

**DV Co-located Advocate Attestation Form**

**Co-Location Schedule (To be completed by DV Center Co-Located Advocate)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Ex. 7/7/25-7/11/25** | **9a-5p** | **9a-5p** |  |  | **9a-5p** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

I, **[DCF Regional Director/Circuit Operations Manager Full Name]**, certify that Child Protective Investigation (CPI) Domestic Violence (DV) Advocate(s), **[DV Co-Located 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]**.

**DCF Director Signature**: Date:

**Title:**

**Instructions for Completing the Attestation Form**:

* DV Center staff completes co-location schedule.
* DV Center fills out the details in the paragraph accurately for your center, staff, and DCF director/region.
* Request DCF Director to put on DCF letterhead, sign, date, and return to DV Center.
* Submit completed attestation with monthly reporting.