

Minneapolis Misdemeanor Domestic Violence Investigation Protocol

A collaborative effort between the Minneapolis Police Department (MPD) and the Minneapolis City Attorney's Office (MCAO) to implement new strategies by patrol officers in an attempt to reduce domestic violence occurring in the City of Minneapolis.

Goals:

1. Increase the Conviction Rate for Misdemeanor Domestic Violence Cases in Minneapolis
2. Reduce the Number of Domestic Violence Calls involving the same parties in Minneapolis

History of Project Implementation:

1. 2005 MCAO business plan sets conviction rate goal of 60% for domestic violence cases. Conviction rate in previous year is 48%.
2. MCAO domestic assault team realizes that they cannot increase conviction rate without collaboration with partners
3. In 2007, MCAO domestic assault team leader contacts MPD to discuss implementing new strategies.
4. MCAO & MPD meet during 2007 and 2008 to discuss what new strategies will be implemented and other logistical details of training and roll-out of protocol. New forms and cards are developed and added to MPD website.
5. In January 2008, new misdemeanor domestic violence investigation protocol is rolled out as a 1 year "Pilot" in one of five Minneapolis police precincts.
6. MCAO begins gathering comparison data for domestic violence cases in that precinct from year prior to implementation to measure impact of new protocols on conviction rate.

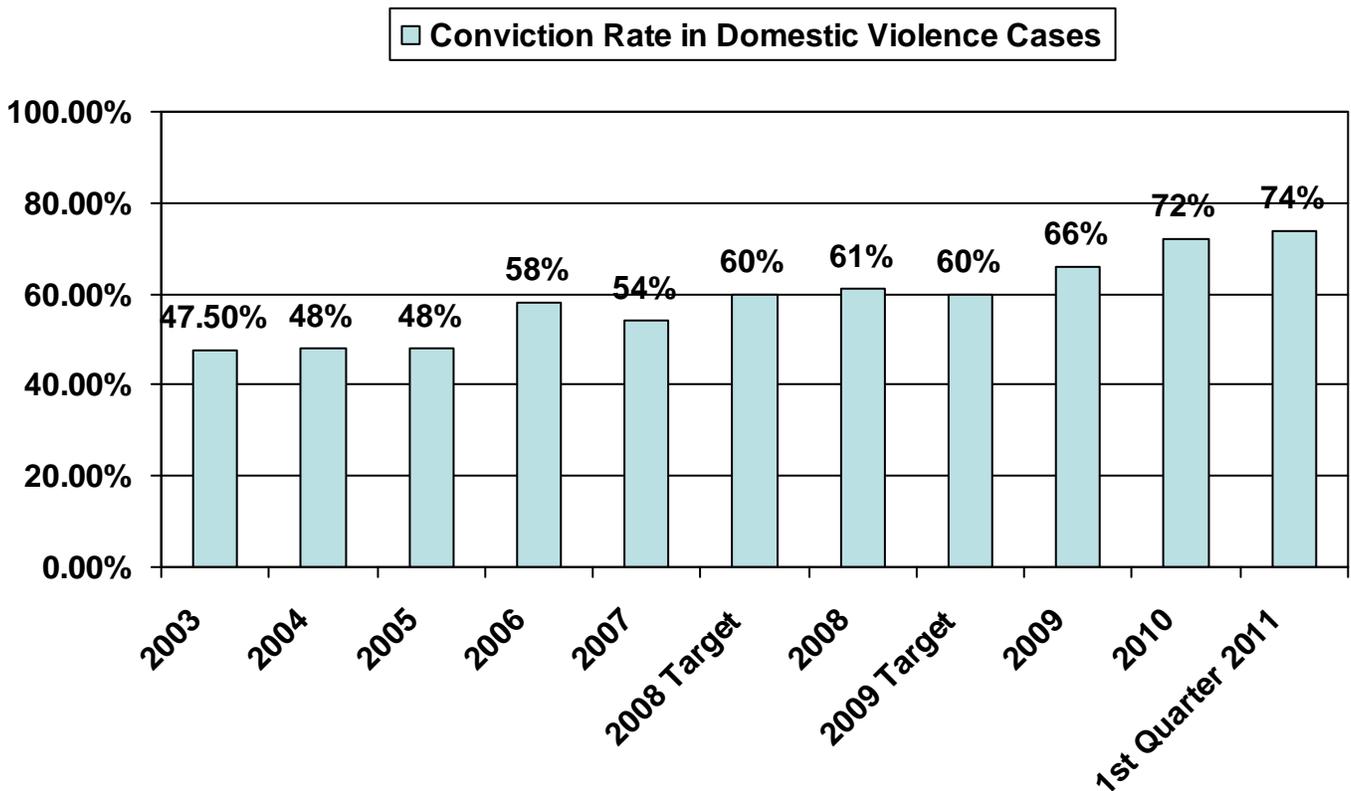
Roll-out of Project:

