

<b>CATCH A SERIAL OFFENDER PROGRAM EXPLANATION AND NOTIFICATION INFORMATION FOR SEXUAL ASSAULT VICTIMS</b> <i>(Read Privacy Act Statement Before Completing This Form.)</i>	OMB No. 0704-0482 OMB Approval Expires: XX/XX/XXXX
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The public reporting burden for this collection of information is estimated to average 2.5 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 law, 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 memorandum, "Procedures to Implement the 'Catch a Serial Offender' Program," issued June 10, 2019.  
**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 ensure that victims are aware of available services. At the DoD level, only de-identified data is used to respond to mandated congressional reporting requirements.  
**ROUTINE USE(S):** Applicable Routine Use(s) are: To Permit the disclosure of suspect information anonymously by an individual making a Restricted Report to help the Department of Defense identify serial offenders. Additional routine uses are listed in the applicable system of records notice, DHRA 06, Defense Sexual Assault Incident Database (DSOID), at <https://dpcid.defense.gov/Privacy/SORNsinex/DOD-wide-SORN-Article-View/Article/570559/dhra-06-dod/>  
**DISCLOSURE:** Voluntary. CATCH allows sexual assault victims (Service members and adult dependents) to discover if the suspect in their Restricted Report may have also assaulted another person (a "match" in the CATCH website), and having that knowledge, decide whether to convert their Restricted Report to Unrestricted to initiate an investigation of the serial offender suspect. The Social Security Number (SSN) is one of several unique identifiers that may be provided. This form will be retained for 50 years

<b>RR DSAID Case</b>	
<b>UR DSAID Case</b>	

**1. CATCH Program Discussed with SARC or SAPR VA:**  
 I, (Full name) \_\_\_\_\_, DoD Identification Number (for personnel with Common Access Cards only) \_\_\_\_\_ and/or Social Security Number (not required if DoD Identification Number is provided) \_\_\_\_\_ met with a Sexual Assault Response Coordinator (SARC) or a Sexual Assault Response Prevention and Response Victim Advocate (SAPR VA) to discuss the Catch a Serial Offender Program.

**INITIALS**

(1) The SARC or SAPR VA explained the Catch a Serial Offender Program.

(2) The SARC or SAPR VA explained what occurs IF I am contacted about a potential match and my options.

(2)(a) The SARC or SAPR VA explained that I will be contacted by a different person than this SARC or SAPR VA, IF there is a potential match.

(3) The SARC/SAPR VA has informed me of reporting options for sexual assault, available support services, to include mental health providers, and chaplain resources.

(3)(a) I declined to receive reporting and support services information.  Yes  No

(4) The SARC or SAPR VA explained that I can consult with a Special Victims' Counsel (SVC), Victims' Legal Counsel (VLC), or a legal assistance attorney, if I am eligible for one, before deciding to submit an entry into the CSTCH Program.

(5) I have been informed about and elect to participate in the CATCH Program.  
 As a participant in the CATCH Program, I agree to provide the following contact information:  
**Phone/Email:** \_\_\_\_\_  
**Phone/Email:** \_\_\_\_\_

<b>6.A. SIGNATURE OF VICTIM</b>	<b>6.B. DATE (YYYYMMDD)</b>	<b>7.A. SIGNATURE OF SARC/SAPR VA</b>	<b>7.B. DATE (YYYYMMDD)</b>
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<b>COVID RESPONSE</b>	<b>COVID NOTES</b>
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**8. After a "MATCH" in the CATCH database, I have elected to:**

**8.a. Participate in the investigation by:**  
 Converting my RR to UR

**8.b. Not to participate in the investigation, because:**  
 Agreed to provide the reason. Explanation: \_\_\_\_\_  
 Declined to provide the reason.

8.c. Decline to participate in the investigation

8.d. Agreed to be contacted again if another "MATCH":  Yes  No

(SARC Initials) Date: \_\_\_\_\_

8.d. Opt out of the CATCH program

9. After a potential match, SARC unable to contact victim:

1. SARC Name	SARC Initial	Contact Attempt Date	Method Used
2. SARC Name	SARC Initial	Contact Attempt Date	Method Used
3. SARC Name	SARC Initial	Contact Attempt Date	Method Used

10. SIGNATURE OF VICTIM	10a. DATE (YYYYMMDD)	10b. SIGNATURE OF SARC/SAPR VA	10c. DATE (YYYYMMDD)
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COVID RESPONSE	COVID NOTES
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