



# Chief of Law Enforcement Edward P. Ackley



## SARATOGA COUNTY S.P.C.A. POLICE Society for the Prevention of Cruelty to Animals

HQ: 518-922-5025 - Cell: (518) 409-6703 - 1590 NY-146, Rexford, NY 12148 PO Box 64  
<http://saratogacountyspca.org>

EMPATHY FAIRNESS INTEGRITY PROFESSIONALISM RESPECT RESPONSIBILITY TRUSTWORTHINESS

**Date: February 10, 2024**

To: All Members of the SPCA Law Enforcement Incorporation  
From: Chief Ed Ackley

**Subj: Investigation Paperwork, Initial Investigations**

1. Effective immediately, all investigators will utilize the attached forms for complaints received. In-Service training will be conducted to explain proper procedures.

A handwritten signature in blue ink, appearing to read "E. P. Ackley".

E. P. ACKLEY  
Chief, IDC, FTO

**Attached:**

- 1) Case Checklist
- 2) Appearance Ticket
- 3) Miranda Warnings
- 4) CPL 710.30 Form
- 5) Refusal to Prosecute
- 6) Consent to Search
- 7) Voluntary Statement
- 8) Crime Scene Photo Log
- 9) Animal Surrender / Seizure Form
- 10) Discharge Firearm
- 11) Parole Contact Form
- 12) Warrant/Criminal Summons Application
- 13) MHY 9.41 Form
- 14) Discovery Checklist
- 15) Pedigree Sheet
- 16) NYS Incident Report
- 17) NYS Arrest Report
- 18) Suicide Prevention Screening
- 19) CPS Referral
- 20) Child Referral Form
- 21) NYS Naxolone Usage Report



# Saratoga County SPCA Law Enforcement Incorporation

P.O. Box 64  
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## Case Checklist

Saratoga County Call for Service # \_\_\_\_\_

Felony \_\_\_\_\_ Misdemeanor \_\_\_\_\_ Violation \_\_\_\_\_

Case: \_\_\_\_\_ Charges: \_\_\_\_\_ and \_\_\_\_\_

Submitted by: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Arrest Report, 2 Copies       | <input type="checkbox"/> Officer Supporting Deposition |
| <input type="checkbox"/> Case Report                   | <input type="checkbox"/> Evidence Sheet                |
| <input type="checkbox"/> RIC1 Booking Data Sheet       | <input type="checkbox"/> Recording from _____          |
| <input type="checkbox"/> Information/Charging Document | <input type="checkbox"/> Photo's and Photo Log         |
| <input type="checkbox"/> Appearance Ticket             | <input type="checkbox"/> Domestic Incident Report      |
| <input type="checkbox"/> Victim Statement(s)           | <input type="checkbox"/> OOP (New / Old)               |
| <input type="checkbox"/> Witness Statement(s)          | <input type="checkbox"/> Suicide Screening Form        |
| <input type="checkbox"/> Suspect Statement(s)          | <input type="checkbox"/> 9.41 Form                     |
| <input type="checkbox"/> Miranda Warnings              | <input type="checkbox"/> CPS Form                      |
| <input type="checkbox"/> 710.30 Statement(s)           | <input type="checkbox"/> Appearance Ticket             |

Court Jurisdiction: City/Town/Village of \_\_\_\_\_

Court Date: \_\_\_\_\_ Court Time: \_\_\_\_\_

DA Discovery: [DStovall@saratogacountyny.gov](mailto:DStovall@saratogacountyny.gov)

Assisting Agency's:

- |                                       |  |                                |
|---------------------------------------|--|--------------------------------|
| <input type="checkbox"/> State Police | <input type="checkbox"/> Saratoga County Sheriff's | <input type="checkbox"/> CPS   |
| <input type="checkbox"/> ACO          | <input type="checkbox"/> ENCON                     | <input type="checkbox"/> Other |

If other, who: \_\_\_\_\_ ,

- 1) If a misdemeanor or felony arrest was conducted, scan entire report with Discovery Checklist and send to DA Discovery.
- 2) Send/Deliver entire report to Court, ensure original Charging Doc is with case.
- 3) Case reports turned into Director of SPCA for record keeping.



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## Appearance Ticket

<b>Defendant:</b>  _____	<b>Defendants Address:</b>  _____	<b>Charge:</b>  Law ____ Sec ____ Sub ____
<b>Last,            First,            Int.</b>	_____	<b>Court Date:</b> _____
<b>DOB:</b> _____	_____	

1. Promise to APPEAR at the Village/Town/City of \_\_\_\_\_ ,  
County of Saratoga, State of New York.

2. It has been advised that a failure to appear on mentioned date could result in a  
WARRANT for ARREST.

I, \_\_\_\_\_, hereby certify that I am receiving an  
APPEARANCE TICKET by an Agent of the Saratoga County Society for the  
Prevention of Cruelty to Animals, whom is a PEACE OFFICER with statutory  
authority per Criminal Procedure § 2.10-7, of the County of Saratoga, due to an  
investigation related to a violation of Article 26 Agriculture & Markets (AGM)  
Chapter 69.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Printed Name of SCSPCA Official

**Section 210 of the New York Penal Code defines perjury as the act of making a deliberately  
false statement either while: providing testimony in an official proceeding or, filling out a  
subscribed written instrument under oath, such as a deposition or affidavit.**



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# Miranda Warnings

Used When Subject is in Custody and Requires Interrogation

Notice: A "Miranda warning" refers to the warnings that a police officer is required to give to a detainee based on constitutional requirements. The requirement to give Miranda warnings came from the Supreme Court decision, *Miranda v. Arizona*, 384 US 436 (1966).

1. You have the right to remain silent.
2. Anything you say can be used against you in court.
3. You have the right to talk to a lawyer for advice before we ask you any questions.
4. You have the right to have a lawyer with you during questioning.
5. If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.
6. If you decide to answer questions now without a lawyer present, you have the right to stop answering at any time.

