



- E. In sex crimes investigations where the victim is unsure of the desire or intent to seek prosecution of a suspect, deputies should, when practical, have a Domestic Violence Coalition Crisis Worker involved in the explanation of the prosecution process and discussion of whether the victim feels prosecution is appropriate. This will provide a third party witness should the victim claim later that prosecution was desired and nothing was done.

---

---

**NEVADA COUNTY  
SHERIFF'S OFFICE**



**KEITH ROYAL  
SHERIFF/CORONER  
PUBLIC ADMINISTRATOR**

---

---

**Victim Confidentiality Form**

Pertaining to Penal Code and Government Code Sections:

Penal Code 220, 261, 261.5, 262, 264, 264.1, 265, 266, 266a, 266b, 266c, 266e, 266f, 266j, 267, 269, 273a, 273d, 273.5, 285, 286, 288, 288a, 288.2, 288.3, 288.5, 288.7, 289, 422.6, 422.7, 422.75, 646.9, or 647.6

U.S. Government Code 6254(f)(2)

Under the provision of 293 of the Penal Code, I hereby advise you that by making report of this incident as the alleged victim of crimes enumerated in 6254(f)(2) of the Government Code, or as the parent or guardian of a minor child who is the alleged victim of those same crimes **YOUR** name and address, or the name and address of the minor child involved **WILL** become a matter of **PUBLIC RECORD, UNLESS** you request that your name and address or the name and address of the minor be kept **CONFIDENTIAL**.

If you request confidentiality, that information will be releasable **ONLY** to the District Attorney or Law Enforcement agencies. In the case of minors, the Child Protective Services Agency of the Social Services Department may have to be notified as required by law.

Under the provisions of 264.2 of the Penal Code, the officer taking this report is required to notify the Domestic Violence Sexual Assault Coalition if you so desire. If the Domestic Violence Sexual Assault Coalition is notified at your request, it will not affect other aspects of confidentiality.

1. Do you wish to have your name and address, or the name and address of the minor victim(s) kept confidential?

Yes/No

Signature: \_\_\_\_\_

2. If applicable, do you wish to have the Domestic Violence Sexual Assault Coalition notified?

Yes/No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Officer: \_\_\_\_\_

Case#: \_\_\_\_\_

Name

OSN