

# 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](mailto: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 2<sup>nd</sup>** (240.30; A Misd.)

**Assault 2<sup>nd</sup>** (120.05; D Felony)

**Assault 3<sup>rd</sup>** (120.00; A Misdemeanor)

**Attempted Assault** (110.00)

**Criminal Mischief 1<sup>st</sup>** (145.12; B Felony)

**Criminal Mischief 2<sup>nd</sup>** (145.10; D Felony)

**Criminal Mischief 3<sup>rd</sup>** (145.05; E Felony)

**Criminal Mischief 4<sup>th</sup>** (145.00; A Misdemeanor)

**Disorderly Conduct** (240.20; Violation)

**Forcible Touching** (130.52; A Misdemeanor)

**Harassment 1<sup>st</sup>** (240.25; B Misdemeanor)

**Harassment 2<sup>nd</sup>** (240.26; Violation)

**Menacing 2<sup>nd</sup>** (120.14; A Misdemeanor)

**Menacing 3<sup>rd</sup>** (120.15; B Misdemeanor)

**Reckless Endangerment 1<sup>st</sup>** (120.25; D Felony)

**Reckless Endangerment 2<sup>nd</sup>** (120.20; A Misd.)

**Sexual Abuse 2<sup>nd</sup>** (130.60(1); A Misdemeanor)

**Sexual Abuse 3<sup>rd</sup>** (130.55; B Misdemeanor)

**Sexual Misconduct** (130.20; A Misd.)

**Stalking 1<sup>st</sup>** (120.60; D Felony)

**Stalking 2<sup>nd</sup>** (120.55; E Felony)

**Stalking 3<sup>rd</sup>** (120.50; A Misdemeanor)

**Stalking 4<sup>th</sup>** (120.45; B Misdemeanor)

**Criminal Obstruction of Breathing or**

**Blood Circulation** (121.11; A Misd.)

**Strangulation 1<sup>st</sup>** (121.13; C Felony)

**Strangulation 2<sup>nd</sup>** (121.12; D Felony)

**Coercion 2<sup>nd</sup>** (135.60(1) (2) (3); A Misd.)

**Grand Larceny 3<sup>rd</sup>** (155.35; D Felony)

**Grand Larceny 4<sup>th</sup>** (155.30; E Felony)

**Identity Theft 1<sup>st</sup>** (190.80; D Felony)

**Identity Theft 2<sup>nd</sup>** (190.79; E Felony)

**Identity Theft 3<sup>rd</sup>** (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 1<sup>st</sup> (240.31; E Felony)

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

Assault 1<sup>st</sup> (120.10; B Felony)

Burglary 1<sup>st</sup> (140.30; B Felony)

“ 2<sup>nd</sup> (140.25; C Felony)

“ 3<sup>rd</sup> (140.20; D Felony)

Robbery 1<sup>st</sup> (160.15; B Felony)

“ 2<sup>nd</sup> (160.10; C Felony)

Coercion 1<sup>st</sup> (135.65; D Felony)

Criminal Contempt 1<sup>st</sup> (215.51; E Felony)

“ 2<sup>nd</sup> (215.50; A Misdemeanor)

Criminal Trespass 1<sup>st</sup> (140.17; D Felony)

“ 2<sup>nd</sup> (140.15; A Misdemeanor)

“ 3<sup>rd</sup> (140.10; B Misdemeanor)

Endangering Welfare of Child (260.10; A Misd.)

Endang. Welf. of Vulnerable Elderly Person 1<sup>st</sup> (260.34; D Felony)

Intimidating Victim or Witness 1<sup>st</sup> (215.17; B Felony)

Intimidating Victim or Witness 2<sup>nd</sup> (215.16; D Felony)

Intimidating Victim or Witness 3<sup>rd</sup> (215.15; E Felony)

Menacing 1<sup>st</sup> (120.13; E Felony)

Manslaughter 1<sup>st</sup> (125.20; B Felony)

Manslaughter 2<sup>nd</sup> (125.15; C Felony)

Murder 1<sup>st</sup> (125.27; A-I Felony)

Murder 2<sup>nd</sup> (125.25; A-I Felony)

Resisting Arrest (205.30; A Misdemeanor)

Unlawful Imprisonment 1<sup>st</sup> (135.10; E Felony)

“ 2<sup>nd</sup> (135.05; A Misd.)

