted tiene o ha tenido una relación íntima, entonces usted tiene el derecho de llevar el caso al tribunal de familia.
- Usted 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 a 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 a los tribunales. 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 querella penal o una petición ante el tribunal de familia, a sabiendas de que dicha querella o petición contiene alegaciones falsas. (NYS Criminal Procedure Law, Section 530.11 (6))

<table>
<thead>
<tr>
<th>ESTADO DE NUEVA YORK</th>
<th>INFORMACIÓN DEL TRIBUNAL</th>
</tr>
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<tbody>
<tr>
<td>LÍNEAS DIRECTAS PARA VIOLENCIA DOMÉSTICA Y SEXUAL LAS 24 HORAS</td>
<td>La ciudad de Nueva York</td>
</tr>
<tr>
<td>1-800-942-6906</td>
<td>Información de tribunal de penal del condado</td>
</tr>
<tr>
<td>Inglés y Español, Multi-language Accessibility</td>
<td>1-646-386-4500</td>
</tr>
<tr>
<td>Servicio de retransmisión nacional para sordos o con problemas de audición:711</td>
<td>Para obtener la información del tribunal para otras áreas de NYS, pedirle al oficial de la policía que responda 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).</td>
</tr>
<tr>
<td>CIUDAD DE NUEVA YORK (todo lenguajes)</td>
<td></td>
</tr>
<tr>
<td>1-800-621-Hope (4673) o 311</td>
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<tr>
<th>Información y Notificación Diaria Para La Víctima (VINE)</th>
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<tbody>
<tr>
<td>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 <a href="http://www.vinelink.com">www.vinelink.com</a></td>
</tr>
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<tr>
<th>NOTIFICACIONES E INFORMACIÓN ESTATAL VÍCTIMA AUTOMATIZADO (SAVIN-NY)</th>
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</thead>
<tbody>
<tr>
<td>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 entregado</td>
</tr>
</tbody>
</table>

www.nyalert.gov