Adams County Victim Witness Assistance Program
117 Baltimore St. Room 302
Gettysburg, PA 17325
717-337-9844

CONFIDENTIALITY AGREEMENT

The Adams County Victim Witness Assistance Program is dedicated to keeping your information confidential and secure to the best of our abilities. As a victim / witness in a criminal case, Victim Witness guarantees your private information will be treated with respect and will *generally* not be given to another person or agency without your verbal and / or written consent. However, unlike some agencies, there is no law that allows Victim Witness to keep all your information and disclosures private. There are situations where Victim Witness might not or will not be able to do so.

The Adams County Victim Witness Assistance Program works in conjunction with the Adams County District Attorney's Office. Therefore, information that the prosecuting attorney, the police investigating the case, or the probation officer supervising the defendant might need to know to fulfill their responsibilities, is not guaranteed to remain confidential. Additionally, information which leads the Victim Witness Program to believe there is an imminent danger of harm to you or to someone else will not be kept private.

Do not tell us anything that you do not want us to share with the District Attorney, the police, or probation.

RELEASE OF INFORMATION

The Adams County Victim Witness Assistance Program will provide the prosecuting attorney with your Victim Impact Statement as well as bills and receipts you send for restitution requests. The defendant's attorney may also see or obtain a copy of this information. In addition, victims mailing addresses *must* be provided to the Clerk of Courts office for cases in which restitution reimbursement is requested as this department is responsible for distributing restitution payments. This information is not guaranteed to remain confidential and may be provided to defense counsel.

If you need to talk to someone regarding confidential information, Victim Witness will be happy to refer you to another agency. If you have any questions regarding the Victim Witness Confidentiality Agreement, an advocate is available to review this policy with you.

I have read the above confidentiality agreement. I understand and acknowledge that any information I disclose pertaining to my criminal case is not guaranteed to remain confidential.

Signature: _____

Print Name: _____

Date: _____ Expires: _____

Parent or Legal Guardian Signature: _____

Parent or Legal Guardian Print Name: _____