### Other Possible Offenses

Aggravated Sexual Abuse 1<sup>st</sup> (130.70; B Felony)

“ 2<sup>nd</sup> (130.67; C Felony)

“ 3<sup>rd</sup> (130.66; D Felony)

“ 4<sup>th</sup> (130.65-a; E Felony)

Computer Tampering 1<sup>st</sup> (156.27; C Felony)

“ 2<sup>nd</sup> (156.26; D Felony)

“ 3<sup>rd</sup> (156.25; E Felony)

“ 4<sup>th</sup> (156.20; A Misdemeanor)

Computer Trespass (156.10; E Felony)

Criminal Possession of a Dangerous Weapon 1<sup>st</sup> (265.04; B Felony)

Criminal Possession of a Weapon

“ 2<sup>nd</sup> (265.03; C Felony)

“ 3<sup>rd</sup> (265.02; D Felony)

“ 4<sup>th</sup> (265.01; A Misd.)

Criminal Sexual Act 1<sup>st</sup> (130.50; B Felony)

“ 2<sup>nd</sup> (130.45; D Felony)

“ 3<sup>rd</sup> (130.40; E Felony)

Criminal Tampering 1<sup>st</sup> (145.20; D Felony)

“ 2<sup>nd</sup> (145.15; A Misdemeanor)

“ 3<sup>rd</sup> (145.14; B Misdemeanor)

Criminal Use of a Firearm 1<sup>st</sup> (265.09; B Felony)

“ 2<sup>nd</sup> (265.08; A Misd.)

Criminally Negligent Homicide (125.10; E Felony)

Endang. Welf. Vulner. Elderly 2<sup>nd</sup> (260.32; E Fel)

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

Kidnapping 1<sup>st</sup> (135.25; A-I Felony)

“ 2<sup>nd</sup> (135.20; B Felony)

Rape 1<sup>st</sup> (130.35; B Felony)

“ 2<sup>nd</sup> (130.30; D Felony)

“ 3<sup>rd</sup> (130.25; E Felony)

Reckless Endanger. of Property (145.25; B Misd.)

Sexual Abuse 1<sup>st</sup> (130.65; D Felony)

Tampering with a Witness 1<sup>st</sup> (215.13; B Felony)

“ 2<sup>nd</sup> (215.12; D Felony)

“ 3<sup>rd</sup> (215.11; E Felony)

“ 4<sup>th</sup> (215.10; A Misd.)

Unauth. Use of a Vehicle 1<sup>st</sup> (165.08; D Felony)

“ 2<sup>nd</sup> (165.06; E Felony)

“ 3<sup>rd</sup> (165.05; A Misd.)

Unlawful Surveillance 2<sup>nd</sup> (250.45; E Felony)

Incident	Agency:		<b>A</b>	<b>New York State DOMESTIC INCIDENT REPORT</b>			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:	
<b>How can we safely contact you?</b> (i.e. Name, Phone, Email)								
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	
	<b>Suspect (P2) Relationship to Victim (P1)</b> <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 <b>VICTIM</b> ? <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 <b>VICTIM</b> 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:							
	<b>Weapon Used?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:				<b>Suspect Threats?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Threats to:			
	<b>Access to Guns?</b> <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:				<b>Strangulation?</b> <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 <b>Visible Marks?</b> <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 <b>SUSPECT</b> 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			3221-03/2016 DCJS Copyright © 2016 by NYS DCJS		

Incident	Agency:		<b>A</b>	<b>New York State DOMESTIC INCIDENT REPORT</b>			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"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		
	How can we safely contact you? <small>(i.e. Name, Phone, Email)</small>			<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:		
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"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		
	<input type="checkbox"/> Other Identifier:			<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<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: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide			
	Access to Guns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:				<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			
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				
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)		
NYS DIVISION OF CRIMINAL JUSTICE SERVICES COPY			NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906			3221-03/2016 DCJS Copyright © 2016 by NYS DCJS		

<b>Incident</b>	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		
<b>Suspect (P2)</b>	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	
	<b>Suspect (P2) Relationship to Victim (P1)</b> <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 <b>VICTIM</b> ? <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 <b>VICTIM</b> said to the Responding Officers at the scene regarding the incident? _____							
<b>Victim Interview</b>	Did suspect make victim fearful? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:							
	<b>Weapon Used?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:				<b>Suspect Threats?</b> <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:			
	<b>Access to Guns?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:				Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			
	In Pain? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:				<b>Strangulation?</b> <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			
					<b>Visible Marks?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			
<b>Suspect</b>	What did the <b>SUSPECT</b> say (Before and After Arrest) : _____							
	710.30 completed? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Incident Narrative</b>	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	<b>Photos taken:</b> <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		<b>Other Evidence:</b> <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		<b>Destruction of Property?</b> <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			3221-03/2016 DCJS Copyright © 2016 by NYS DCJS		





Agency:

**B**

Incident #

Complaint #

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?  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 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: \_\_\_\_\_

(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  Yes  No Interpreter Used  Yes  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:** 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](http://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](http://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 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 un 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 official 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](http://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.nyalert.gov](http://www.nyalert.gov)**