

**NEW JERSEY ATTORNEY GENERAL DIRECTIVE NO. 2012-2**  
**REPORT OF HUMAN TRAFFICKING CASES**

**ARREST REPORT**

Name(s) and Date of Birth of Defendant(s): \_\_\_\_\_

Date of Arrest: \_\_\_\_\_

Date to be Arrested: \_\_\_\_\_

Are any victims juveniles:  YES  NO

# of Identified Victims: \_\_\_\_\_

**CRIMES CHARGED OR CONTEMPLATED**

<input type="checkbox"/> <b><u>N.J.S.A. 2C: 13-8 Human Trafficking</u></b> Degree of Crime: _____	<input type="checkbox"/> <b><u>N.J.S.A. 2C: 13-1 Kidnapping</u></b> Degree of Crime: _____
<input type="checkbox"/> <b><u>N.J.S.A. 2C:13-9 Facilitation of Human Trafficking</u></b> Degree of Crime: _____	<input type="checkbox"/> <b><u>N.J.S.A. 2C: 24-4: Endangering Welfare of Child</u></b> Degree of Crime: _____
<input type="checkbox"/> <b><u>N.J.S.A. 2C: 13-2 Criminal Restraint</u></b> Degree of Crime: _____	<input type="checkbox"/> <b><u>N.J.S.A. 2C: 13-3 False Imprisonment</u></b> Degree of Crime: _____
<input type="checkbox"/> <b><u>N.J.S.A. 2C: 13-5 Criminal Coercion</u></b> Degree of Crime: _____	<input type="checkbox"/> <b><u>N.J.S.A. 2C: 13-6 or 7 Luring</u></b> Degree of Crime: _____
<input type="checkbox"/> <b><u>N.J.S.A. 2C: 14-2 Sexual Assault</u></b> Degree of Crime: _____	<input type="checkbox"/> <b><u>N.J.S.A. 2C: 34-1 Prostitution</u></b> Degree of Crime: _____
<input type="checkbox"/> <b><u>N.J.S.A. 2C: 12-1 Assault</u></b> Degree of Crime: _____	<input type="checkbox"/> <b><u>N.J.S.A. 2C: 12-3 Terroristic Threats</u></b> Degree of Crime: _____
<input type="checkbox"/> <b><u>N.J.S.A. 2C: 39-4 Possession of Weapons for Unlawful Purpose</u></b> Degree of Crime: _____	<input type="checkbox"/> <b><u>N.J.S.A. 2C: 39-5 Unlawful Possession of Weapons</u></b> Degree of Crime: _____
<input type="checkbox"/> <b><u>N.J.S.A. 2C: 35-5 Distribution of CDS</u></b> Degree of Crime: _____	<input type="checkbox"/> <b><u>N.J.S.A. 2C: _____ OTHER</u></b> Degree of Crime: _____

**Investigating Agency:** \_\_\_\_\_

**Reporting Agency:** \_\_\_\_\_

**Investigating Detective:** \_\_\_\_\_

**Reporting AP or Detective:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

(WHEN COMPLETE PLEASE FAX TO THE ATTENTION OF DAG ANNMARIE TAGGART  
 AT 973-599-5982 OR EMAIL AT [TAGGARTAM@NJDCJ.ORG](mailto:TAGGARTAM@NJDCJ.ORG). FOR QUESTIONS, PLEASE  
 CALL DAG TAGGART AT 973-599-5882)