

# Portage Sexual Assault Response Team Confidentiality Agreement and Attendance

Date: \_\_\_\_\_

The participants agree to maintain confidentiality of discussions, including case reviews that are discussed. Confidentiality is essential in improving communication and response between agencies participating in the SART.

Name:

Organization:

Email:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

# Portage County SART CASE REVIEW:

## SART Members Involved:

Healthcare facility: \_\_\_\_\_ (SANE) (Non-SANE)

Care Provider: present / not present

Advocacy Agency: \_\_\_\_\_

Representative: present / not present

Law Enforcement Agency: \_\_\_\_\_

Officer/ Detective: present / not present

Crime Lab: \_\_\_\_\_

Representative: present / not present

Prosecutors Office: \_\_\_\_\_

Representative: present / not present

Case Status: Open / Suspended / Unfounded Close Tried

Conviction: Guilty / Not Guilty / N/A

## Case:

Age of Victim: \_\_\_\_\_ Sex of Victim: M / F

Identify as (if different): M / F

Initial Contact: \_\_\_\_\_

Referrals Made: \_\_\_\_\_

## Healthcare:

Healthcare/SANE: \_\_\_\_\_

Ohio Department of Health Protocol for Medical/Forensic Exams followed: Yes / No

If NO explain:

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Evidence Collected by Healthcare/SANE: Yes / No

If NO explain:

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**Advocacy:**

Advocacy involved: Yes / No

If NO explain:

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Advocacy services available:

Utilized:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Yes / No

Yes / No

Yes / No

**Law Enforcement:**

Law Enforcement Report: Yes / No

If NO explain:

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Evidence/Collection Kit retrieved: Yes / No

If NO explain:

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Detective assigned: Yes / No

If NO explain:

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Kit submitted to the crime lab: Yes / No

If NO explain:

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Investigation submitted to Prosecutor: Yes / No  
If NO explain:

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**Crime Lab:**

Kit tested: Yes / No  
If NO explain:

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Results:

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Kit completed per ODH protocol: Yes / No  
If NO explain:

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**Prosecutor:**

Case Prosecuted: Yes / No  
If NO explain:

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Were services provided to family/other support person: Yes / No  
Explanation:

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**Victim/Survivor/Patient Statement:**

Any issues, concerns (positive or negative), or challenges experienced in the process of working through the systems designed to provide services and care.

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**Findings:**

Deficits:

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Action Needed:

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