

ANNUAL REPORT ON VICTIM AND WITNESS ASSISTANCE

1. REPORT IS DUE BY ELECTRONIC SUBMISSION TO THE OFFICE OF LEGAL POLICY (OLP) ANNUALLY BY MARCH 15TH.

2. REPORTING DOD COMPONENT

3. REPORT DATE
(YYYYMMDD)

4. PERIOD COVERED

1 JANUARY TO 31 DECEMBER

5. REPORTING YEAR

6. POINT OF CONTACT

a. NAME (Last, First, Middle Initial)

b. TELEPHONE NUMBER (Include Area Code)

c. ORGANIZATIONAL EMAIL ADDRESS

(1) COMMERCIAL

(2) DSN

7. ASSISTANCE PROVIDED TO VICTIMS AND WITNESSES

(1)
NUMBER OF
CRIME VICTIMS(2)
NUMBER OF
WITNESSES

a. TOTAL NUMBER OF CRIME VICTIMS

(Number of new crime victims during reporting year.)

b. DD FORM 2701 - INITIAL INFORMATION FOR VICTIMS AND WITNESSES

(Number of crime victims and witnesses informed of their rights to assistance upon initial contact.)

c. DD FORM 2702 - COURT-MARTIAL INFORMATION FOR VICTIMS AND WITNESSES

(Number of crime victims informed of their consultation rights upon referral to court-martial.)

d. DD FORM 2703 - POST-TRIAL INFORMATION FOR VICTIMS AND WITNESSES

(Number of crime victims and witnesses informed of their right to be notified of changes in the prisoner's status in confinement (i.e., release, transfer, escape, parole, death))

e. DD FORM 2704 - VICTIM/WITNESS CERTIFICATION AND ELECTION CONCERNING PRISONER STATUS

(Number of crime victims and witnesses who elected to be notified of prisoner status changes.)

f. DD FORM 2704-1 - VICTIM ELECTION OF POST-TRIAL AND APPELLATE RIGHTS

(Number of crime victims who confirmed their election of their post-trial and/or appellate rights.)

8. CORRECTIONAL FACILITY NOTIFICATIONS

(1)
NUMBER OF
PRISONER STATUS
CHANGES(2)
NUMBER OF VICTIM
NOTIFICATION
LETTERS

a. DD FORM 2705 - NOTIFICATION TO VICTIM/WITNESS OF PRISONER STATUS

(Number of crime status changes that required notification letters.)

9. AS OF DECEMBER 31, _____
OUR CORRECTIONAL FACILITIES CUMULATIVE
REPORT OF TOTAL SERVICE PRISONERS THAT
REQUIRE VICTIM AND WITNESS NOTIFICATIONS:(1)
ARMY(2)
NAVY(3)
AIR
FORCE(4)
MARINES(5)
SPACE
FORCE(6)
COAST
GUARD

10. SPECIAL VICTIM INVESTIGATION AND PROSECUTION (SVIP)

a. Number of SVIP cases initiated (*i.e., investigation opened*) in the reporting year.

b. Number of SVIP personnel (*e.g., criminal investigators, judge advocates, victim witness assistance personnel, and administrative paralegal support personnel*) assigned within the DoD Component in the reporting year.

c. Number of SVIP personnel that received additional and/or advanced training in SVIP topical areas in the reporting year.

d. Any victim feedback on effectiveness of SVIP prosecution and legal support services. (*Can be provided in the block below or submitted as an attachment to this form. Do not include any information or details that would enable identification of the victim.*)

e. Any victim recommendations for improvement of SVIP. (*Can be provided in the block below or submitted as an attachment to this form. Do not include any information or details that would enable identification of the victim.*)

11. CERTIFICATION OF COMPLIANCE

On behalf of my DoD Component, I certify that all DoDI 1030.02 policy requirements were met for the reporting year.

DOD COMPONENT RESPONSIBLE OFFICIAL

a. NAME (*Last, First, Middle Initial*)

b. SIGNATURE

c. DATE SIGNED
(YYYYMMDD)