**MEMORANDUM OF UNDERSTANDING**

**WITH THE**

**(Wyoming DOC prison) AND THE**

**(Advocacy Program)**

**AND**

**Start Date – End date**

**I. Responsibilities:**

**The Wyoming DOC prison agrees to:**

1. Make involvement of certified rape crisis counselors a component of the standard response to a report of sexual assault and/or a request for help from a survivor of sexual assault.
2. Offer survivors the opportunity to speak with an advocate following a report of sexual abuse or sexual harassment, or at the inmate’s request;
3. Allow survivors to speak with an advocate confidentially in person or by phone or letter.
4. Contact **(Advocacy Program)** with any questions related to sexual violence or for consultation about a specific, non-acute case;
5. Allow an advocate to be present during the forensic examination and investigative interviews if desired by the survivor.
6. Provide for logistical needs within the facility or at a forensic examination.
7. Facilitate the placement of informational placards regarding the availability of **(Advocacy Program)** services in areas visible to inmates.
8. Understand and respect the nature of privileged communication between the advocate and survivor. No information regarding client/advocacy communication shall be shared with **(Wyoming Prison)** staff without informed, written, time-limited consent from the survivor;
9. Provide training for **(Advocacy Program)** staff as requested.
10. Communicate any questions or concerns to **(Advocacy Program).**

**(Advocacy Program) agrees to:**

1. Provide immediate advocacy, support, and crisis intervention to inmate survivors via in person, the hotline and/or letters.
2. Provide additional advocacy, emotional support, and information to survivors through phone conversations or letters.
3. Inform the survivor of the right to have a victim advocate to present during the medical forensic exam, investigative interviews and any possible court hearings and provide said accompaniment if desired by the survivor;
4. Answer survivors’ questions about the medical forensic exam and investigative process and accompany the survivor during the medical forensic exam, if desired;
5. Provide information about follow-up services to the inmate survivor, including referrals to appropriate entities for additional information;
6. Maintain confidentiality as outlined in the Paths to Recovery informed consent form.
7. Provide training for **(Wyoming DOC prison)** staff as requested.
8. Communicate any questions or concerns to **(Wyoming DOC prison)**.
   1. **TERM OF MOU:**

This Agreement shall become effective on the date that it is executed by all parties, and shall expire X NUMBER OF YEARS after the date of execution.

* 1. **RENEWAL OF MOU:**

This Agreement may be renewed with the agreement of all parties named herein upon the same terms and conditions.

* 1. **MOU TERMINATION:**

This Agreement may be terminated by either party, with or without cause, upon no less than thirty (30) calendar days' written notice, without cause.

* 1. **SIGNATURES:** The signatures below attest to this mutual agreement:

**Wyoming DOC prison** **Advocacy Program**

By :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_

Warden

Prison Director, Program