

Headquarters
US Army Garrison Command
Fort Knox, Kentucky 40121-5719
11 February 2011

Fort Knox Regulation 608-2

Personal Affairs

FORT KNOX FAMILY ADVOCACY PROGRAM

Summary. This regulation outlines policies, procedures, and responsibilities for management of the Fort Knox Family Advocacy Program (FAP) and is to be used in conjunction with AR 608-18, The Army Family Advocacy Program and other cited references below.

Applicability. The provisions of this regulation are applicable to all Soldiers and their Family members, all units, and staff sections located at Fort Knox.

Suggested Improvements. The proponent of this regulation is the Army Community Service (ACS), Directorate of Family and Morale, Welfare and Recreation (DFMWR). Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to ACS, DFMWR (IMSE-KNX-MWA), US Army Garrison Command, Fort Knox, Kentucky 40121-5102.

1. Purpose. To prescribe the policies, responsibilities and procedures for operating the Fort Knox FAP.

2. References.

- a. DODD 6400.01, Family Advocacy Program (FAP), 23 August 2004.
- b. DODI 6400.06, Domestic Abuse Involving DOD Military and Certain Affiliated Personnel, 21 August 2007.
- c. AR 608-18, The Army Family Advocacy Program, 30 October 2007.
- d. MEDCOM Decision Tree Algorithm (DTA), 15 November 2007.
- e. AR 600-20, Army Command Policy, Chapter 8, Sexual Assault Prevention and Response Program, 18 March 2008 (with RAR 003, 27 April 2010).
- f. ACS/FAP Standard Operating Procedure (SOP), Sexual Assault Prevention and Response Program, 13 July 2009.

3. General. The concept of the Army FAP is to reduce the incidences of child abuse/neglect, domestic violence and sexual assault. This involves both preventative and rehabilitative programs in these three critical areas. As a result, the FAP at Fort Knox involves a coordinated effort among military command and staff as well as close liaisons with civilian agencies.

4. Objectives.

- a. Establish FAP as a command directed program at Fort Knox.
- b. Develop programs or activities that contribute to a healthy Family life.
- c. Ensure command and staff are familiar with responsibilities for identifying, reporting and handling cases of domestic violence, sexual assault, and child abuse. Brigade and battalion commanders will receive briefings within 45 days of assuming command. The point of contact for all FAP briefings is the Family Advocacy Program Manager (FAPM), ACS at (502) 624-6291.
- d. Establish effective reporting procedures for cases of suspected child abuse, domestic violence or sexual assault to comply with the Kentucky Revised Statutes (KRS) Kentucky Administrative Regulations (KAR), AR 608-18, and AR 600-20.

5. Definitions.

a. Army FAP. A program designed to address prevention, identification, evaluation, treatment, follow-up and reporting of child abuse, domestic violence, or sexual assault for all Soldiers and Family members.

b. Child abuse or neglect.

(1) Physical/maltreatment. Physical harm, mistreatment or injury of a child by a parent, guardian, foster parent or caregiver, whether the caregiver is interfamilial or extra-familial, under circumstance indicating that the child's welfare is harmed or threatened. Such acts by a sibling, other Family member, or other person will be deemed to be abuse or maltreatment only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent.

(2) Child sexual maltreatment. Sexual activity with a child for the purpose of sexual gratification of the alleged offender or some other individual.

(a) Exploitation. A type of sexual maltreatment in which the victim is made to participate in the sexual gratification of another person without direct physical contact between them. Exploitation includes forcing or encouraging a child to do any of the following: to expose the child's genitals or (if female) breasts, to look at another individual's genitals or graphic literature, to hear sexually explicit speech, or participate in sexual activity with another person, such as in pornography or prostitution, in which the alleged offender does not have direct physical contact with the child.

(b) Molestation. Fondling or stroking a child's breasts or genitals, oral sex, or attempted penetration of the child's vagina or rectum.

(c) Rape/intercourse. Sexual intercourse between an alleged offender and a child that involves the penetration of the vagina or rectum, however slight, by means of physical force.

(d) Other sexual maltreatment. All other types of child sexual abuse or maltreatment not included in the definitions of exploitation, molestation, or rape/intercourse.