1. MCAO provides 2 hour training for officers in Pilot Precinct. Training includes:
 - a. Dynamics of domestic violence for Police, focusing on why victims may do things that officers may not understand & why additional investigation at the scene is necessary
 - b. Explanation of all steps of the protocol AND why they are needed for prosecution
2. Officers are provided with a folder including:
 - a. Overview of new Protocol
 - b. Medical Releases in English, Spanish, Somali and Hmong
 - c. Domestic Violence Victim Supplement in English, Spanish, Somali and Hmong
 - d. Laminated Protocol Card
3. MCAO staff tracks officer compliance with steps of protocol, evidence collected and conviction rate for all domestic cases in that Precinct and stores data in spreadsheet.
4. MCAO staff and Precinct personnel meet quarterly to discuss protocol and changes needed. Statistics for officer compliance are reviewed at all meetings.
5. Precinct staff and MCAO staff provide statistics and reminders at roll-calls regarding protocol.
6. Officers receive feedback on each case after the case is resolved in Court including:
 - a. Resolution of case and probation conditions
 - b. Victim's involvement or non-involvement in the case
 - c. Positives of officer's report
 - d. Areas of improvement seen in report
7. Pilot is a success and Protocol rolled out in all four other Minneapolis precincts over next 1.5 years to allow MCAO to provide adequate follow-up for officers.
8. In roll-out in future precincts, feedback is provided to officers on a weekly basis so that compliance with protocol can be addressed sooner.

Minneapolis Historic Prosecution Statistics

	Domestic Related 911 Calls ¹	911 Calls Closed with Booking	Cases Prosecuted	Conviction Rate	GOA Cases Reviewed	Arrests for Enhanced Felonies	Size of PC Felony List
2010	17446	1288	1019	72%	1678	190	3027
2009	17902	1626	1145	66%	1438	119	2892
2008	18215	1782	1489	60%	2339	85	2583
2007	18460	1873	1610	54%	2599	113	2164
2006	-	-	1535	58%	2615	39	1694
2005	-	-	1461	48%	3184	51	1089
2004	-	-	1590	48%	2860	33	678
2003	-	-	1750	48%	2777	9	431

Minneapolis City Attorney's Office Historic Conviction Rate



¹ 911 Statistics include misdemeanor, gross misdemeanor and felony cases

Number & Type of Cases Included in Project Analysis

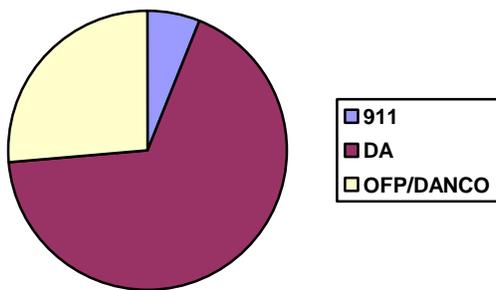
As part of the roll-out of the pilot project, the MCAO gathered data on officer compliance with the protocol and evidence available to be collected in cases. This data was collected for one year following the roll-out of the protocol in each of the five police precincts in Minneapolis. The chart in the footnote shows the dates for which the data was collected in each precinct.²

The data was initially collected so that the MCAO and MPD could analyze whether the additional investigative tasks performed by officers were impacting the resolution of cases. In addition, the MCAO tracked the data on a monthly basis and provided that information to the MPD so that targeted follow-up could be conducted about areas where compliance could be increased.

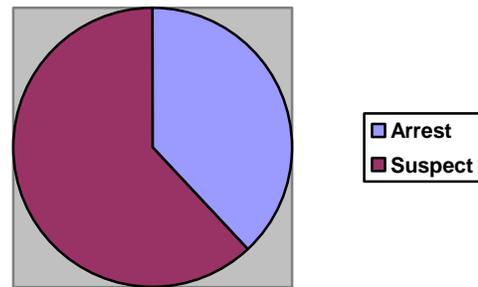
Now that the protocol has been rolled out to all precincts within Minneapolis, the data is being analyzed to illustrate trends and evidence available in misdemeanor cases to provide a better picture of what a “typical” misdemeanor domestic violence case is in Minneapolis. The MCAO hopes that this further analysis will help them as they continue to improve their approach to domestic violence cases and to help them gain a better understanding of victim’s wishes regarding prosecution and how successful the Office has been in reaching victims.

