**CPI Advocate Attestation Form**

I, **[Full Name]**, certify that Child Protective Investigation (CPI) Domestic Violence (DV) Advocate(s), **[CPI Advocate(s) Name],** employed by **[Center's Name],** was co-located at least 60% of the time (3 out of 5 workdays) within the Department’s **[Specify Region]** Child Protective Investigation Unit during the month of **[Specify Month and Year]**.

By signing this form, you acknowledge that your attestation is truthful and accurate. Falsification of this form may result in financial penalties, contract termination, and/or an investigation by the Department.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for Completing the Attestation Form**:

* Please place on official letterhead.
* Please fill out your full name and the details of your organization accurately.
* Sign and date the form where indicated.
* Form must be signed by the CPI Advocate Supervisor or Center Executive Director.