

# ILLINOIS DOMESTIC VIOLENCE FATALITY REVIEW CONFIDENTIALITY AGREEMENT

Pursuant to the *Illinois Domestic Violence Fatality Review Act*, 750 ILCS 62/75 (d), all Statewide Committee and subcommittee members and staff, all members of each regional review team, and any other person who participates in any manner in a domestic violence fatality review shall execute this confidentiality agreement that acknowledges and agrees to comply with the responsibility not to disclose or release confidential information.

I, \_\_\_\_\_, as a member or guest of the \_\_\_\_\_ Domestic Violence Fatality Review Committee/Team, acknowledge that the effectiveness of the fatality review process is conditioned on the confidentiality of the review process and the information shared.

I understand and agree that all information pertaining to survivors, victims, witnesses, and their families will be respected and held in confidence.

Thus, I agree that I will not use or disseminate any confidential information or materials obtained or learned during a domestic violence fatality review for any reason other than for that which it was intended as part of the review process, pursuant to Illinois law.

I understand and agree to comply with the following requirements:

## DOMESTIC VIOLENCE FATALITY REVIEW CONFIDENTIALITY DEFINITION (750 ILCS 62/5)

I understand that, for the purposes of this agreement, “confidential information” includes any oral, written, digital, or electronic original or copied information, records, documents, photographs, images, exhibits, or communications created or maintained for the purpose of addressing whether a case should be reviewed or for use in the review of a case.

I understand that confidential information also includes any information that discloses the identities of any victims, survivors, offenders, or their family members, or information by which their identities can be determined by a reasonably diligent inquiry.

I understand that confidential information includes any discussions, deliberations, minutes, notes, records, or opinions of the members of any domestic fatality review committee or team.

I understand that “confidential information” does not mean non-identifying or aggregate data information or analysis of data, or recommendations for community and systemic reform.

**CONFIDENTIALITY OF DOMESTIC VIOLENCE REGIONAL REVIEW TEAMS,  
INFORMATION, AND DOMESTIC VIOLENCE FATALITY REVIEWS**  
(750 ILCS 62/75)

I understand that the regional review teams are not subject to the Open Meetings Act. 750 ILCS 62/75(a)

I understand that confidential information is not subject to disclosure by a domestic violence fatality review team or committee under the *Freedom of Information Act*. 750 ILCS 62/75(b)(1)

I understand that confidential information in possession of a domestic violence fatality review team or committee is not subject to subpoena and discovery under 725 ILCS 5/2-402 or *Illinois Supreme Court Rule 412*.

I understand that confidential information in possession of a domestic violence fatality review team or committee is not admissible as evidence in any civil or criminal proceeding and that any confidential information admissible as evidence prior to its use in a domestic violence fatality review remains admissible. 750 ILCS 62/75(b)(3)

I understand that domestic violence fatality review team members, committee members, or staff cannot be subject to examination or compelled to disclose or release in any administrative, civil or criminal proceeding confidential information learned or obtained as a result of their participation in domestic violence fatality review. 750 ILCS 62/75(e)

**UNLAWFUL DISCLOSURE OF CONFIDENTIAL INFORMATION; PENALTIES**  
(750 ILCS 62/90)

I understand that the unauthorized disclosure of confidential information may result in exclusion from domestic violence fatality review proceedings and may result in civil or criminal liability.

I understand that, pursuant to 750 ILCS 62/90, the penalty for unlawful disclosure of confidential information is a Class A misdemeanor.

I agree that, in the event of my departure from the Fatality Review Committee or team, I will keep confidential all information related to any and all reviews during my participation on the Committee or team.

This confidentiality agreement is made effective as of \_\_\_\_\_ by \_\_\_\_\_ and sets forth an entire understanding of confidentiality as it relates to Domestic Violence Fatality Review. I declare in the event of my departure from the Illinois Domestic Violence Fatality Review initiative, I will keep confidential all information related to any and all reviews during my participation with Domestic Violence Fatality Review.

---

Signature

---

Printed Name and Title

---

Agency

---

Circuit

**Please email this completed form to [FatalityReview@ilcadv.org](mailto:FatalityReview@ilcadv.org) and to your regional team lead(s). Please keep a copy for your records.**