(3) Child emotional maltreatment. Acts or a pattern of acts, omission or a pattern of omissions, or passive or passive-aggressive inattention to a child's emotional needs resulting in adverse affects upon the child's psychological well-being. Maltreatment includes intentional berating, disparaging or other verbally abusive behavior toward the child, and violent acts that may not cause observable injury. An emotionally maltreated child manifest low self-esteem, chronic fear or anxiety, conduct disorders, affective disorders, or other cognitive or mental impairment.

(4) Child neglect. A type of child abuse/maltreatment whereby a child is deprived of needed age-appropriate care by act or omission of the child's parent, guardian, or caregiver; an employee of a residential facility; or a staff person providing out-of-home care under circumstances indicating that the child's welfare is harmed or threatened. Child neglect includes abandonment, deprivation of necessities, education neglect, lack of supervision, medical neglect, and/or nonorganic failure to thrive.

(a) Abandonment. A type of child neglect in which the caregiver is absent and does not intend to return or is away from the home for an extended period without having arranged for an appropriate surrogate caregiver.

(b) Deprivation of necessities. A type of neglect that includes the failure to provide age-appropriate nourishment, shelter, and clothing.

(c) Educational neglect. A type of child neglect that includes knowingly and allowing the child to have extended frequent absences from school, neglecting to enroll the child in some type of home schooling or public or private education, or preventing the child from attending school for other than justified reasons.

(d) Lack of supervision. A type of child neglect characterized by the absence or inattention of the parent, guardian, foster parent, or other caregiver that results in injury to the child, the child being unable to care for himself or herself, or injury or serious threat of injury to another person because the child's behavior was not properly monitored.

(e) Medical neglect. A type of child neglect in which a parent or guardian refused or fails to provide appropriate, medical indicated health care (medical, mental health, or dental) for the child although the parent is financially able to do so or was offered other means to do so.

(f) Nonorganic failure to thrive. A type of child neglect that manifests itself in an infant's or young child's failure to adequately grow and develop when no organic basis for this deviation is found. Usually such children register below the third percentile in height and weight.

c. Domestic Violence. An offense under the United States Code, the Uniform Code of Military Justice, or state law that involves the use, attempted use of force, or violence against a person of the opposite sex, or a violation of a lawful order issued for the protection of a person of the opposite sex, who is, or threatened use of force or:

(a) A current or former spouse.

(b) A person with whom the abuser shares a child in common.

(c) A current or former intimate partner with whom the abuser shares or has shared a common domicile, e.g., sharing of joint property, shared/signed lease, and consistent cohabitation. Joint domicile does not exist when one party possesses a second residence or for example also resides or maintains a barracks room.

d. Sexual Assault. Sexual assault is a crime defined as intentional sexual contact, characterized by use of force, physical threat or abuse of authority or when the victim does not or cannot consent. Sexual assault includes rape, non consensual sodomy (oral or anal sex), indecent assault (unwanted, inappropriate sexual contact or fondling) or attempts to commit these acts. Sexual assault can occur without regard to gender or spousal relationship or age of victim. "Consent" will not be deemed or construed to mean failure by the victim to offer physical resistance. Consent is not given when a person uses force, threats of force or coercion, or when the victim is asleep, incapacitated, or unconscious.

e. Family Advocacy Case Review Committee (CRC). A multidisciplinary team that is responsible for assisting in the prevention, identification, evaluation, diagnosis, treatment, disposition, follow-up and reporting of child and spouse maltreatment. The committee is chaired by the Chief, Social Work Service and generally includes the FAPM, social workers, physician, chaplain (CH), Military Police (MP), Alcohol and Substance Abuse Program (ASAP), Staff Judge Advocate (SJA), and Criminal Investigation Division (CID). Invitations are extended to child protective service workers and Installation Victim Advocates (IVA) to attend CRC. Specific composition of the CRC is outlined in AR 608-18.

f. Sexual Assault Review Board (SARB). A multidisciplinary team that is responsible for providing feedback concerning the installation's Sexual Assault Prevention and Response Program (SAPRP). This board reviews the installation's prevention program and the response to any sexual assault incidents occurring at the installation. This board reviews cases and procedures to improve processes, systems, accountability and victim access to quality services. The board generally includes the following: Garrison Commander or designated representative who acts as the chairperson, Sexual Assault Response Coordinator (SARC), IVA, Army CID, SJA, Provost Marshall Office (PMO), CH, Sexual Assault Care Coordinator (SACC), Chief of Behavior Health (CBH) or any other member appointed by their nature of their responsibilities in regards to sexual assault.