### Acknowledgement

\_\_\_\_\_  
Subject Name

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Official Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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**The People of the State of New York  
VS.**

The undersigned hereby acknowledges receipt  
of this document:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      MI

## **Defendant**

Please take notice, pursuant to Section 710.30 of the Criminal Procedure Law, that during the trial of the above named matter, the People intend to offer evidence of statement made by the defendant to a public servant, To Wit:

Statement made by: \_\_\_\_\_,    DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Statement made to: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Witnesses to statement: \_\_\_\_\_

After Miranda Warning, or Before Miranda Warning, the defendant did state to me:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circumstances under which oral admission were made: (was in response to a question, or offhand remark, or spontaneous utterance, or overheard in conversation, or a remark made to non-police personnel, ect.) \_\_\_\_\_

Officer Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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## Refusal to Prosecute

**IN THE MATTER  
OF**

\_\_\_\_\_  
Name of Crime, PL/AGM or other Offense

I, \_\_\_\_\_,  
being the COMPLAINANT in this matter, do NOT desire to  
prosecute \_\_\_\_\_ of whom I  
complained violation of Section \_\_\_\_\_ Sub. \_\_\_\_\_ of  
the \_\_\_\_\_ Law on the \_\_\_\_\_ day of \_\_\_\_\_,  
in the year of \_\_\_\_\_.

Dated at Village/Town/City of \_\_\_\_\_, New York, on the \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ AM / PM.

\_\_\_\_\_  
Complainant

\_\_\_\_\_  
Witness



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## Consent to Search

Maranda Warnings:

I, \_\_\_\_\_, date of birth, \_\_\_\_\_, years of age, \_\_\_\_\_

1. Have the right to remain silent (Initial \_\_\_\_\_).
2. Anything I say or do, can and will be used against me (Initial \_\_\_\_\_).
3. I have the right to contact a lawyer and have a lawyer with me while being questioned or at any time I choose (Initial \_\_\_\_\_).
4. If I cannot afford a lawyer, one will be appointed to represent me before questioning if I wish or choose to (Initial \_\_\_\_\_).
5. I have the right to stop talking or answering questions anytime I choose (Initial \_\_\_\_\_).
6. I have the right to refuse permission to search my property whether owned, leased, or under my control, without a valid search warrant (Initial \_\_\_\_\_).
7. Anything found in, on, or about my property may be seized and used against me in a court of law (Initial \_\_\_\_\_).

I have read the above statement of my rights and I understand each of those rights. Having each of those rights in mind, I waive them and hereby give Saratoga County SPCA Law Enforcement Incorporation, whose names appear as witnesses on this waiver, permission to search:

\_\_\_\_\_  
\_\_\_\_\_

Located at (Address): \_\_\_\_\_  
\_\_\_\_\_

I have not been mistreated, nor threatened, nor promised reward, nor leniency in return for giving any permission to search my property.

Signed: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_, Title: \_\_\_\_\_ Date: \_\_\_\_\_



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## Voluntary Statement

NOTICE: Knowingly making a false statement herein, is punishable as a class A Misdemeanor, pursuant to section 210.45 of the New York Stated Penal Law.

I, \_\_\_\_\_, do swear upon my oath and say that I am \_\_\_\_ year of age, my date of birth is \_\_\_\_\_, and I reside at \_\_\_\_\_, and can be contacted by phone at \_\_\_\_\_ or email at \_\_\_\_\_.

I have not been promised anything in return for making a statement. I have been advised by an official of the Saratoga County SPCA Law Enforcement Incorporation that this statement may be used in a Court of Law at some future date.

Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do solemnly swear upon my oath that the statement I am about to sign is the Truth, the whole Truth and nothing but the Truth, so help me God.

**Subscribed and sworn to before me by:**  
Name of Official: \_\_\_\_\_  
This \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Above Named Person  
Page \_\_\_\_ of \_\_\_\_







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# Crime Scene Photo Log

Case Number: \_\_\_\_\_

Type of Case, e.g., Animal Neglect, Burglary: \_\_\_\_\_

Date: \_\_\_\_\_

Time of First Photograph: \_\_\_\_\_

Time of First Photograph: \_\_\_\_\_

Location where Photographs were taken at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Photographs Obtained: \_\_\_\_\_

Photographer Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

\_\_\_\_\_  
Signature of Investigator

**Following Pages are Photo Log Sheets**



# Saratoga County SPCA Photo Log

Case #: \_\_\_\_\_ Incident Type: \_\_\_\_\_

Subject Name: \_\_\_\_\_

Photographer: \_\_\_\_\_ Assisted: \_\_\_\_\_

Location of Photos: \_\_\_\_\_

Date of Photos: \_\_\_\_\_ Time of Photos: \_\_\_\_\_

Type of Evidence Circle One:

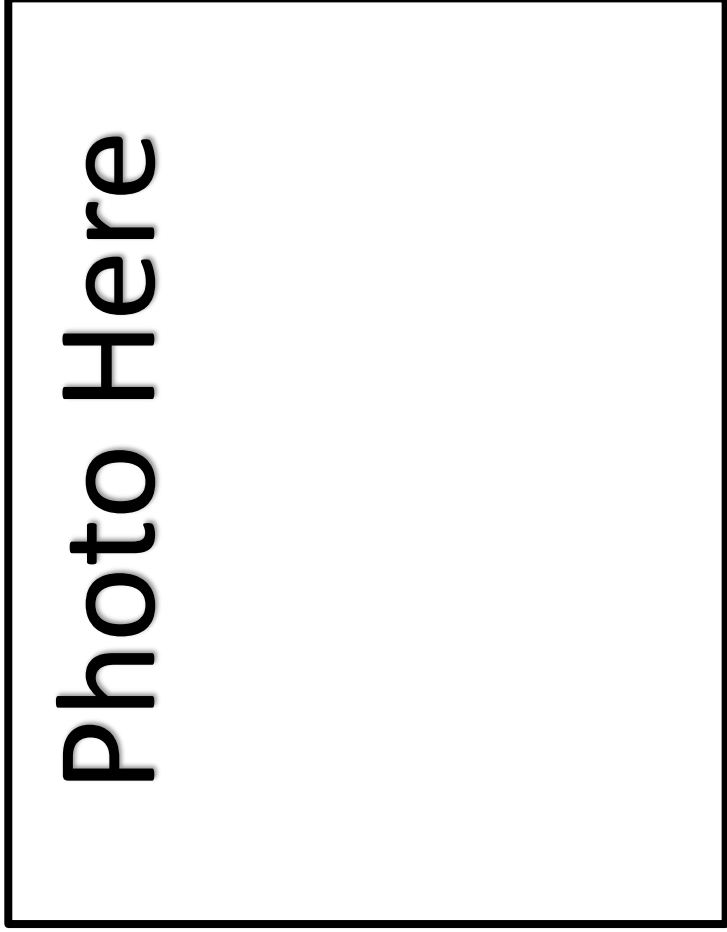
Digital	Video	Film	ISO 100	ISO 200	ISO 400/Greater
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Inventory of Evidence:

Photo #	Notes

# Saratoga County SPCA, Inc.

## Law Enforcement



Description:

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Investigator: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_

Photo # \_\_\_\_\_ Case # \_\_\_\_\_



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# Animal Surrender/Seizure Form

<b>Owner:</b>	<b>Location:</b>	<b>Date:</b>
_____	_____	____ / ____ / ____
<b>Last,            First,            Int.</b>	_____	<b>Time:</b> _____ PM / AM
<b>DOB:</b> _____	_____	

1. A Seizure fee, costs \$250.00, plus \$25.00 per day fee along with associated court fines due to violations of the AGM Article 26.
2. To absolve your liability it is in the best interest to allow for a surrender of your animal. There will be no fees or fines, or legal actions.

