## CUI (when filled in)

# CATCH A SERIAL OFFENDER (CATCH) PROGRAM EXPLANATION AND NOTIFICATION FORM FOR SAPR RELATED INQUIRY (SRI) CATCH ENTRIES

(Read Privacy Act Statement Before Completing This Form.)

OMB No. 0704-0482 OMB Approval Expires: 20250331

The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of aw, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

### PRIVACY ACT STATEMENT

AUTHORITY: Section 543 of Public Law 113-291, DoDI 5505.18, "Investigation of Adult Sexual Assault in the Department of Defense," and Under Secretary of Defense for Personnel and Readiness memoranda, "Procedures to Implement the 'Catch a Serial Offender' Program" (2019) and "Updated Catch a Serial Offender Procedures and New

PRINCIPAL PURPOSE(S): Information will be used to document requests for username and passwords for the CATCH A SERIAL OFFENDER (CATCH) PROGRAM and to collect victim contact information in the event the victim's entry matches against another sexual assault victim. The SAPR Program personnel use information to provide the appropriate information to victims. At the DoD level, only de-identified data is used to respond to mandated congressional reporting requirements.

ROUTINE USE(S): Information provided on this form will be maintained in the Defense Sexual Assault Incident Database (DSAID) system of records and may be disclosed to contractors authorized to work on the system. Such contractors are subject to the same Privacy Act requirements and limitations on disclosure that apply to DoD officers and employees. A complete list of routine uses that may apply is provided in the applicable system of records notice, DHRA 06, Defense Sexual Assault Incident Database (DSAID), at <a href="https://dpcid.defense.gov/Privacy/SORNsinex/DOD-wide-SORN-Article-View/Article/570559/dhra-06-dod/">https://dpcid.defense.gov/Privacy/SORNsinex/DOD-wide-SORN-Article-View/Article/570559/dhra-06-dod/</a>.

**DISCLOSURE:** Voluntary. Victims may decline participation at any point in the process without adverse consequences.

## I. Instructions for DoD Civilian Employees only – for others please proceed to II.

### **ELIGIBILITY CRITERIA FOR DoD CIVILIAN EMPLOYEES:**

- Are you a Reservists or member of the National Guard? If so, you are eligible to submit a CATCH entry.
- 2. If you are NOT a Reservists or a member of the National Guard, was the suspect a Service member at the time of the offense?
  - If yes: You are eligible to submit a CATCH entry, please fill out the information below. If no: You are NOT eligible to submit a CATCH entry, at the present time.

  - If the suspect is unknown or unidentified, or if you do not know whether the suspect is a Service member: You are NOT eligible to submit a CATCH entry, at the

present unie.				
II. CONFIRMATION THAT VICTIM DID NOT PRE	VIOUSLY SUBMIT A CATCH	ENTRY ON THIS SAME SUSPECT FOR THIS SA	ME SEXUAL ASSAULT	
		on this same suspect for this same sexual assault th SARC and did not want to officially report the sexua		
B. I confirm that I have not sub sexual assault and filled out a l	mitted another CATCH entry of DD Form 2910 or a DD Form	on this same suspect for this same sexual assault, v 2910-8.	hen I previously reported my	
SRI DSAID Control Number				
1. CATCH Program Discussed with SARC or SA	APR VA:	1		
I, (Full name)			,	
DoD Identification Number (for personnel with Commo	on Access Cards only)	met with a Sexual	Assault Response Coordinator	
(SARC) or a Sexual Assault Response Prevention	and Response Victim Advoca	ate (SAPR VA) to discuss the Catch a Serial Offende	er Program.	
INITIALS				
A. The SARC or SAPR VA explained the Catch a Serial Offender Program, to include that it is anonymous, completely voluntary, and that I can decline to be in the CATCH Program at any time even after being notified of a potential match.				
B. The SARC or SAPR VA explained what occurs IF I am contacted about a potential match and my options.				
C. I have been informed that additional information on the CATCH program can be found at <a href="https://www.SAPR.mil/CATCH">www.SAPR.mil/CATCH</a> .				
D. The SARC/SAPR VA has informed me of reporting options for sexual assault and retaliation (associated with the sexual assault).				
E. The SARC/SAPR VA has informed me of available support services, to include SAPR advocacy, a Sexual Assault Forensic Examination, medical care, mental health providers, legal services, and chaplain resources.				
F. The SARC or SAPR VA explained that I can consult with a Special Victims' Counsel (SVC), Victims' Legal Counsel (VLC), Victims' Counse (VC), or a legal assistance attorney, if I am eligible for one, before deciding to submit an entry into the CATCH Program. I can also meet with an SVC/VLC/VC to discuss reporting options and other military justice issues.				
G. I have NOT filed an official report of sexual assault through a DD Form 2910 or through a report directly to law enforcement.				
H. I confirm that I have not submitted another CATCH entry on this same suspect for the same sexual assault.				
2. Information regarding the Catch a Serial Off	ender (CATCH) Program:			
A. I have been informed about and elect:				
(1) To participate in the CATCH Program. (Fill out the rest of the information below)				
(2) Not to participate in the CATCH Program. (Go to section #3 and sign the form)				
B. As a participant in the CATCH Program, I agree	e to provide the following cont	act information:		
(1) Phone/Email:				
(2) Phone/Email:				
3.A. SIGNATURE OF VICTIM	3.B. DATE (YYYYMMDD)	4.A. SIGNATURE OF SARC/SAPR VA	4.B. DATE (YYYYMMDD)	
COVID RESPONSE		COVID NOTES		

Controlled by: OUSD(P&R)

CUI Category: PRVCY

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		n a Serial Offender (CATCH) system: After a "MATCH" in the	e CATCH database, I have decided to:
	File an Unrestricted Report by signing the DD Form 2	2910	
Vic	tim Signature		Signature Date (YYYYMMDD)
(2)	Victim has declined to file an Unrestricted Report, but	t agreed to be contacted again if another "MATCH":	
SARC Signature			Signature Date (YYYYMMDD)
	3		,
(3)	Victim has declined to file an Unrestricted Report and	Opt Out of the CATCH program.	
SA	RC Signature		Signature Date (YYYYMMDD)
CC	OVID RESPONSE	COVID NOTES	I
6. /	After a potential match, SARC unable to contact vi	ictim:	
(1)	Initial contact attempt Method Used		
	date (YYYYMMDD)		
	Notification POC name (print)	Signature	Signature Date (YYYYMMDD)
(2)	Initial contact attempt date (YYYYMMDD)  Method Used		
			I.e.
	Notification POC name (print)	Signature	Signature Date (YYYYMMDD)
(3)	Initial contact attempt date (YYYYMMDD)  Method Used		
	Notification POC name (print)	Signature	Signature Date (YYYYMMDD)
7	│ The victim requested a copy of their CATCH entry (un	prelated to being notified of a "Match")	
	RC Signature	notation of an ingredient of the ingredient of t	Signature Date (YYYYMMDD)
	_		
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