

## U.S. Coast Guard

**FAMILY ADVOCACY VICTIM REPORTING PREFERENCE STATEMENT****PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 USC 301; 14 USC 632; 44 USC Chapters 29, 31 and 33; 10 USC 1058 and 1059; COMDTINSTs 1752.1 (series) and 1754.16 (series)

**PRINCIPAL PURPOSE:** To identify and record information on incidents of child and adult partner abuse and neglect and provide protection and treatment to military members and their families.

**ROUTINE USES:** To verify that Family Advocacy Program (FAP) clients are informed of the limits of confidentiality in accepting FAP services. Incident data, risk assessments, safety and treatment plans are used to determine what course of action is needed to ensure that the right services and treatment are provided to FAP clients. Information is also used for quality assurance purposes to improve FAP services. FAP personnel use the data to identify incidence and prevalence rates and trends, track involved families, and to justify appropriate resource allocation. Information provided on this form will not be disclosed externally except in accordance with DHS/USCG-028 Family Advocacy Case Records Systems of Records, 73 FR 77782 (December 19, 2008).

**DISCLOSURE:** Voluntary; however, failure to provide information may delay the provision of appropriate services to the individual.

**1. REPORTING PROCESS AND OPTIONS DISCUSSED WITH THE FAMILY ADVOCACY SPECIALIST (FAS), HEALTH CARE PROVIDER (HCP), OR VICTIM ADVOCATE (VA)**

I, \_\_\_\_\_, had the opportunity to talk with a FAS, HCP, or VA before selecting a reporting option.

**2. UNRESTRICTED REPORTING – REPORTING A CRIME WHICH IS INVESTIGATED**

<b>INITIALS</b>	I understand that my command, or the command of my sponsor if I am a dependent, will be notified that I am a victim of intimate partner maltreatment. I also understand that law enforcement may be notified and that a criminal investigation may be started. I understand I can receive medical treatment, advocacy services, and counseling. The full range of victim protection actions may be available to me, such as being separated from the offender or receiving a military protective order against the offender.
-----------------	--

**3. RESTRICTED REPORTING – CONFIDENTIALLY REPORTING A CRIME WHICH IS NOT INVESTIGATED**

<b>INITIALS</b>	a.	I understand that I can confidentially receive medical treatment, advocacy services, and counseling, but law enforcement and command will NOT be notified. My report will NOT trigger an investigation; therefore, no action will be taken against the offender as the result of my report.
<b>INITIALS</b>	b.	I understand that there are exceptions to "Restricted Reporting" (see exceptions below). If an exception applies, limited details of my allegation may be revealed to satisfy the exception. Further disclosure will not be made unless I authorize the disclosure in writing.
<b>INITIALS</b>	c.	I understand that all state laws, local laws or international agreements that may limit some or all of the CG's restricted reporting protections have been explained to me. In _____, medical authorities must report the intimate partner maltreatment to _____.
<b>INITIALS</b>	d.	I understand that the FAS or his/her supervisor will provide information that does not reveal my identity, nor that of my offender, to the responsible senior commander. This information is required for the purposes of public safety and providing command a clear picture of the type of intimate partner maltreatment incidents within their command to enhance the ability of command to provide a safe environment.
<b>INITIALS</b>	e.	I understand that if I talk about my abuse to anyone other than the FAS, HCP, or VA, it may be reported to command and law enforcement which could lead to an investigation.
<b>INITIALS</b>	f.	I understand that by choosing "Restricted Reporting," the full range of victim protection actions may not be available, such as being separated from the offender or receiving a military protective order against the offender.
<b>INITIALS</b>	g.	I understand that the FAS, HCP, or VA, and their supervisors, may discuss the details of my case when receiving supervision to ensure effective delivery of services.
<b>INITIALS</b>	h.	I understand that I may change my mind and report the abuse at a later time as an "Unrestricted Report", and that law enforcement and command will be notified. I also understand delayed reporting may limit the ability to prosecute the alleged offender. If the case goes to a judicial proceeding, my FAS and others providing care may be called to testify about any information I disclosed.
<b>INITIALS</b>	i.	I understand that if I do not choose a reporting option at this time, the commander or designated person within the chain of command and law enforcement will be notified.