The data discussed in the following pages includes data on 2204 domestic violence cases, where the victim and defendant have children in common, have resided together or have had a significant romantic or sexual relationship. Offenses included in the analysis were: interference with an emergency call, domestic assault, violation of an order for protection, violation of a domestic abuse no contact order, and violations of a harassment/restraining order if the victim and defendant were family or household members. The charts below show the break down of cases by offense type and by whether the suspect was arrested or gone-on-arrival.

Cases by Offense Type



Arrest vs. Suspect GOA Cases

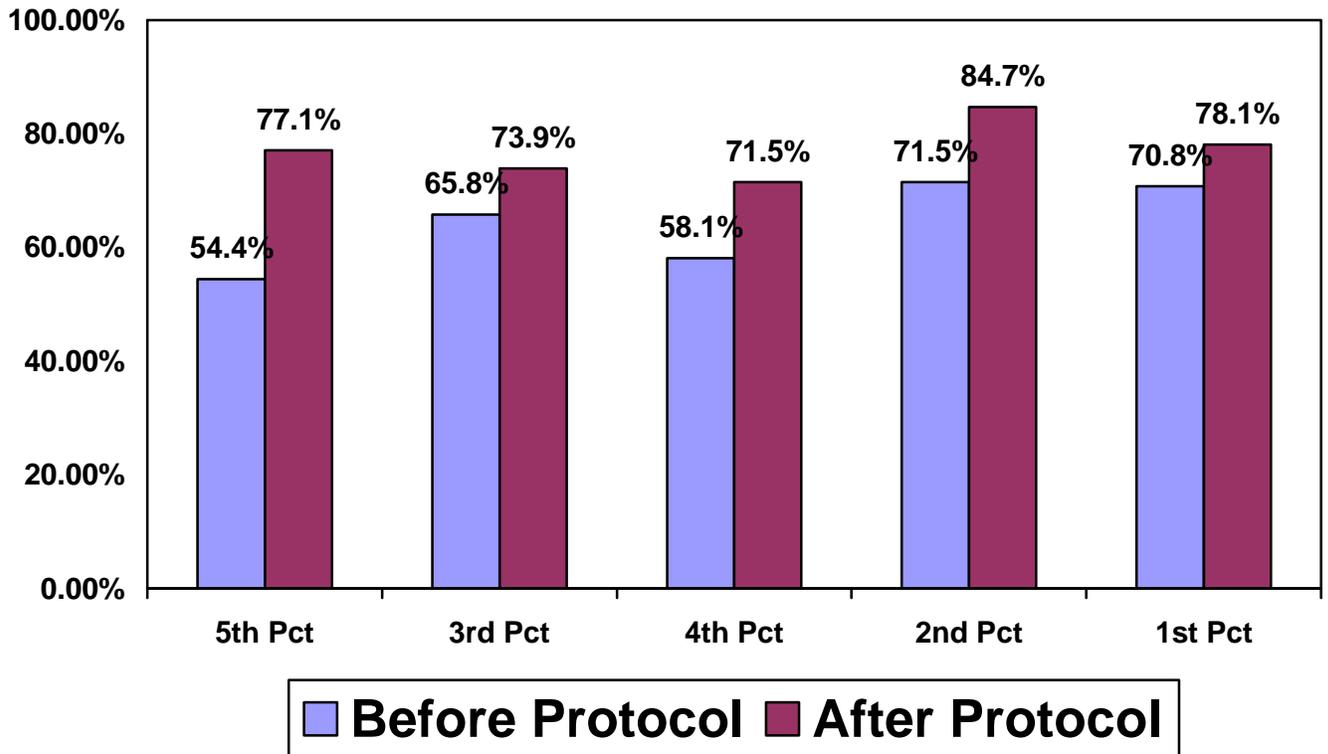


	Arrest Case	Gone on Arrival (GOA) Suspect Case	Total Cases	Percentage of Total Cases	Percentage of Cases which were arrests	Percentage of Cases which were GOAs
Interference with an Emergency Call	52	81	133	6%	39%	61%
Domestic Assault	636	856	1492	68%	43%	57%
VOFP/VHRO/VDANCO	153	426	579	26%	26%	74%
City Wide Totals	841	1363	2204		38%	62%