g. The Family Advocacy Committee (FAC). A multidisciplinary team appointed and on orders by the Garrison Commander. The FAC will advise on the FAP policies and procedures, training and program evaluation efforts. The FAC will address administrative details and budget issues. Specific composition of the FAC is outlined in AR 608-18 and chaired by the Garrison Commander.

h. The Fatality Review Committee (FRC). A multidisciplinary team that is responsible to review all known or suspected domestic violence or child abuse-related homicides and suicides, to include all infant and child deaths in which manner of death is undetermined at autopsy involving any of the following: a member of the Army on active duty; a current or former dependent of a member of the Army on active duty; a current or former intimate partner who has a child in common or has shared a common domicile with a member of the Army on active duty. Specific composition of a FRC is outlined in AR 608-18.

i. Family Advocacy System of Records (FASOR) formerly referred to as the Army Central Registry (ACR). Abuse reports Army-wide are collected at this one point to assure continuity of care and to detect incidents of abuse that may have occurred at other installations. The FASOR is located at Fort Sam Houston, TX. The FAPM is included in the SWS document: Memorandum for Authorization to access ACR Information. The CRC chairperson is responsible for submitting the names of personnel who are authorized access to the FASOR. The MEDDAC FAP clerk will be given access to complete background checks on all Families reported for child and spouse abuse and complete DD Form 2486, Child/Spouse Abuse Reports, on all suspected and substantiated cases of abuse.

j. Background Checks. FAP personnel and members of the CRC are required to have an Installation Records Check (IRC) and CID checks. The IRC, at a minimum, should include checks conducted by the PMO, ASAP, local civilian police, and MEDDAC Ireland Army Community Hospital (IACH), including the ACR/FASOR and mental health records. Re-verification is required every 5 years.

k. Prevention Education. The FAPM is responsible for providing and coordinating community-wide prevention and education efforts regarding Family violence in accordance with AR 608-18. This includes, but is not limited to, education classes and briefings for Soldiers, mandatory briefings for Commanders, briefings and public information for the community, primary prevention education for military Families, victim advocacy, education or special service programs for high-risk groups, crisis/respite child care, outreach services, crisis counseling and referral, and professional training for staff involved in FAP or staff working directly with children such as at Youth Service or Child Development Center or as Family Child Care Providers.

l. Restricted reporting. A process allowing Title 10 active duty military who are victims of sexual assault and adult FAP victims of domestic abuse, who are eligible to receive military medical treatment, the option of reporting an incident of domestic abuse to a specified individual without initiating the investigative process or notification to the victim's or alleged offender's commander.

m. Advocacy Services. Services that are offered to FAP victims of domestic abuse and Title 10 active duty victims of sexual assault with the goal of increasing victim safety and autonomy. Services are performed by IVA, employees (civil service or contract) working for the

Department of Defense who offer services to victims which include, but not necessarily limited to; responding to victims' emergency and ongoing safety concerns and needs, providing information about programs and services available to victims and their children in both the civilian and military communities, and providing victims with ongoing support and referrals.

n. Unit or Company Commanders Role. Each unit/company commander will attend spouse and child abuse commander education programs designed for unit commanders within 45 days of assuming command. They will schedule time for Soldiers to attend troop awareness briefings presented by FAP personnel. Additionally, Commanders will complete the following:

(a) Be familiar with rehabilitative, administrative, and disciplinary procedures relating to spouse and child abuse.

(b) Report suspected spouse and child abuse to the designated RPOC on the installation and provide all relevant information to those investigating the report, including law enforcement agencies and CPS.

(c) Direct the Soldier to participate in assessment by FAP staff.

(d) Attend CRC case presentations pertaining to Soldiers in their command.

(e) Ensure that Soldiers involved in allegations of child and/or spouse abuse, after properly being advised of their Article 31(b), Uniform Code of Military Justice (UCMJ, Art. 31) rights with the use of DA Form 3881 (Rights Warning Procedure/Waiver Certificate) against self-incrimination, are encouraged to cooperate with FAP personnel to the maximum extent possible from initial report to case closure, to include participation in individual and Family interviews or examinations by appropriate social services, medical, and law enforcement personnel.

