PINELLAS COUNTY FATALITY REVIEW TEAM

My signature below indicates that I understand the following:

1. The purpose of the Fatality Review Team is to conduct a full examination of domestic violence related death incidents.
2. No material will be taken from the meeting with case identifying information.
3. The confidentiality of the information and records is governed by applicable Florida Law.
4. Team discussions are confidential: No findings will be discussed outside the room except as noted in minutes and reports to the community (in aggregate form).

Date of Review _____ Location of meeting _____

MEMBERS AND AGENCY REPRESENTATIVES AT REVIEW

PRINT NAME	SIGNATURE	OFFICE PHONE