**Please check the appropriate box below:**

Surrender	Seizure
<input type="checkbox"/>	<input type="checkbox"/>

**Your animal is being surrendered or seized for the following, (Check all that apply):**

Lack of proper sustenance.	Incidents of animal abuse.	Unhealthy living environment.	Current animal abuse.	Other (See attached narrative)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I, \_\_\_\_\_, hereby certify that I am the rightful owner/keeper/caretaker/custodian of the animal who is the subject of this Animal Surrender Form, hereinafter referred to as "the animal." I hereby surrender any and all property rights to the animal. I certify that no other person has a right of property to the animal. I understand that by surrendering my property rights to the animal, the animal will be transferred into the custody the Saratoga County SPCA. I understand that once I relinquish the animal, the animal will not be available to be returned. I further certify that I have read and understand the terms of this Animal Surrender Form.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Printed Name of SCSPCA Official

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## Discharge Firearm

<b>Complaint #</b>	<b>Date:</b>	<b>Time:</b>
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**Considerations Before Next Column, Use a Check Mark to Indicate Areas Covered:**

<input type="checkbox"/>	As a Last Result if On-Call Veterinarian is Not Available.
<input type="checkbox"/>	ONLY DOMESTIC AND FARM ANIMALS PER POLICY.
<input type="checkbox"/>	ALL OTHER CONDICTIONS MUST BE REFERRED TO ENCON.
<input type="checkbox"/>	Small Caliber Firearm is Most Suitable to Reduce the Risk of Projectiles Exiting the Head. Use X Patter-Imaginary Line from Left Ear to Right Eye and Right Eye to Left Eye. Center of X is target location. Some Live Stock Require Different Methods. Refer to Policy.
<input type="checkbox"/>	ONLY APPROVED BY CHIEF OF SPCA Law Enforcement, INC.

**Checklist:**

<b>Animal Seized</b>	<b>Safe Location, Back Stop</b>	<b>Animal Position</b>	<b>Transportation Arranged</b>	<b>LE Agencies Advised</b>	<b>SDZ Verified People Behind Shooter</b>	<b>Animal Steady, Can't Move</b>	<b>Prevent Suffering</b>

**Narrative:**


**Officials Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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# Parole Contact Form

Notice: This Form will be Faxed to New York State Parole.

**To: New York State Parole (518) 459-7164**

From: Saratoga County SPCA Law Enforcement Incorporation

Contact Email: [chief@saratogacountyspca.org](mailto:chief@saratogacountyspca.org)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Parolee Contact Information

Parolee Name: \_\_\_\_\_

Parole Officer Name: \_\_\_\_\_

Date and Time Contact Made: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

SPCA Case #: \_\_\_\_\_

Nature of Contact: \_\_\_\_\_

Details of Contact/Misc:

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Warrant/Criminal Summons Application

Felony \_\_\_ Misdemeanor \_\_\_ Violation \_\_\_

Case: \_\_\_\_\_ Charges: \_\_\_\_\_ and \_\_\_\_\_

Submitted by: \_\_\_\_\_

Submitted to Village/Town/City Court of: \_\_\_\_\_
County of Saratoga County, New York.

Suspect/Defendant: Name: \_\_\_\_\_
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_
Address: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Criminal History Not Included

Completed by the Court:

\_\_\_ Criminal Summons Date: \_\_\_ Judge Initials: \_\_\_
\_\_\_ Warrant Approved Date: \_\_\_ Judge Initials: \_\_\_
\_\_\_ Warrant Denied Date: \_\_\_ Judge Initials: \_\_\_
\_\_\_ Insufficient Info Date: \_\_\_ Judge Initials: \_\_\_

Comments: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Warrant entered into eJustice by: \_\_\_\_\_
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





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## Section 9.41 of Mental Hygiene Law

I, \_\_\_\_\_, a Peace Officer/Police Officer of Saratoga County SPCA Law Enforcement Incorporation, hereby acknowledge that I have taken into custody:

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

Who appears to be mentally ill and is conducting him / herself in a manner which is likely to result in serious harm to him / herself or others.

Narrative/Probable Cause of Detention: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Officer: \_\_\_\_\_ Title/Badge Number: \_\_\_\_\_

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Defendant's Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Case #: \_\_\_\_\_

### LAW ENFORCEMENT CHECKLIST

This form is meant to assist law enforcement personnel (LEP) with compiling "all items and information that relate to the subject matter of the case" to the District Attorney's Office in timely compliance with CPL §245.10. This form does not set forth an exhaustive listing of every item and it is incumbent upon law enforcement to include all materials related to the subject matter of the case. Accordingly, this form contains "Other" boxes designed for law enforcement personnel to specifically identify and provide such items or information to the District Attorney's Office.