(f) Provide written military no-contact orders, as appropriate; counsel Soldiers; and take other actions, as appropriate, regarding compliance with civilian orders of protection for victims of spouse abuse.

(g) Support and comply with CRC treatment recommendations to the maximum extent possible. Provide non-concurrence with CRC treatment recommendations in writing through the chain of command to the MTF commander.

(h) Implement CRC recommendations. Commanders will ensure that Soldiers involved in Family violence attend (immediate and uninterrupted) recommended treatment. Applicable rights of alleged victims and offenders will be ensured. The Soldier's place of duty will include scheduled appointments until treatment is completed. When ACS/FAP New Parent Support Program (NPSP) Home Visitation is recommended, participation of fathers/stepfathers is important. Mandated treatment does not preclude disciplinary and administrative actions against offenders in appropriate cases. Commanders should consult with their assigned judge advocate (Trial Counsel) regarding applicability of the Lautenberg Amendment and when considering administrative and disciplinary action.

6. Reporting Procedures.

a. Child abuse or neglect.

(1) Initial case identification/assessment. The Reporting Point of Contact (RPOC) for all cases of domestic violence is the MP at (502) 624-2111. Victim Advocacy services at (270) 352-8185 (24/7) are also available after law enforcement involvement. Every Soldier, employee, and member of the military community should be encouraged to report information about known or suspected cases of spouse and child abuse to the RPOC or the appropriate law enforcement agency as soon as the information is received. All installation law enforcement personnel, physicians, nurses, social workers, school personnel, FAP and Child, Youth and School Service (CYSS) personnel, psychologists, and other medical personnel will report (mandated reporters) information about known or suspected cases of child and spouse abuse to the RPOC or appropriate military law enforcement agency as soon as the information is received. Commanders will report allegations of abuse involving their Soldiers to the RPOC. All mandated reporters are also required to report suspected or known incidents of child abuse or neglect to the Department for Community Based Services (DCBS) Child Protective Service (CPS) to the Child Protection Hotline at 800-752-6200.

(2) CRC review. Each case will be presented to the CRC for a finding of 'meets' Decision Tree Algorithm (DTA) criteria or 'does not meet' DTA criteria. The unit commander or civilian supervisor equivalent of the Soldier involved in the incident is required to attend the CRC meeting, concur/non-concur with CRC findings, and ensure that the Soldier complies with the assessment process and treatment recommendations. In the absence of the commander or civilian supervisor, a senior enlisted supervisor is authorized to attend. This command representative must have the authority to concur or non-concur with CRC recommendations. All individuals who attend CRC are required to take the DTA on-line training <http://www.edis.army.mil/decision%20tree/launch.htm> and provide a certificate of completion to the CRC chairperson.

(a) Unit Commanders will refer Soldiers involved in child abuse or neglect to the MP at (502) 624-2111.

(b) All other persons are strongly encouraged to report suspected child abuse or neglect to the MP at (502) 624-2111. To encourage reporting incidents of Family violence, FAP and law enforcement personnel may assure confidentiality to individuals making reports in accordance with (IAW) AR 608-18.

(3) Emergency Placement Care (EPC) and Training. Training Requirements for Certification of Emergency Placement Providers: EPC provider applicants must complete the following classes during the application process or provide documentation those classes or acceptable alternatives were completed during the present rotation. Certified FCC Provider training required by Child Development Services is acceptable. (NOTE: Within 6 months of selection, 10 hours of training must be completed in addition to the EPC orientation, First Aid class, and CPR class). The EPC providers must also attend Partnering for Safety and Permanence - Model Approach to Partnerships in Parenting, (PS-MAPP) at the next available training. The EPC providers are encouraged to take additional training each year to enhance their skills as placement parents. Evidence of updated CPR and First Aid training and a minimum of 6 additional hours of training are required per year. Training may be in ACS by FAP sponsored programs or in other educational programs as appropriate. The DCBS, CPS, in conjunction with law enforcement is the only agency with jurisdiction to remove children from their parent/custodian and place them into EPC approved homes, on or off the Fort Knox installation.

b. Domestic Violence.

(1) Initial case identification/assessment. The RPOC for all cases of domestic violence is the MP at (502) 624-2111. IVA services at (270) 352-8185 are also available after law enforcement involvement or as a referral option prior to police notification.