**4. EXCEPTIONS TO "RESTRICTED REPORTING"**

<b>INITIALS</b>	I understand that in cases in which a victim elects restricted reporting, the prohibition on disclosing covered communications to the following persons or entities will be suspended when disclosure is made to the following persons for the reasons stated:
-----------------	--

- |    |  |
|----|--|
| 1. | Named individuals when disclosure is authorized by the victim for the purpose of receiving treatment and services.   |
| 2. | Command officials or law enforcement when necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person.  |
| 3. | Officials at agencies authorized by law to receive reports of child maltreatment when, as a result of the victim's disclosure, the FAS, HCP, or VA has a reasonable belief that child maltreatment has also occurred.  |
| 4. | Disability Retirement Boards when required for fitness for duty for disability retirement determinations. Disclosure is limited to only that information necessary to process the disability retirement determination. |

5.	Supervisors of the FAS, HCP, or VA when disclosure is required for the supervision of victim treatment and services.	
6.	Military or civilian courts when ordered, or other officials when required by Federal or State statute or U.S. international agreement.	
<b>5. VICTIM RIGHTS</b>		
<b>INITIALS</b>	I understand that a person who has suffered direct physical, emotional, or financial harm as a result of a commission of an offense under the Uniform Code of Military Justice has the following rights:	
1.	The right to be reasonably protected from the accused.	
2.	The right to reasonable, accurate, and timely notice of any of the following: a. A public hearing concerning the continuation of confinement prior to trial of the accused. b. A preliminary hearing under Article 32. c. A court-martial relating to the offense. d. A public proceeding of the service clemency and parole board relating to the offense. e. The release or escape of the accused, unless such notice may endanger the safety of any person.	
3.	The right not to be excluded from any public hearing or proceeding unless the military judge or investigating officer determines after receiving clear and convincing evidence that testimony by the victim would be materially altered.	
4.	The right to be reasonably heard at any of the following: a. A public hearing concerning the continuation of confinement prior to trial of the accused. b. A sentencing hearing relating to the offense. c. A public proceeding of the service clemency and parole board relating to the offense.	
5.	The reasonable right to confer with the government in any of the proceedings under subparagraph 2 above.	
6.	The right to receive restitution as provided in law.	
7.	The right to proceedings free from unreasonable delay.	
8.	The right to be treated with fairness and with respect for the dignity and privacy of the victim.	
<b>6. SPECIAL VICTIM COUNSEL SERVICES FOR VICTIMS OF SEX-RELATED OFFENSES - AVAILABLE UNDER BOTH RESTRICTED AND UNRESTRICTED REPORTING OPTIONS</b>		
<b>INITIALS</b>	a.	I understand that I may be assigned a Special Victims' Counsel (SVC) who would be able to assist me in understanding legal issues and victim rights that may be involved in my situation.
<b>INITIALS</b>	b.	I understand that should I decline SVC services at this time, that I can change my mind at any time in the future and SVC services will be provided to me.
<b>INITIALS</b>	c.	I hereby request SVC services.
<b>INITIALS</b>	d.	I refuse SVC services at this time.
<b>7. CHOOSE A REPORTING OPTION</b>		
<b>INITIALS</b>	a.	<b>Unrestricted Report.</b> I elect Unrestricted Reporting and have decided to report that I am a victim of intimate partner maltreatment to command, law enforcement, or other military authorities for investigation of this crime.
<b>INITIALS</b>	b.	<b>Restricted Report.</b> I elect Restricted Reporting and have decided to confidentially report that I am a victim of intimate partner maltreatment. The command will NOT be provided with information about my identity. Law enforcement or other military authorities will NOT be notified unless one of the exceptions applies. I understand the information I provide will NOT start an investigation or be used to punish an offender.
a. SIGNATURE OF VICTIM		b. DATE (YYYYMMDD)
c. SIGNATURE OF FAS, HCP, OR VA		d. DATE (YYYYMMDD)
<b>8. RECONSIDERATION</b>		
a. I have reconsidered my previous selection of "Restricted Reporting," and I would like to make an "Unrestricted Report" of my victimization to authorities for a possible investigation.		
b. SIGNATURE OF VICTIM		c. DATE (YYYYMMDD)