Initial Checklist     Supplemental Checklist # \_\_\_\_\_ (one or more checklists previously provided)

#### 1. Common Documents

Accusatory Instrument(s)	Y N	Arrest Report	Y N	UTF(s)	Y N
710.30 Notice(s)	Y N	Incident Report	Y N	Supporting Deposition(s)	Y N
Other Defendant Statement(s)	Y N	Supp. Incident Report(s)	Y N	Accident Report(s)	Y N
Witness Statement(s)	Y N	Evidence Log(s)	Y N	Vehicle Log(s)	Y N
Co-Defendant Document	Y N	Evidence Receipt(s)	Y N	Tow Sheet(s)	Y N
Officer Notes, Texts, Emails	Y N	Evidence Submission Form(s)	Y N	Inventory Report(s)	Y N
Criminal History	Y N	Property Log(s)	Y N	DMV Abstract	Y N
Blotters / Blotter Entries	Y N	Property Receipt(s)	Y N	Financial / Bank / ATM Records	Y N
Calls for Service	Y N	Chain of Custody Log(s)	Y N	Store / Pawn shop Records	Y N
Witnesses Preferred Contact Info.	Y N	All Intake/Screening Forms	Y N	Probation and/or Parole info.	Y N
Witness Complaint Card(s)	Y N	Photo Array Documents	Y N	CPS info.	Y N
Witness Notes, Texts, Emails	Y N	Search Warrant Documents	Y N	Family Court Petitions and info	Y N
Miranda Card Copy	Y N	Police Firearm Testing Report(s)	Y N	SORA Records	Y N
Arrest Photo	Y N	Firearm Trace Reports	Y N		Y N
D.I.R.(s)	Y N	Computer Crime Reports	Y N		Y N
Order of Protection (new)	Y N	Medical Records/Reports	Y N		Y N
Order of Protection (old)	Y N	All Lab. Reports	Y N		Y N

#### 2. Tangible Evidence and Recordings

All Physical Evidence Seized	Y N	A Completed CPL §245.55(3) Form	Y N	Police Crime Scene Video(s)	Y N
All Photographs	Y N	• All 911 Calls	Y N	Police Surveillance Video(s)	Y N
Recorded Interviews	Y N	• All Radio Transmissions	Y N	Controlled Call(s)	Y N
Phone Analysis / Text Messages	Y N	• All Body Camera Videos	Y N	Street Camera Video(s)	Y N
Store Security Video(s)	Y N	• All other Police Recordings	Y N	Dashboard Camera Video(s)	Y N
Home Security Video(s)	Y N	Booking Video(s)	Y N		

#### 3. DWI / Vehicular Supp.

DWI Bill of Particulars	Y N	DWI / SFST Field Notes	Y N	Breath Operator Permit	Y N
Breath / Chemical Test Result	Y N	Data Master	Y N	Breath Rules & Regulations	Y N
Consent Form	Y N	Analysis of Simul. Solution	Y N	Calibration Records of Instrument	
Refusal Form	Y N	Weekly Test Record for Inst.	Y N	• 6 months prior to arrest	Y N
DWI / Miranda Card Copy	Y N	Op. Checklist for Breath Inst.	Y N	• 6 months post arrest	Y N
DMV Abstract	Y N	Blood Draw Documents	Y N		

# Pedigree Sheet

Last Name		First Name		M.I.	
Street Address				Home Phone	
City, State, Zip				Work Phone	
County of Residency		Social Security No.		Cell Phone	
Email					
Sex	Race	Hair Color	Eye Color	Height (inches)	Weight (lbs.)
Country/State of Birth		Country of Citizenship		Date of Birth	Age
Scars, Marks, Tattoos, Brandings					
Driver/Operator License Number			Issuing State	License Class	
License Plate(s)/State of issuance					
Applicant's Signature				Date	

INCIDENT	1. Agency		2. Division/Precinct		<b>New York State INCIDENT REPORT</b>			3. ORI NY		4. <input type="checkbox"/> Orig <input type="checkbox"/> Supp		5. Case No.		6. Incident No.			
	7. Report Day	8. Date Mo. Day Yr.		9. Report Time	Occurred On/From: →	10. Day	11. Date Mo. Day Yr.		12. Time	Occurred To: →	13. Day	14. Date Mo. Day Yr.		15. Time			
	16. Incident Type				17. Business Name				18. Weapon(s)				A.				
	19. Incident Address (Street No., Street Name, Bldg. No., Apt. No.)								20. City, State, Zip ( <input type="checkbox"/> C <input type="checkbox"/> T <input type="checkbox"/> V)			21. Location Code <small>T/SLED Code</small>			B.		
22. OFF. NO.	LAW	SECTION	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE				CTS	23. No. of Victims		C.		
1													24. No. of Suspects		D.		
2																	
3																	
ASSOCIATED PERSONS	25. Person Type: CO = Complainant OT = Other PI = Person Interviewed PR = Person Reporting WI = Witness NI = Not Interviewed VI = Victim										26. Victim also complainant <input type="checkbox"/> Y <input type="checkbox"/> N					E.	
	TYPE/NO	NAME (LAST, FIRST, MIDDLE, TITLE)				Date of Birth			STREET NO., STREET NAME, BLDG. NO., APT. NO., CITY, STATE, ZIP				TELEPHONE NO.			F.	
													BUSINESS				
													RESIDENCE				
													BUSINESS			G.	
													RESIDENCE				
												BUSINESS			H.		
												RESIDENCE					
												BUSINESS			I.		
												RESIDENCE					
VICTIM	27. Date of Birth Mo. Day Yr.		28. Age	29. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	30. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.			31. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		32. Handicap <input type="checkbox"/> Yes <input type="checkbox"/> No	33. Residence Status <input type="checkbox"/> Temp. Res.- Foreign Nat. <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Commuter <input type="checkbox"/> Military <input type="checkbox"/> Homeless <input type="checkbox"/> Unk.					J.	
	34. Victim DID receive information on Victim's Rights and Services pursuant to New York State Law <input type="checkbox"/> YES <input type="checkbox"/> NO														K.		
SUSPECT MISSING/ARRESTED PERSON	35. Type/No. TABLE O	36. Name (Last, First, Middle)					37. Alias/Nickname/Maiden Name (Last, First, Middle)					38. Apparent Condition <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Unk. <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj / Ill <input type="checkbox"/> App Norm					L.
	39. Address (Street No., Street Name, Bldg. No., Apt. No., City, State, Zip)								40. Phone No. <input type="checkbox"/> Home <input type="checkbox"/> Work			41. Social Security No.				M.	
	42. Date of Birth Mo. Day Yr.		43. Age	44. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	45. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unk.			46. Ethnic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unk. <input type="checkbox"/> Non-Hispanic		47. Skin <input type="checkbox"/> Light <input type="checkbox"/> Dark <input type="checkbox"/> Unk. <input type="checkbox"/> Medium <input type="checkbox"/> Other		48. Occupation TABLE P					N.
	49. Height ft. in.	50. Weight	51. Hair TABLE Q	52. Eyes TABLE R	53. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> Contacts <input type="checkbox"/> No		54. Build <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Medium		55. Employer/School			56. Address					
	57. Scars/Marks/Tattoos (Describe)							58. Misc.							1		
PROPERTY	59. Victim or Suspect No.	Property Status TABLE S	Property Type TABLE T	Quantity/Measure TABLE U	Make or Drug Type TABLE V	Model	Serial No.		Description				Value	2			
														3			
														4			
														5			
														6			
														7			
														8			
VEHICLE	60. Vehicle Status TABLE W	61. License Plate No.			Full <input type="checkbox"/> Partial <input type="checkbox"/>	62. State	63. Exp. Yr.	64. Plate Type	65. Value				9				
	66. Veh. Yr.	67. Make			68. Model		69. Style		70. VIN.				10				
	71. Color(s)		72. Towed By: _____ To: _____				73. Vehicle Notes					11					
	74.														12		
															13		
															TOTAL		
NARRATIVE	75. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other														76. NYSPIN Message No.	77. Complainant Signature	85.
	78. Reporting Officer Signature (Include Rank)					79. ID No.			80. Supervisor's Signature (Include Rank)				81. ID No.		Page of		
	82. Status <input type="checkbox"/> Open <input type="checkbox"/> Closed (if Closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> Victim Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody <input type="checkbox"/> Arrest - Juv <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unk.								83. Status Date Mo. Day Yr.		84. Notified/TOT				Pages		
ADMINISTRATIVE	75. Inquiries (Check all that apply) <input type="checkbox"/> DMV <input type="checkbox"/> Want/Warrant <input type="checkbox"/> Scofflaw <input type="checkbox"/> Crim. History <input type="checkbox"/> Stolen Property <input type="checkbox"/> Other														76. NYSPIN Message No.	77. Complainant Signature	85.
	78. Reporting Officer Signature (Include Rank)					79. ID No.			80. Supervisor's Signature (Include Rank)				81. ID No.		Page of		
82. Status <input type="checkbox"/> Open <input type="checkbox"/> Closed (if Closed, check box below) <input type="checkbox"/> Unfounded <input type="checkbox"/> Victim Refused to Coop. <input type="checkbox"/> Arrest <input type="checkbox"/> Pros Declined <input type="checkbox"/> Warrant Advised <input type="checkbox"/> CBI <input type="checkbox"/> Juv. - No Custody <input type="checkbox"/> Arrest - Juv <input type="checkbox"/> Offender Dead <input type="checkbox"/> Extrad. Declin <input type="checkbox"/> Unk.								83. Status Date Mo. Day Yr.		84. Notified/TOT				Pages			

