

**COCONINO COUNTY DOMESTIC VIOLENCE FATALITY REVIEW TEAM**

**CONFIDENTIALITY AGREEMENT**

By signing this form, I do hereby acknowledge and agree to the following:

I agree to serve as a member of the Coconino County Domestic Violence Fatality Review Team (CCDFVFT). I acknowledge that the effectiveness of the fatality review process is dependent on the quality of trust and honesty team members bring to it. Thus, I agree that I will not use any material or information obtained during the CCDFVFT review process for any reason other than that for which it was intended. I further agree to safeguard the records, reports, investigation material, and information I receive from unauthorized disclosure. Pursuant to A.R.S. § 41-198 (I), I will destroy all information and records concerning the victim and the family at the conclusion of a review. I will refrain from representing the views of the CCDFVFT to the media. I understand and acknowledge that the unauthorized disclosure of confidential records, reports, investigation materials and information may result in civil or criminal liability and exclusion from the CCDFVFT. **Violation of the confidentiality provision of A.R.S. § 41-198 is a Class 2 Misdemeanor.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**