(a) Incidents of domestic violence which are responded to by the Military Police will be reported to the Soldier's Unit Commander and to IACH, SWS at (502) 626-6170. Incidents of domestic violence involving the civilian police that are reported to the MP will be reported to the Soldier's Unit Commander, FAPM and Chief, SWS. Commanders are encouraged to refer victims of domestic violence to the IVA at (270) 352-8185, available 24 hours per day, and 7 days a week.

(b) Commanders must report suspected cases of domestic violence to the MP at (502) 624-2111. Law enforcement will convey the information to SWS. Commanders will take immediate and appropriate measures to protect victims from the alleged offender. These measures can include, but are not limited to the issuance of military protective orders (MPO), removal of pass privileges, restriction, removal from government quarters, and pretrial restraint when warranted. In cases where a Soldier is the victim of spouse abuse perpetrated by a non-Soldier spouse and a DD Form 1805 is issued, a staff officer involved in the case may pursue a bar letter by presenting the facts of the case to the PMO, who will process the request for a bar for the individual from the installation commander. Commanders will try to ensure safety of the Soldier (and his/her Family, when applicable). Safety measures will include offering the victim Soldier temporary living space in the unit's assigned billets or ensuring suitable arrangements have been made. A non-Soldier spouse barred from post will be personally responsible for housing and living expenses incurred for the period of the bar; the Soldier will not be forced to pay that expense. A resource listing of area shelters for non-Soldier spouse offenders unable to afford incurred expense is available through SWS or ACS. If an active duty Soldier is identified as the alleged offender, commanders will order the offender into government furnished billeting (not to return to the quarters) and to have no contact with the victim for a minimum of 72 hours (commanders may permit officers and senior noncommissioned officers (E-8 and above) to reside at an approved site at their own expense). In situations where Soldiers must retrieve basic necessities from their quarters/home, and there is no emergency protective order on file, the commander will ensure the victim is notified, and an escort, senior in rank to the alleged offender, is assigned to accompany the Soldier to his/her home and supervise any contact at/in the residence. If an Emergency Protective Order, FK Form 5067-E (see Appendix A of this regulation) or Domestic Violence Order, FK Form 5068-E (see Appendix B of this regulation) is in place, commanders will also issue a Military Protective Order, DD Form 2873 and will not permit the Soldier to go to the quarters/home.

(c) CRC review. Each case will be presented to the CRC for a finding of 'meets' Decision Tree Algorithm (DTA) criteria or 'does not meet' DTA criteria. The unit commander or civilian supervisor equivalent of the Soldier involved in the incident is required to attend the CRC meeting, concur/non-concur with CRC findings, and ensure that the Soldier complies with the assessment process and treatment recommendations. In the absence of the commander or civilian supervisor, a senior enlisted supervisor is authorized to attend. This command representative must have the delegated authority to concur or non-concur with CRC recommendations. All individuals who attend CRC are required to take the DTA on-line training <http://www.edis.army.mil/decision%20tree/launch.htm> and provide a certificate of completion to the CRC chairperson.

(d) The FAPM has primary responsibility for the IVAs that are available 24 hours per day, 7 days a week at (270) 352-8185. The IVA provides advocacy and services as outlined in the Standard Operating Procedure (SOP): Victim Advocacy for Domestic Violence Victims. A completed risk assessment by SWS FAP treatment providers and safety plan by the IVA is provided to all eligible FAP victims of domestic abuse.

(e) Upon initial contact with an IVA, the victim will be offered restricted or unrestricted reporting options contingent upon applicability with KRS and KRA. Restricted reporting is limited to adult victims of domestic violence, eligible to receive military medical treatment and who are not currently legal spouses, as defined by the Commonwealth of Kentucky. They will be asked to sign a victim's preference statement at that time.

(2) Restricted reporting allows victims of domestic violence to disclose, on a confidential basis, the details of their assault to the specifically identified individuals and receive medical treatment and counseling, without triggering the official investigative process. Restricted reporting is made to the IVAs via the VA-Sexual Assault 24/7 telephone number, through Post chaplains and Health Care Providers (HCP) at the Military Treatment Facility (MTF). The IVA will advise SWS FAP of all restricted reports. SWS FAP will conduct a Family Advocacy System of Record (FASOR) and local records check in order to determine prior history, risk, and lethality. If risk or lethality is deemed too high, the SWS FAP will non-concur with the granting of a restricted report. SWS FAP will inform the IVA program of all restricted reports and the IVA will assign a restricted report number. The CRC will be informed of all restricted reports. The CRC will be informed of restricted reports, but information regarding the report will be limited to non-identifying demographic information.