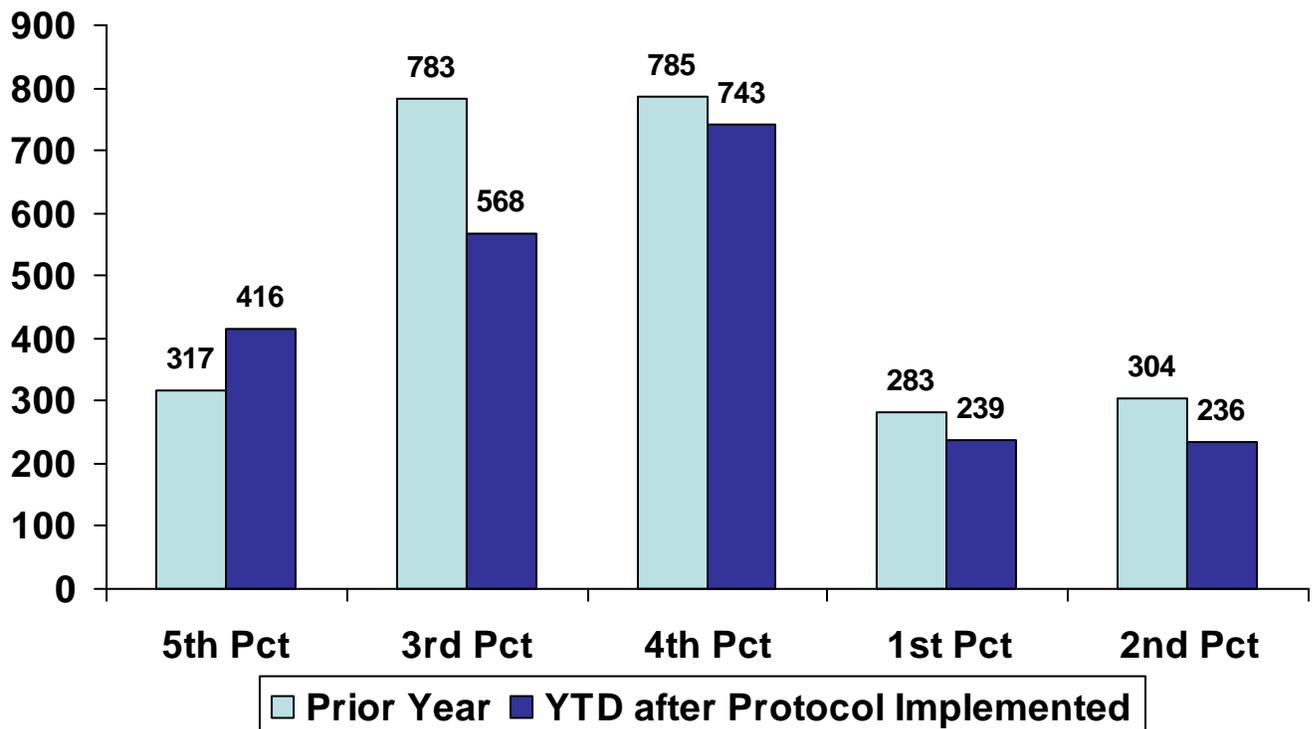
²

Precinct	Dates Data Collected from
5 th Precinct	February 1, 2008 – January 31, 2009
3 rd Precinct	February 1, 2009 – January 31, 2010
4 th Precinct	September 22, 2009 – September 21, 2010
1 st Precinct	February 1, 2010 – January 31, 2011
2 nd Precinct	February 1, 2010 – January 31, 2011

Change in Conviction Rate following Implementation of Misdemeanor Domestic Violence Investigation Protocol



Misdemeanor Domestic Violence Investigation Protocol Roll-out - Effect on Total Cases



Misdemeanor Domestic Violence Investigation Protocol Statistics – Officer Compliance with Protocol

