SAPR Program
Offender Information Worksheet

Worksheet Instructions: This form should be used in unrestricted cases by the VA and/or the SARC to obtain offender information required for DCRMS (or interim solution reporting workbook maintained by the SARC until DCRMS is placed into operation). The information requested on this form can either be obtained directly from the victim during the initial contact, or through other channels such as the Sexual Assault Review Board (SARB), CID, or other response agencies involved in the investigation. Every attempt should be made to obtain this information during the initial contact, as it is CID policy not to release offender data until a case is closed and founded. VAs and SARCs should use sensitivity when collecting this information and not engage in a "fact finding" interview.

The data on the form should NOT be entered into DCRMS (or interim solution reporting workbook maintained by the SARC until DCRMS is placed into operation) until and if the case is closed and founded by CID. The worksheet should be maintained in the victim's case file until the case is closed. If the case is determined to be unfounded by CID, the SARC should destroy the form by cross-cut shredding or mutilation sufficient to preclude recognition or reconstruction of the form within 2 duty days of receipt of this information from CID. If the case is founded by CID, the SARC should obtain any missing information from CID, and then upload the information into DCRMS (or interim solution reporting workbook maintained by the SARC until DCMRS is placed into operation). The SARC should then destroy this form by cross-cut shredding or mutilation sufficient to preclude recognition or reconstruction of the form within 2 duty days of receipt of this information from CID.

Incident Number _____
CID-assigned Case Number _____
Victim Advocate's Name: _____
Initial SARB Date: __/__/__
Most Recent SARB Date: __/__/__

Alleged Offender Information

☐ More than one alleged offender (if so, use copies of this form to enter multiple offender information)
☐ Unknown Offender
Offender Sequence Number: _____

Relationship to Victim:
☐ Acquaintance/Friend
☐ Co-worker/shipmate
☐ Ex-spouse
☐ Spouse
☐ Family member-not spouse
☐ Girlfriend/boyfriend
☐ Neighbor
☐ No known Relationship
☐ Recruiter
☐ Supervisor
☐ Unknown

Offender Name _____
Last First Middle
SSN: ___-__-____
DOB: __/__/__ Age: _____ (At time of incident) Gender: ☐ Female ☐ Male

Race:
☐ American Indian/Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian/Pacific Islander
☐ Blended
☐ Caucasian
☐ No response

CID/Law Enforcement Incident Number (Unrestricted only) _____

Ethnicity:
☐ Hispanic ☐ Non-Hispanic

Branch of Service: ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐ Unknown
Installation Assigned: _____
Unit: _____
Status:

☐ Active Duty	☐ ARNG - Title 32 - AGR	☐ DOD Civilian	☐ Unknown
☐ ARNG - State Active Duty	☐ ARNG - Title 32 - IDT	☐ Family Member	☐ USAR - AGR
☐ ARNG - Title 10	☐ Cadet	☐ Foreign National	☐ USAR - IMA
☐ ARNG - Title 32 -- ADSW	☐ Civilian	☐ Midshipman	☐ USAR -- IRR
☐ ARNG - Title 32 – ADT	☐ Contractor	☐ Retiree	☐ USAR - TPU

Grade/Level (1-14): _____

VAs should hand-off the *SAPR Program Offender Information Worksheet* to the SARC on the first duty day after receiving this information.

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