(3) Unrestricted reporting is any report of domestic abuse made through normal reporting channels including law enforcement, the chain of command, CID or other criminal investigative services. A report to an IVA, CH or MTF HCP where the individual does not elect restricted reporting is considered an unrestricted report.

(a) Other Sources. Unit Commanders and First Sergeants will also refer those involved in domestic violence incidents that come to their attention through any other sources to the IVA 24/7 telephone line and to the MP.

(b) MEDDAC, Behavioral Health, Army Public Health Nursing, Army Substance Abuse Program (ASAP). Many clients will disclose a domestic violence problem in the course of receiving support from one of the installation service activities. The service activity will refer suspected (unrestricted) cases of domestic violence to the Military Police.

(c) Safe shelter for domestic violence or sexual assault victims is accomplished through a Memorandum of Agreement (MOA) between ACS/FAP and is facilitated through the FAP IVAs and local domestic violence shelters.

c. Sexual Assault.

(1) Initial case identification/assessment. The RPOC for all cases of sexual assault is the MP at (502) 624-2111. IVA services/SARC at (270) 352-8185 is also available after law enforcement involvement or as a referral option prior to police notification. Fort Knox 24/7 line IVA/SARC will serve as the installation's resource for victims of sexual assault who may not want to pursue law enforcement or command involvement. There are two options available for victims: restricted and unrestricted reporting.

(a) Restricted Reports. Restricted reporting allows the Soldier sexual assault victim, on a confidential basis, to disclose the details of their assault to the specifically identified individuals and receive medical treatment and counseling, without triggering the official investigative process. Restricted reports are made to the SARC, IVAs, CH or MTF HCPs. Reports of sexual assault by a spouse or intimate partner follow procedures 7b(1)(a) above.

(b) Restricted reporting is available to Title 10 active duty Soldiers and other military personnel of the Armed Forces and the Coast Guard when attached to the Department of Defense. Military personnel include members on active duty and members of the Army National Guard or United States Army Reserve provided they are performing duty in Federal (Title 10 status) service. Any other offer of restricted reporting will be at the discretion of the facility/activity.

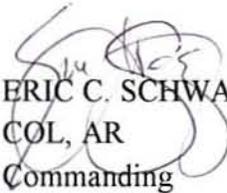
(c) Unrestricted Reports. Unrestricted Report is any report of sexual assault made through normal reporting channels of law enforcement, CID and the victim's chain of command, a report to a SARC, IVA, CH or MTF HCP where the individual does not elect restricted reporting is considered an unrestricted report.

(2) Other Sources. As with Domestic Violence, Unit Commanders and First Sergeants will also refer Soldiers involved in sexual assault incidents that come to their attention through any other sources to the IVA 24/7 line at (270) 352-8185 or to the MP.

(a) MEDDAC Providers, Behavioral Health, Army Public Health Nursing, ASAP. Many clients may learn of a sexual assault issue in the course of receiving help from one of the installation service activities. The service activity will refer unrestricted suspected cases of abuse to the RPOC and the IVA Program at (270) 352-8185.

(b) Unit Commanders and First Sergeants will also refer victims of sexual assault to the FAP IVAs via the Safe line at (253) 966-SAFE. Reporting options at that time will be given to the victim.

7. Cooperation. The point of contact for all FAP briefings is the FAPM, ACS, at (502) 624-6259. Close and timely collaboration is essential to protect our children, support Families, command, staff and to successfully prosecute offenders. For more information, contact the, FAPM.


