



NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NEW YORK 12243-0001

David A. Paterson
Governor

David A. Hansell
Commissioner

ATTACHMENT A
NOTICE OF CONFIRMATION AS A HUMAN TRAFFICKING VICTIM IN NEW YORK STATE

[date]

[name]

[c/o referring law enforcement agency or district attorney's office, RHTP case management provider, local department of social services, or other service provider]

[number and street]

[city, state, zip code]

Dear [name],

The New York State Division of Criminal Justice Services, in consultation with the New York State Office of Temporary and Disability Assistance and [referring law enforcement agency or district attorney's office], has reviewed the information that [referring law enforcement agency or district attorney's office] supplied on [date(s)] regarding your circumstances.

The New York State Division of Criminal Justice Services has determined that you MEET THE CRITERIA FOR CONFIRMATION as a human trafficking victim in New York State.

Under New York State law, you may be entitled to assistance. We recommend that you contact the following service provider(s) (these service providers may require that you meet additional eligibility requirements):

[RHTP case management provider or local department of social services]
[number and street]
[city, state, zip code]
[telephone number]

[other appropriate state or federal agency, e.g., NYS Crime Victims Board]
[number and street]
[city, state, zip code]
[telephone number]

Under Section 483-DD of New York State Social Services Law, you or your representative may request that [referring law enforcement agency or district attorney's office] provide you with United States Citizenship and Immigration Services Form I-914, Supplement B – Declaration of Law Enforcement Officer for Victim of Trafficking in Persons. This document may assist you to obtain immigration status in the United States, if necessary, as well as assistance from the United States government.

"providing temporary assistance for permanent change"

Should you require further information or a copy of the explanation of this determination, please contact the New York State Office of Temporary and Disability Assistance at 518-961-5688. Either you or your representative may request a copy of the explanation of this determination.

Best wishes,

Christa M. Stewart, Esq.
Coordinator, NYS Anti-Trafficking Program

Cc: Mark Bonacquist, Division of Criminal Justice Services