The New York State Office of Victim Services (OVS or Office) announces that, effective January 20, 2016, established legal and social service providers may notify the Office of Temporary and Disability Assistance (OTDA) and the Division of Criminal Justice Services (DCJS) of a person that reasonably appears to be a human trafficking victim. The notification must be done by way of the attached referral form and with the victim’s consent. Upon receipt of such a notification, DCJS, in consultation with OTDA, will make a preliminary assessment of whether such victim appears to meet the criteria for certification as a victim of a severe form of trafficking in persons as defined in Section 7105 of Title 22 of the United States Code (Trafficking Victims Protection). If it is determined that the victim appears to meet the criteria of a trafficking victim in New York State, OTDA will report the finding to the victim by way of a confirmation letter.

This confirmation letter will aid trafficking victims in obtaining services which may include, but are not limited to, crime victim services, case management, emergency temporary housing, health care, mental health counseling, drug addiction screening and treatment, language interpretation and translation services, English language instruction, job training and placement assistance, post-employment services for job retention, and services to assist the individual and any of his or her family members to establish a permanent residence in New York state or the United States.

Should you have questions regarding this notice please contact Shelby Foster, Associate Attorney, at (518) 457-8066.

On behalf of the New York State Office of Victim Services, thank you for working with us to provide the highest quality services to crime victims.

Elizabeth Cronin, Esq.
Director
New York State Referral of Human Trafficking Victim

FAX TO 518-485-9611

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

Date Form Faxed: _____/_____/_______ Time Form Faxed: _____ : _____ a.m. / p.m. (circle one)

Victim’s Name: ____________________________________________________________ Victim’s DOB: _____/_____/_______

Victim’s Gender: __________________________________________________________

Was victim trafficked from another country? YES__ NO__ DON’T KNOW__

Penal Law crime committed against victim: Sex Trafficking/Penal Law §230.34___ Labor Trafficking/Penal Law §135.35___

Incident number: _______________________________________________________________________________________________________

Date & Jurisdiction where Penal Law crime occurred: ____________________________________________________________________________

Is victim willing to assist in investigation/prosecution of trafficker(s)? YES___ NO___

Was victim arrested? YES__ NO__ Court case is pending in: ________________________________

Statutory Referral Source: __________________________________________________________

Contact person: _____________________________________________________________________

Telephone (______) ______________________ E-mail ________________________________

Address __________________________________________________________________________

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

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

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________