

CITY OF PHOENIX DOMESTIC VIOLENCE FATALITY REVIEW TEAM Individual Confidentiality Agreement

to conduct a complete retrospective analysis of family or intimate partner violence death incidents. I, the undersigned, as a representative of	
swear or affirm that I shall not divudisclosed during any closed meeting records, discussions and opinions reasons other than those required	lge any information, records, discussions and opinions eting to review a specific death. Such information, is shall remain confidential and shall not be used for under § 41-198 of the <i>Arizona Revised Statutes or by</i> element is a Class 2 Misdemeanor.
Print Name	
 Signature	 Date