1. NYSID No.		2. OBTS No.		<b>New York State ARREST REPORT</b>				3. Case No.		4. Ref. No.		4b.			
5. FBI No.		6. Arrest No.		7. Agency			8. Division/Precinct			4a.					
<b>DEFENDANT INFORMATION</b>	9. Name (Last, First, Middle)						10. Alias / Nickname / Maiden Name (Last, First, Middle)				11. Phone Number				
	12. Street Number and Name, Building No., Apt. No.				13. City, State, Zip (C <input type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> )			14. Residence Status <input type="checkbox"/> Resident <input type="checkbox"/> Foreign Non-Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unk			15. Place of Birth				
	16. Date of Birth Mo   Day   Yr		17. Age	18. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		19. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/> Unknown			20. Ethnic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown		21. Skin <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other <input type="checkbox"/> Unknown				
	22. Height Feet   Inches	23. Weight	24. Hair	25. Eyes	26. Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contacts		27. Build <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large	28. Marital Status <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unk		29. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	30. Citizen of				
	31. Social Security No.		32. Education		33. Religion	34. Occupation		35. Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	36. Scars / Marks / Tattoos (Describe)						
<b>ARREST INFORMATION</b>	37. Arresting Officer		38. ID No.	39. Assisting Officer		40. ID No.	41. Arrest Date Mo   Day   Yr		42. Time	43. Location of Arrest (C <input type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> ) No.   Street   City   State					
	44. Juvenile <input type="checkbox"/> Juv - No Further Process <input type="checkbox"/> Yes <input type="checkbox"/> No		45. Condition of Defendant At Arrest <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj/ill <input type="checkbox"/> App Normal				46. Weapon(s) at Arrest		47. Co-defendants Arrest No.						
	48. Miranda <input type="checkbox"/> Yes <input type="checkbox"/> No	49. Miranda By	50. Miranda Date Mo   Day   Yr		51. Miranda Time	52. Statements <input type="checkbox"/> Written <input type="checkbox"/> None <input type="checkbox"/> Verbal		53. Status <input type="checkbox"/> Bail / ROR <input type="checkbox"/> Parole <input type="checkbox"/> Probation		54. Search Warrant <input type="checkbox"/> Yes <input type="checkbox"/> No	55. ID Procedure <input type="checkbox"/> Line Up <input type="checkbox"/> Photo <input type="checkbox"/> None <input type="checkbox"/> Show Up				
	56. Arraignment Court		57. Arraignment Judge		58. Date Mo   Day   Yr	59. Time	60. Property <input type="checkbox"/> Yes <input type="checkbox"/> No	61. Evidence <input type="checkbox"/> Yes <input type="checkbox"/> No	61a. Processed By	61b. Disposition					
	62. Incident No.		63. Arrestee Status <input type="checkbox"/> ROR <input type="checkbox"/> Police Bail <input type="checkbox"/> Held <input type="checkbox"/> Cash Bail <input type="checkbox"/> Bail Bond <input type="checkbox"/> App Tkt <input type="checkbox"/> Rel to 3rd Party			64. Bail Amount		65. Bondsman			66. Photo No.				
67. Arrest Type <input type="checkbox"/> PW <input type="checkbox"/> IW <input type="checkbox"/> SUM <input type="checkbox"/> CIP <input type="checkbox"/> COMP <input type="checkbox"/> OP <input type="checkbox"/> FC <input type="checkbox"/> VOP <input type="checkbox"/> BW <input type="checkbox"/> AW <input type="checkbox"/> OT				68. Warrant No.	69. Arrest FOA <input type="checkbox"/> Yes <input type="checkbox"/> No		70. Other Agency		71. F/P Taken <input type="checkbox"/> Yes <input type="checkbox"/> No						
72. Location of Offense (C <input type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> ) City   County   State			73. Offense Date Mo   Day   Yr		74. No. Offenders	75. No. Victims	76. Return Court	77. Return Judge	78. Return Date Mo   Day   Yr	79. Time					
80. Defendant/Case TOT Agency				80a. Officer's Name			80b. ID No.		81. Time	82. Date Mo   Day   Yr					
<b>CHARGE INFORMATION</b>	83. Law	Article & Section	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE			CTS	NCIC CODE	VICTIM Age   Sex   Handicap	ASSOC. NO.	TYPE
															<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH
															<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH
															<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH
															<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH
															<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH
															<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH
<b>ASSOCIATED PERSONS INFORMATION</b>	84. Person Type EM=Employer    OT=Other    SP=Spouse    CD=Co-Defendant    SC=School    PO=Parole Officer    VI=Victim    Re=Relative    RP=Religious Person CH=Child    PA=Parent    AS=Associate    LA=Lawyer    PR=Probation Officer    WI=Witness    CO=Complainant    DR=Doctor														
	Type	Name (Last, First, Middle)				Street Number and Name				City, State, Zip			Phone Number		
<b>NARRATIVE</b>	85.														
86. Arresting Officer's Signature				87. ID No.		88. Supervisor's Signature				89. ID No.		94. Page of pages			
90. Arrest Made As A Result Of a SAFIS Latent Print Identification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				91.		92.				93.					

