



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 B

NOTICE OF MINOR INDIVIDUAL REFERRED FOR CONFIRMATION
AS A HUMAN TRAFFICKING VICTIM IN NEW YORK STATE

[date]

[name], Commissioner
[local department of social services]
[number and street]
[city, state, zip code]

Dear Commissioner [name],

The purpose of this letter is to notify you that [referring law enforcement agency or district attorney's office] referred an individual under the age of 18 in [name of county] County to the New York State Division of Criminal Justice Services (DCJS) and the NYS Office of Temporary and Disability Assistance (OTDA) for confirmation as a human trafficking victim in NYS. His/her name is [name of individual] and his/her last known location is:

[c/o individual or organization]
[number and street]
[city, state, zip code]
[telephone number]

Regardless of whether [name of individual] meets the criteria for confirmation as a human trafficking victim in NYS, s/he may be considered an endangered or destitute child requiring the assistance of [local department of social services].

If you have any questions, please do not hesitate to contact me at 212-961-5688.

Sincerely,

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

cc: Mark Bonacquist, Division of Criminal Justice Services