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: YYYYMMDD*

The public reporting burden for this collection of information is estimated to average ## hours/minutes 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 memoranda, "Procedures to Implement the 'Catch a Serial Offender' Program" (2019) and "Updated Catch a Serial Offender Procedures and New DD Form 2910-4" (2023).

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 **https://dpcid.defense.gov/Privacy/SORNsinex/DOD-wide-SORN-Article-View/Article/570559/dhra-06-dod/**.

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

SRI DSAID Control Number	

1. CATCH Program Discussed with SARC or SAPR VA:

I, *(Full name)*   ,

DoD Identification Number *(for personnel with Common Access Cards only)*   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

	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 www.SAPR.mil/CATCH.
	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' Counsel (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 Offender (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 to provide the following contact 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

5. Notification of victim after a "MATCH" in the Catch a Serial Offender (CATCH) system: After a "MATCH" in the CATCH database, I have decided to:

(1) File an Unrestricted Report by signing the DD Form 2910	
Victim Signature	Signature Date *(YYYYMMDD)*

(2) Victim has declined to file an Unrestricted Report, but agreed to be contacted again if another "MATCH":	
SARC Signature	Signature Date *(YYYYMMDD)*

(3) Victim has declined to file an Unrestricted Report and Opt Out of the CATCH program.	
SARC Signature	Signature Date *(YYYYMMDD)*

COVID RESPONSE	COVID NOTES

DD FORM 2910-4, DRAFT   **CUI (when filled in)**   Controlled by: OUSD(P&R)   **Page 1 of 2**
CUI Category: PRVCY
LDC: FEDCON
POC: osd.pentagon.ousd-p-r.mbx.forms@mail.mil

6. After a potential match, SARC unable to contact victim:			
(1) Initial contact attempt date *(YYYYMMDD)*	Method Used		
Notification POC name *(print)*	Signature		Signature Date *(YYYYMMDD)*
(2) Initial contact attempt date *(YYYYMMDD)*	Method Used		
Notification POC name *(print)*	Signature		Signature Date *(YYYYMMDD)*
(3) Initial contact attempt date *(YYYYMMDD)*	Method Used		
Notification POC name *(print)*	Signature		Signature Date *(YYYYMMDD)*

DRAFT

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

(1) Initial contact attempt date *(YYYYMMDD)* | Method Used

DD FORM 2910-4, DRAFT