### SUICIDE PREVENTION SCREENING GUIDELINES

DETAINEE'S NAME	SEX	DATE OF BIRTH	MOST SERIOUS CHARGE(S)	DATE	TIME
NAME OF FACILITY		NAME OF SCREENING OFFICER		Does detainee have prior ADM 330 on file.    YES    If yes, review    NO	
Check appropriate column for each question					

	Column A <b>YES</b>	Column B <b>NO</b>	General Comments/Observations All "YES" Responses Require Note to Document
<b>OBSERVATIONS OF ARRESTING/TRANSPORTING OFFICER</b> 1. Arresting or transporting officer believes or has received information that detainee may be a suicide risk. <b>If YES, notify supervisor.</b>			
<b>PERSONAL DATA</b> 2. Detainee lacks support of family or friends in the community.	No Family Friends		
3. Detainee has experienced a significant loss within the last six months (e.g., loss of job, loss of relationship, death of close family member).			
4. Detainee is very worried about major problems other than legal situation (e.g., serious financial or family problems, a medical condition or fear of losing job).			
5. Detainee's family member or significant other (spouse, parent, close friend, lover) has attempted or committed suicide.			
6. Detainee has history of drug or alcohol abuse. (Note drug and when last used.)			
7. Detainee has history of counseling or mental health evaluation/treatment. (Note current psychotropic medications and name of most recent treatment agency.)			
8. Detainee expresses EXTREME embarrassment, shame, or feelings of humiliation as result of charge/incarceration (ie. Are you worried arrest/incarceration will cause embarrassment for self or family). <b>If YES, notify supervisor.</b>			
9. Detainee is thinking about killing self. <b>If YES, notify supervisor.</b>			
10a. Detainee has previous suicide attempt. (Explore method and check for scars.)			
b. Attempt occurred within last year. <b>If YES, notify supervisor.</b>			
11. Detainee is expressing feelings of hopelessness (nothing to look forward to). <b>If YES, notify supervisor.</b>			
12. This is detainee's first incarceration in lockup/jail.			
<b>BEHAVIOR/APPEARANCE</b> 13. Detainee shows signs of depression (e.g., crying, emotional flatness).			
14. Detainee appears overly anxious, panicked, afraid or angry.			
15. Detainee is displaying unusual behaviors or is acting and/or talking in a strange manner. (e.g., cannot focus attention; hearing or seeing things which are not there).			
16a. Detainee is apparently under the influence of alcohol or drugs.			
b. Detainee self reports or is showing signs of withdrawal from alcohol or drugs.			
c. Detainee is incoherent, disoriented, or showing signs of mental illness. <b>If YES to b or c, notify supervisor.</b>			

**TOTAL Column A** \_\_\_\_\_

Officer's Comments / Impressions

**ACTION**

If total checks in Column A are 8 or more, or any shaded box is checked, or if you feel it is necessary, institute constant supervision and notify supervisor.

Constant Supervision Instituted:    YES \_\_\_\_\_                      NO \_\_\_\_\_

Supervisor Notified:                      YES \_\_\_\_\_                      NO \_\_\_\_\_

Detainee Referred to Medical/Mental Health:	If YES:	<b>EMERGENCY</b>	<b>NON-EMERGENCY</b>
YES _____ NO _____		medical _____	medical _____
		mental health _____	mental health _____

Signature and Badge Number of Screening Officer: \_\_\_\_\_

Signature and Badge Number of Supervisor (if required): \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING SUICIDE PREVENTION SCREENING GUIDELINES – FORM 330 ADM

### GENERAL INFORMATION

It is recommended that the form be completed for all detainees prior to cell assignment and be distributed as follows: top copy (white) in detainee's file, second copy (yellow) to medical or mental health personnel at referral or to the receiving agency if being transferred.

Comment Column: All "YES" responses require note to document:

1. information about the detainee that officer feels is relevant and important;
2. information specifically requested in questions;
3. information regarding detainee's refusal or inability to answer questions.

Detainee's Name: Enter detainee's first and last name and middle initial.

Sex: Enter male (m) or female (f).

Date of Birth: Enter month, day and year.

Most Serious Charge(s): Enter the most serious charge or charges (no more than two [2]) from this arrest.

Date: Enter month, day and year form was completed.

Time: Enter the time of day the form was completed.

Name of Facility: Enter name of jail or lock-up.

Name of Screening Officer: Print name of officer completing form.

Prior ADM 330 on File: The screening officer should check facility files to determine if the detainee has had a screening completed during a prior incarceration.

### INSTRUCTIONS FOR ITEMS 1–16

#### General Instructions

Check the appropriate YES or NO for items 1–16.

If information required to complete these questions is unknown to screening officer, such information should be obtained by asking detainee to answer questions. However, detainee has the right to refuse to answer.

If detainee refuses to answer questions 2–12, enter RTA (refused to answer) in the Comment Column next to each question. In addition, complete the YES or NO boxes only if information is known to you.

If during an otherwise cooperative interview, detainee refuses to answer one or two question: Check YES in the box(es) next to the unanswered question(s) and enter RTA in the comment box next to each unanswered question.

If detainee is unable to answer all questions 2–12, enter UTA (unable to answer) in the Comment Column next to each question. Also enter reason (e.g., not English speaking) for not answering these questions in the Comment Column next to Question 2. In addition, complete the YES or NO boxes only if information is known to you.

