
FATALITY REVIEW REFERRAL FORM INSTRUCTIONS

1. The purpose of Fatality Review is to ensure that court processes, procedures and actions minimize the risk of harm to people who use the courts. The goals of Fatality Review are to: (a) examine referred court cases where a death has occurred to identify any patterns or trends that may have been present; (b) examine court records and procedures to determine whether proper steps were taken; (c) review applicable statutes and rules to determine whether amendments are needed; and (d) assess whether court officers and staff, as well as other involved agencies followed required processes and whether there was a coordinated effort among agencies to address the issues in the case.
2. To be considered for review, cases must involve deaths: (a) that may have resulted from abuse or neglect of a child involved in, or closely associated with, an abuse and neglect case or a family law court case; (b) of juveniles who are detained in a secure juvenile facility or in an out-of-home placement by virtue of a court order; and (c) that result from domestic violence while the decedent was the subject of a domestic violence case.
3. The referral form should be completed to the best of your ability based upon the information available for review. The form must be typed or legibly hand-printed in blue or black ink only. Do not use pencil. Please attach any documents that you have which you think may assist in the investigation including, but not limited to, any of the items set forth in No. 11 of the referral form.
4. The referral form should be submitted to:

Gary Johnson, Administrative Director
West Virginia Supreme Court of Appeals
Building One, Room E-100
1900 Kanawha Blvd, East
Charleston, WV 25305-0830
(304) 558-1212 (fax)
Gary.Johnson@courtswv.gov
5. The Administrative Director of the Supreme Court of Appeals of West Virginia or the Administrative Director's designee will submit the referral to Chief Counsel for the Judicial Investigation Commission (JIC) for further action. Referring a case does not guarantee that it will be investigated or reviewed.
6. JIC Counsel and/or Investigators will conduct any investigation and present findings to the Regional and State Fatality Review Team ("the State Team"). As part of the investigation, JIC Counsel and/or Investigators may contact you for further information.
7. In order to facilitate a complete investigation, clerks and other judicial staff of all Circuit, Family and Magistrate Courts of this State *shall* provide JIC Counsel/Investigators access to all case records, whether or not confidential, including recordings of hearings and to provide copies of any such case records and recordings upon request, without cost. Additionally, all law enforcement agencies shall provide to JIC Counsel and Investigators information and records, without cost, regarding criminal investigations of any fatality under review.
8. All proceedings and records of the State Team are confidential and are not subject to subpoena, discovery or introduction into evidence in a civil or criminal action. The records, which include oral and written communications, are also not subject to the Freedom of Information Act.
9. The State Team shall report its findings and recommendations in a report that may be submitted to the public. The Report may contain general statistical data regarding deaths as well as findings and recommendations related to case reviews. However, the report *shall not* contain case specific information.

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All documents provided will be kept confidential. Personally identifying information is removed from all fatality review reports. Documents obtained during investigations are destroyed once the State Fatality Review report is submitted and accepted by the Supreme Court.

Today's date: ____ / ____ / ____

Your name & title: _____

Your telephone no.: (____) ____ - ____ Your e-mail address: _____

1. Name of decedent including aliases: _____

2. Decedent's last known address: _____

3. Date of decedent's death: ____ / ____ / ____ 4. Date of decedent's birth: ____ / ____ / ____

5. If decedent is a minor, name of parents/guardians: _____

6. Most recent case number and type of case involving decedent and the county where the matter was filed: _____

7. Cause of decedent's death: _____

8. If decedent's death was caused by another, please provide the name of the person you believe responsible, any aliases, last known address, and any court case number, type of case and county where the matter was filed: _____

9. Date of Birth of person you believe responsible for the death: ____ / ____ / ____ , or approximate age: ____

10. Relationship of the decedent to the person you believe responsible for the death: _____

11. Please attach copies of the following documents (*if you have them*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Obituary | <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Case Docket Sheets |
| <input type="checkbox"/> Autopsy Report | <input type="checkbox"/> Police Report | <input type="checkbox"/> Abuse & Neglect File |
| <input type="checkbox"/> Indictment/Information | <input type="checkbox"/> Plea Agreement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Plea of Guilty | <input type="checkbox"/> Sentencing Order | |
| <input type="checkbox"/> Presentence Report (<i>excluding sentence recommendation</i>) | | |

12. A short explanation of why you think the death should be reviewed (*use additional pages if necessary*): _____

The State Fatality Review Team welcomes any other information you may wish to provide which would help in understanding the history and circumstances of the fatality.

CONFIDENTIAL * PRIVILEGED * NOT SUBJECT TO FREEDOM OF INFORMATION ACT