

## Signed Statement

(One signed statement required for each Program Supervisor, Direct Service Provider, or Trainee)

Name: \_\_\_\_\_

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

(Program Supervisor, Director Service Provider, or Trainee)

Program Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No

Have you ever been convicted of a crime involving violence?  Yes  No

Have you ever been charged with a crime involving violence, moral, or sexual issues?  Yes  No

Have you ever received a deferred sentence or had judgment withheld for a crime involving violence, moral, or sexual issues?  Yes  No

Have you ever been charged with a professional ethics violation?  Yes  No

Have you ever been named as a defendant or respondent in any civil or criminal action with the allegation of the use of threatened or actual violence?  Yes  No

If you answered "Yes" to any of the above questions, please explain.

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Any program staff has an ongoing duty to report, within 72 hours, to their agency any civil or criminal action in which they are named as defendant or respondent with the allegation they used or threatened to use violence. The agency shall forward information regarding the incident to the Idaho Council on Domestic Violence and Victim Assistance within 72 hours of its notification.

Signature: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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