



**Non-Clinical Requirements Validation Form**

Name		License Number
Activity & Hours	Date	Signature, Title & Agency
<b>a. Law Enforcement Agency</b>		
<input type="checkbox"/> Ride Along <ul style="list-style-type: none"> <li>Attend shift briefing</li> <li>Ride with officer experienced in sexual assault investigation</li> </ul> <input type="checkbox"/> Case Review <ul style="list-style-type: none"> <li>Assigned to detective who investigates sexual assaults</li> <li>Review investigation that has been completed, presented to grand jury</li> </ul>		
<b>b. Criminal Court Observation</b>		
Type of Case:		
Judge:		
<b>c. District Attorney's Office Observation</b>		
County: _____ D.A.: _____ Possible activities: <ul style="list-style-type: none"> <li>Discussion of charging decisions</li> <li>Observe part of a trial</li> </ul>		
<b>d. Victim Services Observation</b>		
<input type="checkbox"/> County Victim Assistance Program Possible goals: <ul style="list-style-type: none"> <li>Review role of CVAP</li> <li>Review role of victim advocate</li> <li>Review victim's rights</li> </ul>		
<b>and/or:</b>		
<input type="checkbox"/> Non-Profit Victim Services Program Possible goals: <ul style="list-style-type: none"> <li>Review role of and philosophy of program</li> <li>Review role of non-profit victim advocate</li> <li>Review victim's rights</li> </ul>		
<b>e. Crime Lab Tour and Orientation</b>		
Crime Lab Tour and Orientation		
<b>Recommended/Optional Activities</b>		
SART Meeting – length of one meeting <input type="checkbox"/> County SART <input type="checkbox"/> Other:		