



Victim Advocate Case Log

Rev 4 Nov 08

Name: ARIANA KLAY 1st Lt  
 SSN: 582-94-8850  
 Adult: Child IP SA X  
 Address: 729 10th SE, Washington DC  
 Home: N/A  
 Work: 703-1014-3030  
 Cell: 703-389-4040  
 E-Mail: ARIANAKLAY@gmail.com  
 # of Children in Home: N/A Age:     

Case Manager: SARC - LISA THOMAS  
 Date Recd: 018/10  
 Case Number:       
 Sponsor: Self  
 Sponsor SSN: Self  
 Special Note: S-3 Officer HQMC HH  
 \*Restricted:      Unrestricted: X

	Key
A	Attempted
NA	No Answer
LM	Left Message
NML	No Message Left
DC	Disconnected
BL	Base Legal
CVL	Civilian Legal
MED	Medical (Civilian/Military)
CPS	Child Protective Services
REC'D	Received
REVD	Reviewed
SH	Shelter
CM	Case Manager
CMD	Command
PMO	Provost Marshall's Office/JMilitary Police
PD	Civilian Police Dept
NPSP	New Parent Support Program
CC	Case Consultation w/Supervisor

Date:	11/2/10	11/18/10	11/23/10	12/10/10	12/16/10	12/27/10	1/10/11	1/18/11	1/29/11	1/20/11	1/25/11
Office Visit											
Home Visit											
Phone Contact	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Email Contact											
Safety Planning											
Written Safety Plan											
Command Contact											
Collateral Contacts			✓SARC	✓SARC			✓SARC	✓SARC	✓SARC	✓SARC	✓SARC
Medical Clinic Support											
CID/PMO Support											
CRC Presentation											
Referrals											
Civilian Protection Order											
Military Protection Order											
Follow Up											
Attended Court w/Victim											
Photos Taken											
Custody/Legal Info											
Transitional Camp											
Subsequent Incident											
After Hours On call											
Declined Services											
Closed car											

Victim Advor Case Log

Re. Nov 08

Name: Ariana Klay, 1st Lt  
 SSN: 532-94-8850  
 Adult  Child  IP  S.A.   
 Address: \_\_\_\_\_  
 Home: N/A  
 Work: 703-1014-31039  
 Cell: 703-389-40410  
 E-Mail: ArianaKlay00@gmail.com  
 # of Children in Home: N/A Age: \_\_\_\_\_

Case Manager: SAPRC-Lyga T.  
 Date Recd: 9/8/10  
 Case Number: \_\_\_\_\_  
 Sponsor: Self  
 Sponsor SSN: Self  
 Special Note: \_\_\_\_\_

\*Restricted: \_\_\_\_\_ Unrestricted:

Key	Attempted
A	No Answer
NA	Left Message
LM	No Message Left
NML	Disconnected
DC	Base Legal
BL	Civilian Legal
CVL	Medical (Civilian/Military)
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CM	Command
CMD	Provost Marshall's Office/ Military Police
PMO	Civilian Police Dept.
PD	New Parent Support Program
NPSP	Case Consultation w/Supervisor
CC	

Date:	Office Visit	Home Visit	Phone Contact	Email Contact	Safety Planning	Written Safety Plan	Command Contact	Collateral Contacts	Medical Clinic Support	CID/PMO Support	CRC Presentation	Referrals	Civilian Protection Order	Military Protection Order	Follow Up	Attended Court w/Victim	Photos Taken	Custody/Legal Info	Transitional Comp	Subsequent Incident	After Hours On call	Declined Services	Closed case	
11/20/11			✓	✓	✓			✓	✓	✓	✓	✓												
11/21/11			✓	✓	✓			✓	✓	✓	✓	✓												
2/1/11			✓	✓	✓			✓	✓	✓	✓	✓												
2/14/11			✓	✓	✓			✓	✓	✓	✓	✓												
2/17/11			✓	✓	✓			✓	✓	✓	✓	✓												
2/22/11			✓	✓	✓			✓	✓	✓	✓	✓												
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2/28/11			✓	✓	✓			✓	✓	✓	✓	✓												

FAMILY ADVOCACY PROGRAM, MILITARY PERSONNEL  
On Call Response Form

REFERRAL SOURCE

Victim Advocate: (Sub/On-call) Heather Katz

Responded in Person:  Yes  No

Date of Call: 9/16/10 Time of Call: 7:54 pm Duration of Call: 30 min.

