



VERIFICATION OF INCIDENT (Spanish)

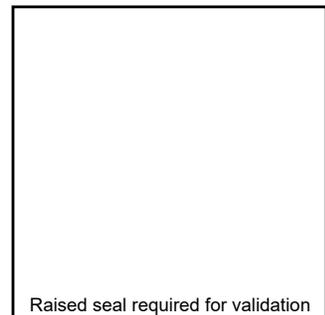
PD 542-061 (Rev 04-22)

Las solicitudes de informes de verificación de incidentes realizadas por denunciantes/víctimas, sus representantes autorizados o un tercero autorizado se completarán sin cargo. Los denunciantes/las víctimas que designen un representante autorizado también deben completar y enviar una CARTA DE AUTORIZACIÓN notariada [página 2]. Todos los solicitantes deben adjuntar un sobre sellado con su dirección. Las solicitudes se deben enviar por correo a: New York City Police Department, Criminal Records Section (Verification Unit), 375 Pearl Street, Suite 4, 16th Floor, New York, NY 10038. ** SOLO SE ACEPTAN SOLICITUDES POR CORREO ELECTRÓNICO O POR CORREO ** La Sección de Antecedentes Penales no está abierta al público y no proporciona copias de informes en persona. Los denunciantes/las víctimas también pueden pedir una copia del informe de verificación de incidente enviando su solicitud en línea a <https://www1.nyc.gov/site/nypd/services/law-enforcement/record-requests.page>. Para encontrar este registro, DEBE proporcionar toda la información que se solicita a continuación, en particular el número de la denuncia y el precinto del registro (incidente). Sin esta información, no se puede realizar la verificación de su solicitud. El número de denuncia se puede obtener llamando al precinto o al escuadrón de detectives correspondiente en el horario de 7 a.m. a medianoche.

FOR USE BY NYPD

* Número de la denuncia		* Precinto de la denuncia		Lugar del incidente	
Enviar el registro por correo a: <i>(Escriba en letra de imprenta o a máquina)</i>				Nombre completo y dirección del denunciante/la víctima como consta en la denuncia al Departamento de Policía	
Fecha de denuncia a la Policía		Hora <i>(si se conoce)</i>		Este informe se refiere a: <input type="checkbox"/> Un delito <input type="checkbox"/> Propiedad perdida <input type="checkbox"/> Otro <i>(describir)</i>	
Fecha y hora del incidente <i>(si es diferente de la fecha de la denuncia)</i>	Fecha	Hora	Nombre del agente que recibió su denuncia, si se conoce.		
Cualquier información adicional que pueda ayudar a buscar su registro					
Nombre del solicitante			Firma del solicitante		Fecha

FOR POLICE DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE
THE FOLLOWING IS A VERIFICATION OF THE ABOVE REQUEST INCLUDING PROPERTY INVOLVED



Raised seal required for validation

Alarm No.	Report verified by <i>(print title, name/sign)</i>	Date
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**LETTER OF AUTHORIZATION FOR VERIFICATION OF INCIDENT REQUEST
(Only complete if designating an authorized representative)**

Complainant/Victim's Name: _____

Address: _____

Date of Occurrence: _____

Precinct of Occurrence: _____

Location Incident Occurred: _____

Name of Authorized Representative: _____

Authorized Representative's Address: _____

To: *New York City Police Department, Criminal Records Section (Verification Unit)
375 Pearl Street, Suite 4, 16th Floor, New York, NY 10038*

This letter confirms my designation of the individual or firm listed above as my authorized representative to act on my behalf for the sole purpose of requesting incident information from the New York City Police Department in connection with the above-captioned occurrence and the accompanying completed VERIFICATION OF INCIDENT (PD 542-061) form. My authorized representative is hereby granted the right of access to information and the right to act as my agent regarding this request, and all communications sent by the New York City Police Department in regards to this request should be directed to the attention of the authorized representative. However, this does not preclude my intervention at a future date, and this authorization may be revoked, in writing, by me at any time.

I understand that when releasing information to the authorized representative, the New York City Police Department has no authority to control the future use or dissemination of this information. Therefore, I release the New York City Police Department, the City of New York and any officers, agents, or employees, thereof, from any and all liability that may arise out of the authorized representative's possession and the use of the information and records.

This written authorization is effective the date signed and will remain in effect until the request has been completed or the authorization is revoked by me, in writing, whichever occurs first.

Complainant/Victim's Name (*Please Print*)

Date

Complainant/Victim's Signature

STATE OF NEW YORK

SS.:

COUNTY OF _____

On the _____ day of _____ in the year 20 _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Signature

[Affix Notary Stamp]