NOTIFICATION OF SPECIAL VICTIM COUNSEL SERVICES

I, _____, have been advised of my right to consult with a Special Victim Counsel (SVC) provided by the Government at no cost to me.

I understand that the SVC's mission is to provide victims with confidential legal representation related to issues that may arise as a result of being sexually assaulted.

The SVC may provide the following services:

- Accompany to and advise client during interviews, examinations, hearings, and court-martial proceedings
- Represent client in courts-martial as permitted by law
- Refer to Trial Defense Service for collateral misconduct, if necessary
- Advocate client's interest with Government counsel on disposition options
- Assist client with post-trial submissions to include victim impact statements
- Advise client on collateral civil issues arising from the crime
- Provide other legal assistance services

I understand that I may speak with an SVC and elect representation at any time during the legal, medical, or investigative process. At this time (initial in the applicable blank):

_____ I want to speak to an SVC (complete next page)

_____ I do not want to speak to an SVC.

_____ _____
(Signature of Victim) (Date)

_____ _____
(Signature of SARC, VA, SVWL or SVC) (Date)

Notifying Official: **Scan / email a copy of this signed form to all listed below:**

Special Victims' Counsel V Corps - Eastern Europe mailbox: *svc_vcorps@army.mil*

V Corps SHARP Team (oversight): usarmy.knox.v-corps.list.vcorps-sharp@army.mil

SVC INTAKE

SPECIAL VICTIM COUNSEL PROGRAM

Today's Date:		Incident Report Date:	
Type of Report:	☐ Restricted ☐ Unrestricted	CID/LEO No.:	
VA/SARC:	SS	Telephone:	

CLIENT INFORMATION

DoD ID: Exp. Date:

Rank/Name: DOB: ☐ Male ☐ Female

Cell Phone: E-Mail:

Preferred method of communication: ☐ Telephone call ☐ Text message ☐ E-mail

Mailing Address:

Current Unit/Location: MOS:

Status: ☐ Army Active Duty ☐ Army Reserve/Guard ☐ Dependent Spouse ☐ Dependent (Other)

Special Status (Requires ETP):

☐ Single ☐ Married ☐ Divorced Spouse (ex) Name:

Civilian Atty: ☐ Yes ☐ No Previous SVC: ☐ Yes ☐ No Name:

CASE INFORMATION

Location: ☐ On Base/Work ☐ Barracks ☐ Off-Base ☐ Deployed Location ☐ On-post House ☐ Other

Date(s):		Location Details:	
Perpetrator:		Unit:	
Safety Concerns: ☐ Yes ☐ No	MPO/CPO: ☐ Yes ☐ No	Issuing Agency:	
Has perpetrator been moved to a new unit? ☐ Yes ☐ No		Unit:	
Have you spoken to CID or other LE? ☐ Yes ☐ No		Agency:	
CID Agent:		Phone:	
Commander:		Phone:	

INTAKE NOTES

Administrative Use Only

Referral Date:		Referral Tracker: ☐	Conflict Check: ☐
Contact Date:		Tracker Entry: ☐	CIS Entry: ☐
Initial Meeting:		File/Documents: ☐	Confirmation E-mail: ☐