**Advocate Privilege Request Form**

ATTACHMENTS CHECKLIST FOR ADVOCATE- VICTIM PRIVILEGE (90.5036)

Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Individual’s Job Title

[ ]  Individual’s Test Score

[ ]  Proof of Individual’s six (6) Hours of Additional Training

[ ]  Volunteer and/or Employment Start Date

[ ]  Employment and/or Volunteer Job Description

[ ]  Core Comp Agenda

[ ]  Sign-In Sheets for 24 Hours of Core Training

[ ]  30 Hours Date of Completion Listed on Affidavit

[ ]  Notarized & Completed Revised (9/11/20) Affidavit

Document(s) Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFFIDAVIT TO REGISTER D.V. ADVOCATES FOR ADVOCATE/VICTIM PRIVILEGED COMMUNICATION

(TO BE COMPLETED BY THE EXECUTIVE DIRECTOR OF THE CERTIFIED DOMESTIC VIOLENCE CENTER).

I hereby swear or affirm before a notary public that I am the Executive Director of the certified domestic violence center known as:

**PLEASE PRINT NAME OF CENTER**

The mailing address of which is:

## **PLEASE PRINT THE MAILING ADDRESS OF THE CENTER**

I also swear or affirm that the following people are domestic violence advocates who have received thirty hours of training in assisting victims of domestic violence and who are either employed or volunteer at the above-named center. **Please include advocate’s volunteer and/or job description with this affidavit.**

|  |  |  |
| --- | --- | --- |
| **Name (please print): Title: Test Score:** | **Date 30 Hours Completed:** | **Volunteer/Employment Date:** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **E.D. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name of E.D.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**On this day, the \_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, the person who signed this affidavit in my presence swore or affirmed before me that she or he is the executive director of the above named domestic violence center and that the persons whose names appear on this list are currently employed by or volunteer at the center as domestic violence advocates and that they have received at least thirty (30) hours of training in assisting victims of domestic violence. As identification, the person who signed this affidavit in my presence is either personally known to me or presented her or his Florida driver’s license or state authorized identification. If applicable the driver’s license number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*This form is not valid unless notarized.**

**Please, complete and submit this registration from to the Department of Children & Families via email at** **HQW.DV.PrivilegeQuestions@myflfamilies.com** **or through the use of the privilege web form.**

Additional 6 Hours for Victim-Advocate Privilege

Staff/Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use the space(s) below to document completion of “additional 6 hours” of domestic violence specific training. This may be done in one session or over a period of more than one session.

1. Date of Training: \_\_\_\_\_\_\_\_\_\_ Hours: \_\_\_\_\_\_\_\_\_

Content: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date of Training: \_\_\_\_\_\_\_\_\_\_ Hours: \_\_\_\_\_\_\_\_\_

Content: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Date of Training: \_\_\_\_\_\_\_\_\_\_ Hours: \_\_\_\_\_\_\_\_\_

Content: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date of Training: \_\_\_\_\_\_\_\_\_\_ Hours: \_\_\_\_\_\_\_\_\_

Content: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_