#### Observation of Transporting Officer

ITEM (1) Check YES or NO based upon the written/verbal report of the arresting/transporting officer or upon the screening form completed by the arresting agency. If YES, notify supervisor.

**NOTE: The following questions and observations should not be read word for word but restated in your own words.**

#### Personal Data Questions

ITEM (2) Family/friends: Check NO if someone other than a lawyer or bondsman would (1) be willing to post detainee's bail, (2) visit detainee while he/she is incarcerated, or (3) accept a collect call from detainee.

ITEM (3) Significant loss: Ask all three components to this question—loss of job, loss of relationship and death of close friend or family member.

ITEM (4) Worried about problems: Ask about such problems as financial, medical condition or fear of losing job. Check YES if detainee answers YES to any of these.

ITEM (5) Family/significant other attempted suicide: Significant other is defined as someone who has an important emotional relationship with detainee.

ITEM (6) Alcohol or drug history: Check YES if detainee has had prior treatment for alcohol/drug abuse or if prior arrests were alcohol/drug related.

ITEM (7) History of counseling or mental health evaluation/treatment: Check YES if detainee (1) has ever had psychiatric hospitalization, (2) is currently on psychotropic medication, or (3) has been in outpatient psychotherapy. Note current psychotropic medication and name of most recent treatment agency. If YES, make appropriate referral to mental health.

ITEM (8) Check YES if detainee expresses extreme shame as result of arrest or feels that arrest/detention will cause humiliation to self/significant others. If YES, notify supervisor.

ITEM (9) Suicidal: Check YES if detainee makes suicidal statement or responds YES to direct question, "Are you thinking about killing yourself?" If YES, notify supervisor.

ITEM (10a&b) Previous attempt: Check YES if detainee states he has attempted suicide. If YES, explore method and note scars. Obtain as much information as possible re method and time of attempt. If YES to 10b, notify supervisor.

ITEM (11) Hopeless: Check YES if detainee states feeling hopeless, that he has given up, that he feels helpless to make his life better. If YES, notify supervisor.

ITEM (12) Criminal History: Ask detainee or check files to determine if this is detainee's first incarceration.

#### Behavior/Appearance Observations

YES or NO must always be checked for each of these items. They are observations made by the screening officer. They are not questions.

ITEM (13) Depression: Indicators include behavior such as crying, emotional flatness, apathy, lethargy, extreme sadness, unusually slow reactions.

ITEM (14) Overly anxious, afraid, panicked, or angry: Indicators include behavior such as handwringing, pacing, excessive fidgeting, profuse sweating, cursing, physical violence, etc.

ITEM (15) Acting in strange manner: Check YES if you observe unusual behavior or speech such as hallucinations, severe mood swings, disorientation, etc. If detainee is hearing voices telling him to harm himself, make an immediate referral to mental health services.

ITEM (16a) Under influence: Check YES if detainee is apparently intoxicated on drugs or alcohol or has been detained for the instant offence of DWI.

ITEM (16b) Signs of withdrawal: Means physical withdrawal from drugs or alcohol. If YES, notify supervisor and immediately refer to medical.

ITEM (16c) Check YES if detainee is showing signs of mental illness or is not oriented to person, place, or time. If YES, notify supervisor and immediately refer to medical/mental health.

**COMMENTS/IMPRESSIONS:** Note any "gut" feelings or general impression regarding suicide risk.

### SCORING

Count all checks in Column A. Enter total. Notify supervisor if (1) total is 8 or more, (2) any shaded area is checked, (3) if you feel notification is appropriate.

### BOOKING OFFICER SIGNATURE AND BADGE NUMBER

Sign form and enter badge number.

### SUPERVISOR SIGNATURE AND BADGE NUMBER

Sign form and enter badge number if required.

### DISPOSITION

Corrections Personnel: Supervisor notified: check YES or NO. Notification should be made prior to cell assignment. Note if constant supervision instituted. Note emergency/non-emergency referral to medical and/or mental health personnel.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**REPORT OF SUSPECTED  
CHILD ABUSE OR MALTREATMENT**

REPORT DATE	CASE ID	CALL ID
TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST./AGENCY

**SUBJECTS OF REPORT**

Line #	Last name	First name	Aliases	Sex (m, f, unk)	Birth day or Age mo/day/yr	Race code	Ethnicity (Ck only if hispanic/latino)	Relation code	Role code	Lang. code
1.							<input type="checkbox"/>			
2.							<input type="checkbox"/>			
3.							<input type="checkbox"/>			
4.							<input type="checkbox"/>			
5.							<input type="checkbox"/>			
6.							<input type="checkbox"/>			
7.							<input type="checkbox"/>			

MORE

List addresses and telephone numbers (using line numbers from above)	(Area code) Telephone No.

**BASIS OF SUSPICIONS**

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> DOA/fatality                                | <input type="checkbox"/> Poisoning/noxious substances   | <input type="checkbox"/> Swelling/dislocation/sprains     |
| <input type="checkbox"/> Fractures                                   | <input type="checkbox"/> Choking/twisting/shaking       | <input type="checkbox"/> Educational neglect              |
| <input type="checkbox"/> Internal injuries (e.g., subdural hematoma) | <input type="checkbox"/> Lack of medical care           | <input type="checkbox"/> Emotional neglect                |
| <input type="checkbox"/> Lacerations/bruises/welts                   | <input type="checkbox"/> Malnutrition/failure to thrive | <input type="checkbox"/> Inadequate food/clothing/shelter |
| <input type="checkbox"/> Burns/scalding                              | <input type="checkbox"/> Sexual abuse                   | <input type="checkbox"/> Lack of supervision              |
| <input type="checkbox"/> Excessive corporal punishment               | <input type="checkbox"/> Inadequate guardianship        | <input type="checkbox"/> Abandonment                      |
| <input type="checkbox"/> Child's drug/alcohol use                    | <input type="checkbox"/> Other (specify) _____          | <input type="checkbox"/> Parent's drug/alcohol misuse     |

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem. (If known, give time/date of alleged incident)

MO  
DAY  
YR

Time :  AM  PM

Additional sheet attached with more explanation.    **The Mandated Reporter Requests Finding of Investigation**     YES     NO

