**Advocate-Victim Privilege Certification Guidelines**

Advocate/Victim Privileged Request

**NOTE:** When submitting a Privilege request, please ensure you are submitting all required supporting documentation and pertinent information together in one email. Please make sure all required information is either typed or legibly written. Requests **will not** be processed without this information. All Privilege requests are to be submitted to HQW.DV.PrivilegeQuestions@myflfamilies.com

**REQUIRED INFORMATION:**

* Center Name
* Date of Request
* Complete name (for certification)
* Request type
	+ New hire
	+ Name Change
	+ Transfer to new DV provider
	+ Resigned/ Terminated
	+ Other (explanation required)
* Exempt from public records?
	+ If yes, state the Statue and required documentation.

**REQUIRED SUPPORTING DOCUMENTATION**

* Notarized Affidavit, which includes:
* Employee’s full name
* Job title
* Date of employment
* Test score(s)
* 30 hours Core Comp training completed (75% minimum score)
* An agenda outlining the 24 hours of Core Comp Training (The agenda must illustrate ALL 24 HOURS of training (not including lunch and/or breaks)
* Sign in sheets for the 24 hours of Core Comp training
* Additional 6 hours for Victim-Advocate Privilege form, which includes:
	+ The name of the employee
	+ A description of the task being recorded
	+ The date of completion
	+ The number of hours spent on each task
	+ A supervisor and designee sign off on the additional hours or
	+ A Certificate from a training entity
* Job description for each job title listed on the affidavit. (If all the employees share the same job title, only one copy of the job description is needed.)

***To ensure the Department’s privilege database accurately reflects those actively working in direct service, please report any changes to staffing (separations/terminations) within 30 days of the final action. Additionally, please ensure that all required documentation for privilege, including the 24 hours required for Core Competency and the six additional training hours, are submitted complete and accurate within 90 days of hire.***

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| --- |
| **ATTACHMENTS CHECKLIST FOR ADVOCATE- VICTIM** **PRIVILEGE (90.5036)** **Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Individual’s Job Title**
* **Individual’s Test Score**
* **Proof of Individual’s six (6) Hours of Additional Training**
* **Volunteer and/or Employment Start Date**
* **Employment and/or Volunteer Job Description**
* **Core Comp Agenda**
* **Sign-In Sheets for 24 Hours of Core Training**
* **30 Hours Date of Completion Listed on Affidavit**
* **Notarized & Completed Revised (9/11/20) Affidavit**

**Document(s) Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **1st Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **2nd Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **3rd Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

AFFIDAVIT TO REGISTER D.V. ADVOCATES FOR ADVOCATE/VICTIM PRIVILEGED COMMUNICATION

(TO BE COMPLETED BY THE EXECUTIVE DIRECTOR OF THE CERTIFIED DOMESTIC VIOLENCE CENTER).

I hereby swear or affirm before a notary public that I am the Executive Director of the certified domestic violence center known as:

**PLEASE PRINT NAME OF CENTER**

The mailing address of which is:

## **PLEASE PRINT THE MAILING ADDRESS OF THE CENTER**

I also swear or affirm that the following people are domestic violence advocates who have received thirty hours of training in assisting victims of domestic violence and who are either employed or volunteer at the above-named center. **Please include advocate’s volunteer and/or job description with this affidavit.**

|  |  |  |
| --- | --- | --- |
| **Name (please print): Title: Test Score:** | **Date 30 Hours Completed:** | **Volunteer/Employment Date:** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_** |
| **E.D. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name of E.D.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**On this day, the \_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, the person who signed this affidavit in my presence swore or affirmed before me that she or he is the executive director of the above named domestic violence center and that the persons whose names appear on this list are currently employed by or volunteer at the center as domestic violence advocates and that they have received at least thirty (30) hours of training in assisting victims of domestic violence. As identification, the person who signed this affidavit in my presence is either personally known to me or presented her or his Florida driver’s license or state authorized identification. If applicable the driver’s license number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*This form is not valid unless notarized.**

**Please, complete and submit this registration from to the Department of Children & Families via email at** **HQW.DV.PrivilegeQuestions@myflfamilies.com** **or through the use of the privilege web form.**

**Additional 6 Hours**

**For**

**Victim-Advocate Privilege**

**Staff/Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Use the space(s) below to document completion of “additional 6 hours” of domestic violence specific training. This may done in one session or over a period of more than one session.*

1. Date of Training: \_\_\_\_\_\_\_\_\_\_ Hours: \_\_\_\_\_\_\_\_\_

Content: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of Training: \_\_\_\_\_\_\_\_\_\_ Hours: \_\_\_\_\_\_\_\_\_

Content: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of Training: \_\_\_\_\_\_\_\_\_\_ Hours: \_\_\_\_\_\_\_\_\_

Content: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of Training: \_\_\_\_\_\_\_\_\_\_ Hours: \_\_\_\_\_\_\_\_\_

Content: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_