# Office of Pastoral Support and Outreach

### **OVERVIEW OF CONFIDENTIALITY**

We at the "Office of Pastoral Support and Outreach" are sensitive to how difficult it is for a survivor to bring an allegation of clergy sexual abuse to us. It is our hope that each and every person who comes to this office be able to present their story in a safe place. In order to create such an environment, there will be no recording of information of a survivor's story beyond those specific details in the "Initial Victim Reporting Sheet."

- Survivor will receive a copy of all contents of his/her file at the completion of initial intake.
- 2. "Form D" is submitted to the Attorney General through the "Office of the Delegate."
- Survivor has the right to be a John or Jane Doe in the "Form D", which is 3. sent to the Attorney General.
- 4. Treatment records will not be sought or maintained by the "Office of Pastoral Support and Outreach."
- If survivor is in therapy and decides to pursue litigation, the "Office of Pastoral Support and Outreach" encourages him/her to discuss the confidentiality of treatment and records with his/her attorney and therapist.

#### VERIFICATION FORM

	<u>VERIFICATION FORM</u>
1.	Explanation of the roles of "Office of Pastoral Support and Outreach" & "Office of the Delegate"
2.	Explanation of reporting process
3.	Completion of forms with survivor
<b>4</b> .	Receipt of copy of forms
I, (Survivor's printed na	verify that all of the above was explained to the
"The Office of Pasto forms completed by	oral Support and Outreach." In addition, I received a copy of all
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(Sukvivor's	ETOTIE (NUM) PATE 19-18-0
itness' printed	name) (Witness' signature) (Date)

# COMMONWEALTH OF MASSACHUSETTS SPECIAL FORM FOR CLERGY REPORTING OF SUSPECTED ABUSE OF CHILDREN WHO ARE NOW AGE 18 OR OLDER TO THE MASSACHUSETTS DISTRICT ATTORNEYS

Massachusetts law requires all mandated reporters, including clergy, to immediately report the suspected physical, sexual or emotional abuse of children under the age of 18 directly to the Department of Social Services. This special form must be utilized exclusively to report cases of child abuse, where the child was under 18 when the abuse occurred but now is age 18 or older. Report all suspected abuse, regardless of how old, and regardless of who the suspected perpetrator (e.g., clergy, parent, neighbor) may be. Please mail this form directly to the District Attorney for the county where the abuse occurred.

Please complete all sections of this form. If some data is unknown, please so indicate. If some data is not certain, place a DATA ON INDIVIDUAL REPORTED: Name: First Middle Sex: Male Current Age \_\_\_\_\_ or Date of Birth Current Location/Address: City State Zip Phone # DATA ON INDIVIDUAL'S MALE PARENT OR GUARDIAN: Name:\_ First Last Middle Address: Street and Number City/Town State Telephone Number: DATA ON INDIVIDUAL'S FEMALE PARENT OR GUARDIAN: First Last Middle Address: :\_ Street and Number City/Town Telephone Number:

	DATA ON REPOR	TER/REPORT:	Date	of Report	7-67-5	23
	Reporter's Name:	EDNA First	<u>M.</u>	15	2 DTC E	·
	Reporter's Address:  ARCHO DE AC  Stree  MA  State  ABUSE/NEGLECT	(If the reporter represent いっとう かんしょう ちょうしょう		City/Town	4.27.4057 1.46-17.10	E-USON OS One Number
	What is the nature and (Please cite the source	d extent of the injury, abe of this information if n and where did the abus	not observed first h	and.		
	SEXIDAL	HEARTS	-10n	3/16	14	<u> </u>
•		and under what circums Has this information bee here regarding this?				
•	CUEDI	-SELF.	-REPO	2		
	. ,					
	responsible for it. If k	rmation, which you thin mown, please provide th	ne name(s) of the al	in establishing lleged perpetra	the cause of the injutor(s).	ry and/or the person
•	<u>CT. X7</u>	140 141	<u> </u>	M		
			Colu	DIN X	tall si	gnature of Reporter

# Office of Pastoral Support and Outreach

## Initial Victim Report

Date: 18/03 Individual Makin	g Report
Victim:	
Name:	D.O.B. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Address:	
City: Sta	ate: MA Zip:
Phone:	(day)
Phone:	_(evening)
Phone:	(cell # if desired)
Availability: (best time)	•
Day: 1	Time:
Leave message on machine: Yes	
Referral Source:	
Priest/Individual Being Reported:	
Name: Fr. John Wals	h, O.M.I.
Parish: Socred Heart	(City/Town) LOWE // MA
Institution:	(City/Town)

	Incident(s):
	# of incident(s): + WO
	Victim's age at time of incident(s):
	When incident(s) occurred: 1973 or 1977
	Place of incident(s): Sacred Heart Rectory
	City/Town: LOWell
	State: Zip Code: Zip Code:
	Nature of Abuse:
	Sexual above took share twice. There were
	months of incidents (non-sexual) leading
	The to the turn sexual abuse incidents
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	Services requested from "Office of Pastoral Support and Outreach"
	Services requested from "Office of Pastoral Support and Outreadn  Survivor:
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	Survivor:
	Survivor:  Family Member(s):  Survivor's printed name)
	Survivor:  Family Member(s):
	Survivor:  Family Member(s):  (date)  (Survivor's printed name)
	Survivor:  Family Member(s):  Survivor's printed name)
	Family Member(s):  (date)  (Survivor's signature)  (Interviewer's signature)  (Interviewer's printed name)