MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (the “Agreement”) is entered into this \_\_\_\_\_\_ day of MONTH, YEAR by and between the JAIL NAME and VICTIM SERVICE AGENCY. This document establishes guidelines for the provision of victim services to inmates in the custody of JAIL NAME who have been sexually abused or harassed.

1. **UNDERSTANDING, AGREEMENTS, SUPPORT AND RESOURCE REQUIRMENTS:**
2. **The JAIL NAME agrees to:**
3. Make involvement of certified rape crisis counselors a component of the standard response to a report of sexual assault and/or a request for help from a survivor of sexual assault;
4. Offer survivors the opportunity to speak with an advocate following a report of sexual abuse or sexual harassment, or at the inmate’s request;
5. Allow survivors to speak with an advocate confidentially in person or by phone;

4) Contact VICTIM SERVICE AGENCY with any questions related to sexual violence or for consultation about a specific, non-acute case;

5) Allow an advocate to be present during the forensic examination and investigative interviews if desired by the survivor.

6) Understand and respect the nature of privileged communication between the advocate and survivor. No information regarding client/advocacy communication shall be shared with JAIL NAME staff without informed, written, time-limited consent from the survivor;

7) Facilitate follow-up, whenever possible, between the survivor and the advocate;

8) Ensure that VICTIM SERVICE AGENCY advocates and staff are cleared to enter the facility for meetings, training sessions, or other program activities;

9) Provide cross training for VICTIM SERVICE AGENCY staff;

10) Communicate any questions or concerns to NAME at VICTIM SERVICE AGENCY;

11) Facilitate the placement of informational placards regarding the availability of VICTIM SERVICE AGENCY services in areas visible to inmates.

**B. VICTIM SERVICE AGENCY agrees to provide the following service free of charge to survivors of sexual abuse or sexual harassment at JAIL NAME:**

1. Provide immediate advocacy, support, and crisis intervention to inmate survivors via the hotline;
2. Respond in person to the jail, whenever possible, to provide additional advocacy, emotional support, and information to survivors;

 3) Provide follow-up services and continued individual advocacy and support to survivors of sexual assault at the JAIL NAME, as resources allow;

4) Inform the survivor of the right to have a victim advocate to present during the medical forensic exam, investigative interviews and any possible court hearings and provide said accompaniment if desired by the survivor;

5) Answer survivors’ questions about the medical forensic exam and investigative process and accompany the survivor during the medical forensic exam, if desired;

6) Provide information about follow-up services to the inmate survivor, including referrals to appropriate entities for additional information;

7) Communicate any questions or concerns to STAFF MEMBER at JAIL NAME.

* 1. **TERM OF MOU:**

This Agreement shall become effective on the date that it is executed by all parties, and shall expire X NUMBER OF YEARS after the date of execution.

* 1. **RENEWAL OF MOU:**

This Agreement may be renewed with the agreement of all parties named herein upon the same terms and conditions.

* 1. **MOU TERMINATION:**

This Agreement may be terminated by either party, with or without cause, upon no less than thirty (30) calendar days' written notice, without cause.

* 1. **SIGNATURES:** The signatures below attest to this mutual agreement:

**JAIL NAME:** **VICTIM SERVICE AGENCY:**

By :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TITLE TITLE JAIL NAME VICTIM SERVICE AGENCY