Name of Caller: Arianna Telephone #: 703-389-4046

DEMOGRAPHICS

Dual Active Duty:  Yes  No

Prior Reports Made:  Yes  No  Unknown

Victim: Arianna

SSN: \_\_\_\_\_

Rank: Capt?

DOB: \_\_\_\_\_

Command: H+S?

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

zip: \_\_\_\_\_

Phone #: h: \_\_\_\_\_

w: \_\_\_\_\_

c: 703-389-4046

Suspect: \_\_\_\_\_

Not provided by caller

SSN: \_\_\_\_\_

Rank: \_\_\_\_\_

DOB: \_\_\_\_\_

Command: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

zip: \_\_\_\_\_

Phone #: h: \_\_\_\_\_

w: \_\_\_\_\_

c: \_\_\_\_\_

INCIDENT

Type of case:

DV

DD

SA

CA

Other

Type of Abuse:

Physical

Verbal

Emotional

Sexual

Level of Risk:

Critical

High

Medium

Low

None

Children Present:

Yes

No

Unknown

CPS Notified:

Yes

No

Unknown

# of Children: \_\_\_\_\_

DESCRIPTION OF INCIDENT

Local Police Involvement:  Yes  No Name of Police Department: \_\_\_\_\_

What Happened: Location of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Caller reported she recently opened a Restricted Report w/ VA, Anna Barton. Caller was involved in NJP hearing, in which she relayed allegations of prior sexual assaults by service members. Caller reports her command referred her to NCIS, who now wants to meet w/ her. Caller had multiple questions about her rights & wants Ms. Barton to accompany her to NCIS. Potentially on 20 Sept 10. Discussed some info. re: her rights & NCIS process. Referrals Made: This worker called Anna Barton on 17 Sept; relayed caller's concerns. left phone message for Caller on 17 Sept. to schedule appt. w/ VA & NCIS on 20 Sept. (2x: 45 17 Sept. (USK))

Restricted

is a RR case

## Follow-up Notes:

9/17/10 Caller texted on on-call VA phone to ask if VA, Anna Barton, could meet her @ 12:30 on 20 Sept, and then at NCIS @ 1:30.

9/17/10 Worker texted caller to confirm this plan w/ the VA on 20 Sept, but asked her to confirm the appointment time w/ NCIS. Sent message to VA to inform her of the caller's planned mtg. for 20 Sept.

