Connecticut Domestic Violence Fatality Review Team Recurrent Confidentiality Form

Meeting Date: _____

The effectiveness of the work of the Connecticut Domestic Violence Fatality Review Team is conditioned upon the confidentiality of the review process and the information shared. I agree that discussion and information obtained in the review process will remain strictly confidential and will not be used for any purpose outside this review process. Communications, oral and written, and documentation relating to this review shall remain confidential and are not subject to disclosure.

All case information shared at the Team meetings and outside of meetings between Team members is confidential. I agree to return all information received during the review process to the Team coordinator at the conclusion of each review.

I, the undersigned, as designated representative of the organization listed below, agree the information pertaining to victims and families will be respected and held in confidence

I understand that, as a committee of the Connecticut Coalition Against Domestic Violence, the professional liability policy of this agency will cover the functions and activities of the Committee. This in no way extends coverage to Committee members in any matters unrelated or unsanctioned by the Committee. Additionally, the Committee will specifically review cases that have passed the two-year civil statute of limitations for personal injury including wrongful death and cases that have no legal matters pending.

I, the undersigned, as designated representative of the agency listed below, agree the information pertaining to victims and families will be respected and held in confidence

By signing this document I agree to participate, support and assist the Connecticut Domestic Violence Fatality Review Committee, sponsored by the Connecticut Coalition Against Domestic Violence, in achieving its Mission.

Please sign the box next to your name below

Names are listed Alphabetically by last name

Team Members	Signature T	eam Members	Signature
Linda Blozie CCADV		Stan Konesky, Jr. P.O.S.T.	
Larry Bostrom Survivors of Homicide		Dorian Long DSS	
Shirley Bostrom Survivors of Homicide		Penni Micca Interval House	
Kathryn Ceruti CSSD Family Services Linda Cimino Office of Victim Services		Lori Rivenburgh Women's Support Services Margaret Rosa CCADV	
Kevin Dunn Chief State's Attorney Office Trish Froehlich		Howard Sovronsky Community Health Resources Beau Thurnauer	
State's Attorney Windham		East Hartford Police Department	
Margie Hudson Department of Public Health		Faith Voswinkel Child Advocate's Office	
Patrick Hynes Department of Corrections		Guest	
Tonya Johnson CCADV		Guest	