ERIC C. SCHWARTZ
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A

Appendices:

A-Emergency Protection Order Checklist (FK Form 5067-E)

B-Domestic Violence Checklist (FK Form 5068-E)

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Appendix A Emergency Protection Order Checklist (FK Form 5067-E)

EMERGENCY PROTECTION ORDER CHECKLIST <small>For use of this form, see ARs 608-1 and 608-18</small>	
DATE OF INCIDENT: _____	
ANY TIME A SOLDIER IS THE SUBJECT OF AN EMERGENCY PROTECTION ORDER (EPO) ISSUED BY ANY COURT, COMMANDERS WILL IMMEDIATELY TAKE THE FOLLOWING STEPS:	
<input type="checkbox"/>	1. Upon notification by the Provost Marshal's Office (PMO) that an EPO has been received, the Soldier will be escorted by a member of the chain of command, in the grade of E-8 or higher, to the PMO and served the EPO. If a commander escorts the Soldier to the PMO, the commander will issue a Military Protective Order (MPO) (DD Form 2873) to the Soldier, which will be in effect for the duration of the EPO, or longer if the commander determines it is necessary. A copy of the EPO and MPO will be provided to the trial counsel.
<input type="checkbox"/>	2. Contact the unit trial counsel for legal guidance.
<input type="checkbox"/>	3. After an EPO is served to the Soldier, he/she will be immediately escorted back to the commander. The commander will review the EPO, consult with trial counsel, and explain its contents to the Soldier to ensure he/she fully understands the restrictions of the EPO and penalties for failure to obey it. The commander will also issue an MPO for the duration of the EPO. If, after advising the Soldier of his/her Article 31, UCMJ, rights, the Soldier waives these rights, the commander will question the Soldier to ascertain the facts and potential for harm to self and/or others. A copy of the EPO and MPO will be provided to the trial counsel.
<input type="checkbox"/>	4. Prior to releasing the Soldier from the mandatory 72-hour MPO, the commander must contact Family Advocacy Program (FAP), Fort Knox Ireland Army Community Hospital, to schedule an appointment, if appropriate, in accordance with (IAW) AR 608-18. An AFAP clinical social worker will provide the command feedback and recommendations for follow-up services at (502) 626-6170/6181/6172. Also, IAW AR 608-18, the commander is required to attend the Case Review Committee (CRC) meeting to discuss the case status and treatment plan recommendations. The command will receive written notification of the CRC meeting dates and time. Commanders DO NOT need to provide command referral paperwork for Soldiers involved in domestic violence (child and spouse abuse) incidents. These referrals are considered emergencies that require "Risk Assessment" and are not considered routine mental health evaluations.
<input type="checkbox"/>	5. Provide alternate billeting; order the Soldier to move into the alternate billeting for a minimum of 72 hours. If the 72-hour period ends on a weekend or holiday, the Soldier will continue to stay in alternate billeting until the first duty day.
<input type="checkbox"/>	6. Contact the victim of the domestic violence named in the EPO to ascertain the facts and identify any immediate safety concerns.
<input type="checkbox"/>	7. Make contact with the Victim Advocate Coordinator, 624-6291. The Fort Knox Family Advocacy Victim Advocate Program will work in close coordination with the command, as well as on- and off-post agencies, to ensure that safety measures are in place for providing advocacy assistance and support to victims of domestic violence. Victim participation in the program is voluntary.
<input type="checkbox"/>	8. Consult with trial counsel and, if warranted, withdraw the Soldier's pass privileges for a minimum of 72 hours. Give the Soldier an MPO. Should the EPO become a DVO, reissue an MPO for the duration of the DVO.
<input type="checkbox"/>	9. The unit commander or civilian supervisor equivalent of the Soldier involved in the incident is required to attend the CRC meeting, concur/nonconcur with CRC findings, and ensure the Soldier complies with the assessment process and treatment recommendations. In the absence of the commander or civilian supervisor, a senior enlisted supervisor is authorized to attend. This command representative must have the authority to concur or nonconcur with CRC recommendations. All individuals who attend CRC are required to take the DTA online training at http://www.edis.army.mil/decision%20tree/launch.htm and provide a certificate of completion to the CRC chairperson.
<input type="checkbox"/>	10. Take any other additional measures the commander deems necessary to prevent further incidents of domestic abuse, injury, or death. Indicate below what other measures, if any, were taken.
Other measures (if applicable): 	
(NAME OF SOLDIER/RANK)	(COMMANDER)
(UNIT)	(DATE FORWARDED TO TRIAL COUNSEL)

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Appendix B
Domestic Violence Checklist (FK Form 5068-E)

