

Monticello Area Domestic Violence Fatality Review Team
MEMORANDUM OF AGREEMENT

I agree for my organization to be a full participant of the Monticello Area Domestic Violence Fatality Review Team. This participation will include providing an ongoing representative on a regular basis as a member of the team and providing the necessary data to support its mission as described in the Monticello Area Domestic Violence Fatality Review Team’s Protocol.

I understand that the mission of the Monticello Area Domestic Violence Fatality Review Team is to prevent family and intimate partner violence from escalating into homicide by constructively examining the circumstances of past and future deaths attributable to domestic violence, by making recommendations arising out of these deaths’ reviews, and by increasing coordination and communication between agencies and systems. Operating guidelines and confidentiality procedures that govern the fatality review team are those described in the Monticello Area Domestic Violence Fatality Review Team Protocol, and by Virginia Statute as incorporated therein.

This agreement will be in effect as of [date]. I can request a revision of this agreement within thirty (30) days of written notice. Notice of revision or termination of this Memorandum of Agreement will be sent to all members of the Core Team of the Monticello Area Domestic Violence Fatality Review Team.

Signed

Date

Agency