**CONFIDENTIAL**

**SOURCE(S) OF REPORT**

**CONFIDENTIAL**

NAME	(Area Code) TELEPHONE	NAME	(Area Code) TELEPHONE
ADDRESS		ADDRESS	
AGENCY/INSTITUTION		AGENCY/INSTITUTION	

**RELATIONSHIP**

- Med. exam/coroner     Physician     Hosp. staff     Law enforcement     Neighbor     Relative     Instit. staff  
 Social services     Public health     Mental health     School staff     Other (specify)

<b>For use by Physicians only</b>	MEDICAL DIAGNOSIS ON CHILD	SIGNATURE OF PHYSICIAN WHO EXAMINED/TREATED CHILD	(AREA CODE) TELEPHONE NO.
	Hospitalization required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks	<b>X</b>	(    )
Actions taken or About to be taken	<input type="checkbox"/> Medical exam <input type="checkbox"/> X-ray <input type="checkbox"/> Hospitalization	<input type="checkbox"/> Removal/keeping <input type="checkbox"/> Returning home	<input type="checkbox"/> Notify medical examiner/coroner <input type="checkbox"/> Notified DA
SIGNATURE OF PERSON MAKING THIS REPORT: <b>X</b>		TITLE	DATE SUBMITTED mo.   day   yr. /   /



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**RAISING THE LOWER AGE OF JUVENILE DELINQUENCY  
DIFFERENTIAL RESPONSE REFERRAL FORM**

New York State passed legislation that raised the lower age (RTLA) of juvenile delinquency from 7 to 12 years of age, except for alleged homicide related offenses (Chapter 810 of the Laws of 2021, as amended by Chapter 38 of the Laws of 2022). As of December 29, 2022, the new law requires that each local department of social services (LDSS) establish an RTLA differential response (DR-RTLA) program for children under 12 years old who no longer fall under the definition of juvenile delinquent under [section 301.2 of the Family Court Act](#) (FCA), and whose behavior would otherwise bring them under the jurisdiction of the family court pursuant to Article 3 of the FCA.

**It is critical that the referral source complete and submit this form to the DR-RTLA program, so the DR-RTLA is aware of the reason for the child's contact with law enforcement (as applicable), can contact the child's family successfully, and offer needed services and supports.**

Date:        /        /	
Name of agency or organization referring the child:	
LDSS differential response program referred child to:        (LDSS <a href="#">DR-RTLA contacts</a> ).	
Name of child:	Child's DOB:        /        /
Address:	Child's Sex at Birth:
Name of parent or person legally responsible for the child:	
Telephone number: (        )        -	Email address:

**Information related to the behavioral incident**

Child's behavior:	Date:        /        /	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Please include in the child's behavior description the reason it is believed this behavior would otherwise bring the child under the jurisdiction of the family court pursuant to Article 3 of the FCA but for their age.		
Location of child's behavior:		
Referral source name and title (as applicable):		
Telephone number: (        )        -	Email address:	

**Instructions:**

1. Referral source shall forward a copy of this referral form and any supporting information to the LDSS differential response contact (LDSS [DR-RTLA contacts](#)).
2. The parent or caretaker for the child shall also receive a copy of this referral form and the contact information for the LDSS differential response program.
3. Any immediate safety concerns for the child or others should be addressed immediately through current protocols and procedures as the LDSS differential response is not an emergency service.

# New York State Public Safety Naloxone Quality Improvement Usage Report

Print Form

Version: 3/10/2015

**Date of Overdose:**  /  /   :  :    AM  PM

**Arrival Time of Responder:**  :   AM  PM

**Arrival Time of EMS:**  :   AM  PM

Agency Case #:  Gender of the Person Who Overdosed:  Female  Male  Unknown Age:

ZIP Code Where Overdose Occurred:  County Where Overdose Occurred:

**Aided Status Prior to Administering Naloxone:** (Check one in each section.)

**Responsiveness:**  Unresponsive  Responsive but Sedated  Alert and Responsive  Other (specify):

**Breathing:**  Breathing Fast  Breathing Slow  Breathing Normally  Not Breathing

**Pulse:**  Fast Pulse  Slow Pulse  Normal Pulse  No Pulse  Did not Check Pulse

**Aided Overdosed on What Drugs:** (Check all that apply.)

Heroin  Benzos/Barbiturates  Cocaine/Crack  Buprenorphine/Suboxone  Pain Pills  Unknown Pills

Unknown Injection  Alcohol  Methadone  Don't Know  Other (specify):

**Administration of Naloxone** Number of naloxone vials used:  1 vial  2 vials  3 vials  4 vials  > 4 vials

**How long did 1st dose of naloxone take to work:**  < 1 minute  1-3 minutes  4-5 minutes  >5 minutes  Don't Know  Didn't Work

**Aided's response:**  Combative  Responsive & Angry  Responsive & Alert  Responsive but Sedated  Unresponsive but Breathing  No Response

**If 2nd dose given, was it:**  IN (intranasal)  IM (intramuscular)  IV (intravenous)

**How long after 1st dose was 2nd dose administered:**  < 1 minute  1-3 minutes  4-5 minutes  >5 minutes  Don't Know

**Aided's response:**  Combative  Responsive & Angry  Responsive & Alert  Responsive but Sedated  Unresponsive but Breathing  No Response

**Post-naloxone symptoms:** (Check all that apply.)

None  Dope Sick (e.g. nauseated, muscle aches, runny nose and/or watery eyes)  Respiratory Distress

Seizure  Vomiting  Other (specify):

**What Else was Done by the Responder:** (Check all that apply.)

Yelled  Shook Them  Sternal Rub  Recovery Position  Bag Valve Mask  Mouth to Mask  Mouth to Mouth

Defibrillator (if checked, indicate status of shock):  Defibrillator - no shock  Defibrillator - shock administered

Chest Compressions  Oxygen  Other (specify):

**Was Naloxone Administered by Anyone Else at the Scene:** (Check all that apply.)

EMS  Bystander  Other (specify):

**Disposition:** (Check one.)  Transported by EMS  EMS Transport Refused  Other (specify):

**Did the Person Live:**  Yes  No  Don't Know

**Hospital Destination:**  **Transporting Ambulance:**

**Comments:**

**Administering Responder's Information:** Agency:   Police  Fire  EMS Badge #:

Last Name:  First Name:

Please send the completed form to the NYS Department of Health using any one of the three following methods:

E-mail: oper@health.ny.gov  
Fax: (518) 402-6813

Mail: Shu-Yin John Leung  
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Empire State Plaza CR342  
Albany, New York 12237