

Consent to Disclose Protected & Confidential PREA Related Information

The Georgia Department of Juvenile Justice is required by law to report all allegations (claims) of abuse, including all allegations of sexual abuse and sexual assault, whether or not the alleged incident occurred on DJJ Property or while you are in DJJ custody. The facility/program is required to report these allegations (claims) to the DJJ Office of Investigations and other DJJ Offices and Staff who need this information to investigate the alleged incident and to provide appropriate care and protection for you. The Department also has to report the alleged incident to the Department of Family and Children Services. DJJ Staff are mandated reporters, meaning they are required by Georgia Law to report.

You have the right to request that a victim advocate, qualified agency staff or qualified community based organization staff accompany you and provide support for you through the forensic medical examination process and investigative interviews and provide support, crisis intervention and referrals as needed or requested. You can request any staff you feel most comfortable with to accompany you.

I understand that while in DJJ facilities, I am under constant supervision by cameras-staff and that if necessary camera footage can be used as evidence if I am charged with a crime while here.

I have read or **staff has read** and explained all of the above information and answered to my satisfaction any questions or concerns I may have had regarding the above reporting and sharing of information requirements.

I _____, **under the age of 18 years**, acknowledge that any information regarding the alleged incident will be reported to and shared with the Department of Family and Children Services, the DJJ Office of Investigations and other individuals and staff, including off site and on site medical staff and others involved in providing for my care and treatment who have a need to know.

Youth's Name & Date

Witness Name & Date

I _____, being **18 years of age or older**, understand and acknowledge that any information regarding the alleged incident will be reported to and shared with DJJ Office of Investigations and other individuals and staff, including off site and on site medical staff and others involved in providing for my care and treatment and who have a need to know.

I have read all of the above information and staff have explained and answered to my satisfaction any questions or concerns I may have had. I understand that my consent, as confirmed by my signature below, is required to release any information regarding the alleged incident.

Initial one statement only

- I consent to releasing information regarding alleged incident (s): (initial) _____
- I do not consent to releasing information regarding alleged incident (s) (initial) _____

Youth's Name & Date

Witness Name & Date