

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**LAW ENFORCEMENT REPORT  
OF A CHILD SEX TRAFFICKING VICTIM**

**Directions:** If the youth is in immediate danger, do not complete this form, call 9-1-1. Otherwise, complete the following questions:

1. Is the youth under 21 years old and in the care, custody, or supervision of the New York State Office of Children and Family Services (OCFS), local department of social services (LDSS), or a voluntary authorized agency (VA)?  
 Yes – **CONTINUE**     No – **STOP**, do not complete this form.
2. Are you submitting this form to notify law enforcement of a missing child or a youth who is absent from care?  
 Yes – **STOP**, do not complete this form; refer to [16-OCFS-ADM-09](#)     No – **CONTINUE**
3. Does the youth meet one or more of the criteria below (Check all that apply.)

<b>Child Meets Federal Definition of a Child Sex Trafficking Victim - ONE or more of these indicators:</b>	
Child needs to be documented as a trafficking victim in CONNECTIONS or JJIS (for DJJOY) and trafficking response protocol followed (see policy or desk aid <sup>1</sup> ).	
Child reports engaging in commercial sex act(s) (a sex act where something of value is received).	<input type="checkbox"/>
Child reports he/she has been prostituted or trafficked.	<input type="checkbox"/>
There are photos or videos of the child being victimized and/or being used to advertise the child for sexual purposes (Backpage, Craigslist, etc.).	<input type="checkbox"/>
Law enforcement refers child to services instead of arresting for prostitution, or does arrest for prostitution.	<input type="checkbox"/>
Child reports trading sex for a place to stay, food, drugs, or anything of value.	<input type="checkbox"/>
Child reports being involved in the sex industry (working in strip clubs, private sex parties, etc.).	<input type="checkbox"/>
Someone witnesses the child engaged in a commercial sex act.	<input type="checkbox"/>
Youth over 18 is engaging in prostitution or commercial sex acts due to force, fraud or coercion.	<input type="checkbox"/>

- Yes – **CONTINUE**     No – **STOP**, do not complete this form.
4. Are there any federal, state, county, or municipal law enforcement agencies already involved in the youth’s case relevant to his or her trafficking victimization? (This includes law enforcement involved in Multidisciplinary Teams (MDT) or Child Advocacy Centers (CAC), as well as Department of Labor investigators. This **does not** include probation officers nor instances where a youth has been accused of a crime, including loitering or prostitution.)  
 Yes – **STOP**, do not complete this form.     No - **CONTINUE**

**If all four conditions are met, continue completing this form. If not, stop here.**

<sup>1</sup> The terms “child” and “youth” are used interchangeably throughout this form.

<sup>2</sup> [Requirements to Identify, Report, and Provide Services to Child Sex Trafficking Victims \(for LDSSs and VAs\) or Child Sex Trafficking/Commercially Sexually Exploited Children \(CSEC\) \(for DJJOY\).](#)

**Youth Information**

Youth's name: \_\_\_\_\_ Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Youth's DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Youth's gender:  Male  Female  Trans-male  Trans-female  Gender Non-conforming

Youth's current address: \_\_\_\_\_

Legal permanent address (if different than current address): \_\_\_\_\_

Youth's phone number: Cell: ( ) - Secondary: ( ) -

Youth's social media handles (Email address, Instagram, Snapchat, Twitter, Facebook, Kik, WhatsApp etc.):

Describe any visible physical marks (branding, tattoos, etc.) on the youth's body:

Addresses/locations where youth often spends time or sleeps:

**Trafficking Situation**

Describe what is known about the trafficking situation:

Do you believe the youth is currently being trafficked?  Yes  No

Date of most recent victimization, if known: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

County/city/borough(s) where trafficking act(s) occurred, if known:

Any information about the alleged perpetrator(s), including names and nicknames, if known:

*If the alleged perpetrator is the youth's parent, guardian, or a person legally responsible for his or her well-being, a report **must also be made** to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) by calling **1-800-342-3720**.*

If an SCR report was made check "Yes" box:  Yes

**Person Completing This Form**

Name: \_\_\_\_\_ Phone number: (     )     - \_\_\_\_\_

Agency/District: \_\_\_\_\_

Name of your supervisor: \_\_\_\_\_ Supervisor's phone number: (     )     - \_\_\_\_\_

Evening contact name and phone number for person familiar with this report: \_\_\_\_\_

**Next Steps**

1. Submit only the completed form (no other documentation), **immediately or within 24 hours to:**

**New York City:** Scan and email the form to [VED@nypd.org](mailto:VED@nypd.org), copied to [Child.trafficking@acs.nyc.gov](mailto:Child.trafficking@acs.nyc.gov), then call the Vice Enforcement Division Office at 212-694-3013 and explain you emailed a law enforcement report (LER) for review. Ask for the New York City Police Department LER number and the name of the detective for documentation in CONNECTIONS or in the Juvenile Justice Information System (JJIS) and in the Child Trafficking Database (CTDB). If you emailed the LER after business hours, please ensure a follow-up phone call occurs immediately on the next business day.

For questions, email [Child.trafficking@acs.nyc.gov](mailto:Child.trafficking@acs.nyc.gov)

**Rest of State:** New York State Intelligence Center (NYSIC) at **518-786-9398**

2. Place a copy of this form and the fax confirmation in the youth's case file.

The notification process is complete once the documentation is filed. After faxing this form, do not make additional law enforcement referrals (except calling 9-1-1 relevant to immediate danger).

For questions, refer to the [FAQs](#) attached to [15-OCFS-ADM-16](#), contact your OCFS regional office, or email [humantrafficking@ocfs.ny.gov](mailto:humantrafficking@ocfs.ny.gov).

**For law enforcement use only:**

Case/Complaint Number: \_\_\_\_\_