NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**RAISING THE LOWER AGE OF JUVENILE DELINQUENCY**

**Differential Response Referral Form**

New York State passed legislation that raised the lower age (RTLA) of juvenile delinquency from 7 to 12 years of age, except for alleged homicide related offenses (Chapter 810 of the Laws of 2021, as amended by Chapter 38 of the Laws of 2022). As of December 29, 2022, the new law requires that each local department of social services (LDSS) establish an RTLA differential response (DR-RTLA) program for children under 12 years old who no longer fall under the definition of juvenile delinquent under [section 301.2 of the Family Court Act](https://codes.findlaw.com/ny/family-court-act/fct-sect-301-2.html) (FCA), and whose behavior would otherwise bring them under the jurisdiction of the family court pursuant to Article 3 of the FCA.

**It is critical that the referral source complete and submit this form to the DR-RTLA program, so the DR-RTLA is aware of the reason for the child’s contact with law enforcement (as applicable), can contact the child's family successfully, and offer needed services and supports.**

|  |  |
| --- | --- |
| Date:       /       / |  |
| Name of agency or organization referring the child: | |
| LDSS differential response program referred child to:       ([LDSS DR-RTLA contacts](https://ocfs.ny.gov/programs/youth/assets/docs/LDSS-Differential-Response-Contacts.pdf)). | |

|  |  |  |
| --- | --- | --- |
| Name of child: | | Child’s DOB:       /       / |
| Address: | | Child’s Sex at Birth: |
| Name of parent or person legally responsible for the child: | | |
| Telephone number: (     )       - | Email address: | |

**Information related to the behavioral incident**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s behavior: | | Date:       /       /       Time: | AM  PM |
| Please include in the child's behavior description the reason it is believed this behavior would otherwise bring the child under the jurisdiction of the family court pursuant to Article 3 of the FCA but for their age. | | | |
| Location of child’s behavior: | | | |
| Referral source name and title (as applicable): | | | |
| Telephone number: (     )       - | Email address: | | |

**Instructions:**

1. Referral source shall forward a copy of this referral form and any supporting information to the LDSS differential response contact ([LDSS DR-RTLA contacts](https://ocfs.ny.gov/programs/youth/assets/docs/LDSS-Differential-Response-Contacts.pdf)).
2. The parent or caretaker for the child shall also receive a copy of this referral form and the contact information for the LDSS differential response program.
3. Any immediate safety concerns for the child or others should be addressed immediately through current protocols and procedures as the LDSS differential response is not an emergency service.