



PRIVILEGE INSTRUCTIONS

for Advocate/Victim Privileged Request

NOTE: When submitting a Privilege request, please ensure you are submitting all required supporting documentation and pertinent information together in one email. Please make sure all required information is either typed or legibly written. Requests **will not** be processed without this information. All Privilege requests are to be submitted to HQW.DV.PrivilegeQuestions@myflfamilies.com

REQUIRED INFORMATION:

- Center Name
- Date of Request
- Complete name (for certification)
- Request type
 - New hire
 - Name change
 - Transfer to new DV provider
 - Resigned/terminated
 - Other (explanation required)
- Exempt from public records?
 - If yes, state the Statute and required documentation

REQUIRED SUPPORTING DOCUMENTATION

- Notarized Affidavit, which includes
 - Employee's full name
 - Job title
 - Date of employment
 - Test score(s)
- 30 hours Core Comp training completed (75% minimum score)
- An agenda outlining the 24 hours of Core Comp Training (The agenda must illustrate ALL 24 HOURS of training (not including lunch and/or breaks))
- Sign in sheets for the 24 hours of Core Comp training
- Additional 6 hours for Victim-Advocate Privilege form, which includes:
 - The name of the employee
 - A description of the task being recorded
 - The date of completion
 - The number of hours spent on each task
 - A supervisor and designee sign off on the additional hours or a copy of a
 - Certificate from a training entity
- Job description for each job title listed on the affidavit. (If all the employees share the same job title, only one copy of the job description is needed.)

*To ensure the Department's privilege database accurately reflects those actively working in direct service, please report any changes to staffing (separations/terminations) within **30 days** of the final action. Additionally, please ensure that all required documentation for privilege, including the 24 hours required for Core Competency and the six additional training hours, are submitted complete and accurate within 90 days of hire.*

**ATTACHMENTS CHECKLIST FOR ADVOCATE- VICTIM
PRIVILEGE (90.5036)**

Center: _____

Today's Date: _____

- Individual's Job Title**

- Individual's Test Score**

- Proof of Individual's six (6) Hours of Additional Training**

- Volunteer and/or Employment Start Date**

- Employment and/or Volunteer Job Description**

- Core Comp Agenda**

- Sign-In Sheets for 24 Hours of Core Training**

- 30 Hours Date of Completion Listed on Affidavit**

- Notarized & Completed Revised (9/11/20) Affidavit**

Document(s) Requested: _____

1st Request: _____

2nd Request: _____

3rd Request: _____

Date Received: _____

revised 9/11/20

AFFIDAVIT TO REGISTER D.V. ADVOCATES FOR ADVOCATE/VICTIM PRIVILEGED COMMUNICATION
(TO BE COMPLETED BY THE EXECUTIVE DIRECTOR OF THE CERTIFIED DOMESTIC VIOLENCE CENTER).

I hereby swear or affirm before a notary public that I am the Executive Director of the certified domestic violence center known as:

PLEASE PRINT NAME OF CENTER

The mailing address of which is:

PLEASE PRINT THE MAILING ADDRESS OF THE CENTER

I also swear or affirm that the following people are domestic violence advocates who have received thirty hours of training in assisting victims of domestic violence and who are either employed or volunteer at the above-named center.

Please include advocate's volunteer and/or job description with this affidavit.

Name (please print)	Title	Test Score	Date 30 Hours Completed	Volunteer/Employment Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E.D. Signature _____ Print Name of E.D. _____ Date: _____

On this day, the _____ of _____, 20____, the person who signed this affidavit in my presence swore or affirmed before me that she or he is the executive director of the above named domestic violence center and that the persons whose names appear on this list are currently employed by or volunteer at the center as domestic violence advocates and that they have received at least thirty (30) hours of training in assisting victims of domestic violence. As identification, the person who signed this affidavit in my presence is either personally known to me or presented her or his Florida driver's license or state authorized identification. If applicable the driver's license number is: _____

***This form is not valid unless notarized**

Notary Public

Please complete and submit this registration form to
Department of Children and Families
via email: HOW.DV.PrivilegeQuestions@myflfamilies.com or through the use of the privilege web form
Hard copies are not accepted

**Additional 6 Hours
For
Victim-Advocate Privilege**

Staff/Volunteer Name: _____

Use the space(s) below to document completion of "additional 6 hours" of domestic violence specific training. This may be done in one session or over a period of more than one session.

1. Date of Training: _____ **Hours:** _____

Content: _____

Signature of Trainer: _____

2. Date of Training: _____ **Hours:** _____

Content: _____

Signature of Trainer: _____

3. Date of Training: _____ **Hours:** _____

Content: _____

Signature of Trainer: _____

4. Date of Training: _____ **Hours:** _____

Content: _____

Signature of Trainer: _____