DOMESTIC VIOLENCE CHECKLIST	
For use of this form, see AR 608-1	
UPON NOTIFICATION OR DISCOVERY OF ANY INCIDENT OR CREDIBLE REPORT OF DOMESTIC VIOLENCE, COMMANDERS OF ALLEGED SOLDIER OFFENDERS WILL IMMEDIATELY TAKE THE FOLLOWING STEPS:	
1. Contact the unit trial counsel for legal guidance.	<input type="checkbox"/>
2. Report the incident to the military police desk sergeant at 624-2111.	<input type="checkbox"/>
3. Advise the Soldier suspected of domestic violence of his/her Article 31, UCMJ, rights and, if he/she waives these rights, question the Soldier to ascertain the facts and potential for harm to self and/or others. Issue a Military Protective Order (DD Form 2873) (MPO) for the Soldier to have no contact with the victim(s) of domestic violence for 72 hours. If the 72-hour period ends on a weekend or holiday, Soldier will be ordered to have no contact until the first duty day.	<input type="checkbox"/>
4. Contact victim of the domestic violence to ascertain the facts and identify any immediate safety concerns.	<input type="checkbox"/>
5. Make contact with the Victim Advocate Coordinator, 624-6291. The Fort Knox Family Advocacy Victim Advocate Program will work in close coordination with the command, as well as on- and off-post agencies, to ensure that safety measures are in place for providing advocacy assistance and support to victims of domestic violence. Victim participation in the program is voluntary.	<input type="checkbox"/>
6. Provide billeting and order the offender Soldier to move into alternate billeting for a minimum of 72 hours. If the 72-hour period ends on a weekend or holiday, the Soldier will continue to stay in alternate billeting until the first duty day.	<input type="checkbox"/>
7. Prior to releasing the Soldier from the mandatory 72-hour MPO, the commander must contact the Family Advocacy Program (FAP), Fort Knox Ireland Army Community Hospital, to schedule an appointment, if appropriate, in accordance with (IAW) AR 608-18. A FAP clinical social worker will provide the command feedback and recommendations for follow-up services at (502) 626-6170/6181/6172. Also, IAW AR 608-18, the commander is required to attend the Case Review Committee (CRC) meeting to discuss the case status and treatment plan recommendations. The command will receive written notification of the CRC meeting dates and time. Commanders DO NOT need to provide command referral paperwork for Soldiers involved in domestic violence (child and spouse abuse) incidents. These referrals are considered emergencies that require "Risk Assessment" and are not considered routine mental health evaluations.	<input type="checkbox"/>
8. Order the offender Soldier to immediately turn in all privately-owned firearms to the unit's arms room. Send an NCO in the grade of E6 or higher to the Soldier's home to retrieve any firearms. Order the Soldier to have no contact with firearms unless in the course of normal duty.	<input type="checkbox"/>
9. Reassess the situation at the end of the 72-hour period and determine if the above MPO or restrictions should be modified, continued, or canceled.	<input type="checkbox"/>
10. The unit commander or civilian supervisor equivalent of the Soldier involved in the incident is required to attend the CRC meeting, concur or nonconcur with CRC findings, and ensure the Soldier complies with the assessment process and treatment recommendations. In the absence of the commander or civilian supervisor, a senior enlisted supervisor is authorized to attend. This command representative must have the authority to concur or nonconcur with CRC recommendations. All individuals who attend CRC are required to take the DTA online training at http://www.edis.army.mil/decision%20tree/launch.htm and provide a certificate of completion to the CRC chairperson.	<input type="checkbox"/>
11. Consider referring the Soldier for a mental health evaluation at the Department of Behavioral Health, USA MEDDAC, Fort Knox (624-9960) (emergency room during non-duty hours). Soldier must be advised of certain rights before being command-referred for a mental health evaluation. Consult with trial counsel prior to referral. FK Form 4388-E will be used to make the referral (download from http://www.knox.army.mil/garrison/dhr/asd/forms.asp).	<input type="checkbox"/>
12. Take any other additional measure the commander deems necessary to prevent further incidents of domestic abuse, injury, or death. Indicate below what other measures, if any, were taken.	<input type="checkbox"/>
Other Measures (if applicable):	
_____ (NAME OF SOLDIER/RANK)	_____ (COMMANDER)
_____ (UNIT)	_____ (DATE FORWARDED TO TRIAL COUNSEL)