VICTIM REPORTING PREFERENCE STATEMENT FOR SEXUAL ASSAULT (Please read Privacy Act Statement before completing this form.)	
1. REPORTING PROCESS AND OPTIONS DISCUSSED WITH THE VA OR SARC	
a. I, (Full name) <u>Ariana B. Klay</u> , had the opportunity to talk with a Victim Advocate (VA) or a Sexual Assault Response Coordinator (SARC) before selecting a reporting option.	
b. UNRESTRICTED REPORTING - REPORTING A CRIME WHICH IS INVESTIGATED.	
INITIALS	I understand that law enforcement and my command will be notified that I am a victim of sexual assault and an investigation will be started. I understand I can receive medical treatment, advocacy services, and counseling, and an optional sexual assault forensic examination to collect evidence if indicated. The full range of victim protection actions may be available to me, such as being separated from the offender(s) or receiving a military protective order against the offender. Any misconduct on my part may be punished, but at the discretion of the commander may be delayed until after the sexual assault charge(s) is resolved.
<u>ABK</u>	
c. RESTRICTED REPORTING - CONFIDENTIALLY REPORTING A CRIME WHICH IS NOT INVESTIGATED.	
<u>ABK</u>	(1) I understand that I can confidentially receive medical treatment, advocacy services, and counseling, and an optional sexual assault forensic exam to collect evidence if needed, but law enforcement and my command will NOT be notified. My report will NOT trigger an investigation; therefore, no action will be taken against the offender(s) as the result of my report.
<u>ABK</u>	(2) I understand that there are exceptions to "Restricted Reporting" (see back). If an exception applies, limited details of my assault may be revealed to satisfy the exception.
<u>ABK</u>	(3) I understand that if I have not made an "Unrestricted Report" within 1 year of any evidence collected, it will be destroyed and no longer available for any future investigation or prosecution efforts.
<u>ABK</u>	(4) I understand that all state laws, local laws or international agreements that may limit some or all of DoD's restricted reporting protections have been explained to me. In _____, medical authorities must report the sexual assault to _____.
<u>ABK</u>	(5) I understand that the SARC will provide information that does not reveal my identity, nor that of my offender, to the responsible senior commander within 24 hours of my "Restricted Report" or within 48 hours if at a deployed location and extenuating circumstances apply. This information is required for the purposes of public safety and command responsibility.
<u>ABK</u>	(6) I understand that by choosing "Restricted Reporting," the full range of victim protection actions may not be available, such as being separated from the offender(s) or receiving a military protective order against the offender(s).
<u>ABK</u>	(7) I understand that if I talk about my sexual assault to anyone other than those under the "Restricted Reporting" option (SARC, sexual assault victim advocate, or healthcare providers), and chaplains, it may be reported to my command and law enforcement which could lead to an investigation.
<u>ABK</u>	(8) I understand that I may change my mind and report this offense at a later time as an "Unrestricted Report," and law enforcement and my command will be notified. Delayed reporting may limit the ability to prosecute the offender(s). If the case goes to court, my victim advocate and others providing care may be called to testify about any information I shared with them.
<u>ABK</u>	(9) I understand that if I do not choose a reporting option at this time, my commander and investigators will be notified.
PRIVACY ACT STATEMENT	
AUTHORITY: Section 301 of Title 5, United States Code, and Chapter 55 of Title 10, United States Code.	
PRINCIPAL PURPOSE(S): Information on this form will be used to document elements of the sexual assault response and/or reporting process and comply with the procedures set up to effectively manage the sexual assault prevention and response program.	
ROUTINE USE(S): None.	
DISCLOSURE: Completion of this form is voluntary; however, failure to complete this form with the information requested impedes the effective management of care and support required by the procedures of the sexual assault prevention and response program.	

Adobe Designer 7.0

9/8/10

AB

File  
8/28/10  
2010

2. CHOOSE A REPORTING OPTION (Initial)	
<input checked="" type="checkbox"/>	a. Unrestricted Report. I elect Unrestricted Reporting and have decided to report that I am a victim of sexual assault to my command, law enforcement, or other military authorities for investigation of this crime.
<input type="checkbox"/>	b. Restricted Report. I elect Restricted Reporting and have decided to confidentially report that I am a victim of sexual assault. My command will NOT be provided with information about my identity. Law enforcement or other military authorities will NOT be notified unless one of the exceptions applies. I understand the information I provide will NOT start an investigation or be used to punish an offender.
3. RESTRICTED REPORT CASE NUMBER (If applicable)	
4.a. SIGNATURE OF VICTIM	b. DATE (YYYYMMDD) 20100908
5.a. SIGNATURE OF SARC/VICTIM ADVOCATE	b. DATE (YYYYMMDD) 2010/09/08
6. I have reconsidered my previous selection of "Restricted Reporting," and I would like to make an "Unrestricted Report" of my sexual assault to authorities for a possible investigation.	
a. SIGNATURE OF VICTIM	b. DATE (YYYYMMDD) 20100920
c. SIGNATURE OF SARC/VICTIM ADVOCATE	b. DATE (YYYYMMDD) 2010/09/20
EXCEPTIONS TO "RESTRICTED REPORTING".	
In cases in which members elect restricted reporting, disclosure of covered communications is authorized to the following persons or organizations when disclosure would be for the following reasons:	
<ol style="list-style-type: none"> <li>1. Command officials or law enforcement when authorized by the victim in writing.</li> <li>2. Command officials or law enforcement to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person.</li> <li>3. Disability Retirement Boards and officials when required for fitness for duty for disability retirement determinations. Disclosure is limited to only that information necessary to process the disability retirement determination.</li> <li>4. SARC, victim advocates or healthcare provider when required for the direct supervision of victim services.</li> <li>5. Military or civilian courts when ordered, or if disclosure is required by Federal or state statute. SARCs, victim advocates and healthcare providers will first consult with the servicing legal office to determine whether the criteria of any of the above exceptions apply, and whether they have a duty to comply by disclosing the information.</li> </ol>	