	City Ave.	5 th Pct	3 rd Pct	4 th Pct	2 nd Pct	1 st Pct
1. Officers Indicated Checking for Presence of OFP/NCO	51%	37%	48%	52%	70%	62%
2. Officers asked if Firearms are Present in the Home	29%	20%	20%	31%	46%	40%
3. Officers requested Scales Statements from Defendant³	69%	78%	71%	63%	64%	78%
4. Officers asked if Victim needed Medical Treatment ³	84%	96%	79%	82%	85%	83%
5. Officers obtained a signed Medical Release	72%	76%	56%	62%	76%	69%
6. Officers Property Inventoried a completed Victim Supplement ³	67%	57%	71%	68%	75%	64%
7. Officers noted asking/checking to see if victim had injuries ³	88%	97%	87%	82%	86%	89%
8. Officers took Photographs of Victim's Injuries³	70%	85%	66%	68%	71%	67%
9. Officer took Photographs of Damage to Property³	59%	70%	61%	49%	63%	61%
10. Officers took Photographs of Defendant ³	11%	14%	9%	12%	12%	10%
11. Officers noted asking Victim Risk Assessment Questions	18%	5%	13%	20%	39%	28%
12. Officers included Dispatch Information in Report	68%	60%	70%	66%	73%	77%
13. Officers described Victim's Demeanor in Report	47%	75%	43%	38%	39%	40%
14. Officers used Quotation Marks to denote exact quotes	48%	53%	42%	46%	53%	51%
15. Officers included Alternate Contact Information for Victim	21%	29%	19%	19%	25%	18%
16. Officers property inventoried Relevant Evidence³	43%	75%	29%	38%	55%	43%
17. Officers noted asking if there were Witnesses	37%	39%	34%	40%	39%	39%
18. Officers noted Witness Name & Contact Info in Report ³	85%	94%	85%	87%	80%	85%
19. Officers interviewed listed Witnesses regarding Incident ³	59%	81%	61%	59%	46%	57%

³ The % in these calculations includes only cases where it was possible for officers to comply with the protocol or where officers asked the initial question.

Misdemeanor Domestic Violence Investigation Protocol Statistics – Evidence Collected or Available to be Collected & Victim Contact after Initial Police Contact

	City	5 th Pct	3 rd Pct	4 th Pct	2 nd Pct	1 st Pct
1. OFP/NCO present after Officers checked (% of all cases) ⁴	48% (25%)	54% (20%)	50% (24%)	42% (22%)	58% (41%)	42% (26%)
2. Victim indicated that there are firearms in the home	16% (4%)	11% (2%)	11% (2%)	20% (6%)	21% (10%)	10% (4%)
3. Officers seized firearms after victim indicated that they were present	8% (0%)	22% (0%)	0% (0%)	9% (1%)	4% (0%)	10% (0%)
4. Officers obtained a Scales Statement (only includes cases where the Defendant was not GOA)	34%	43%	37%	26%	28%	40%
5. Victim indicated that he/she would see medical treatment ⁵	16%	12%	15%	18%	14%	24%
6. Officers noted in their report that visible injuries were present (see footnote 5)	50%	54%	47%	50%	52%	45%
7. Report alleges Damage to Property	21%	19%	17%	26%	24%	18%
8. Victim reported abuse of animals in response to risk assessment questions	11% (2%)	6% (0%)	28% (3%)	7% (1%)	9% (4%)	17% (3%)
9. Physical Evidence Available to Corroborate Incident	15%	12%	17%	16%	17%	18%
10. Officers noted that there were witnesses	37%	39%	34%	40%	38%	42%
11. Any Victim Contact with MCAO after initial report (only includes charged cases)	79%	87%	77%	77%	85%	68%
12. MCAO had Victim Input at Arraignment	50%	57%	46%	48%	54%	49%
13. MCAO had Victim Input at Pretrial	68%	71%	67%	68%	76%	61%
14. Victim indicated in Pretrial Input that Police Report was Accurate (% includes victims we did not talk to at pretrial)	71% (47%)	59% (40%)	73% (49%)	75% (48%)	81% (58%)	75% (43%)
15. Victim's wishes for case resolution reported in MCAO input						
Plea (% of victims reached by MCAO)	31% (45%)	20% (27%)	32% (47%)	34% (53%)	48% (64%)	28% (48%)
Dismiss (% of victims reached by MCAO)	35% (51%)	47% (63%)	32% (48%)	31% (47%)	27% (36%)	30% (52%)
Leave up to City Attorney	2%	8%	3%	0%	0%	0%
Unknown (No Contact with Victim)	32%	25%	33%	35%	25%	42%
16. Victim Appeared on Trial Date	59%	63%	58%	59%	50%	53%
17. Victim Appeared on Trial date, but changed the version of events	27%	28%	33%	28%	0%	18%
18. Victim Appeared in Court on Trial date, but denies a crime occurs	45%	43%	47%	47%	25%	53%

⁴ The percentage in parenthesis is the % of all cases in the precinct where the evidence was available as opposed to the percentage based on officers asking the original question.

⁵ Does not include cases where no physical assault was alleged, which is 28% of all cases

Misdemeanor Domestic Abuse Incident Response Protocol

To be followed on all cases (arrest & suspect) coded as: DASLT5, 911INT, POVIOL, VDNCO, & RORDER if domestic related.

1. Check for existence of Order for Protection or Domestic Abuse No Contact Order on every call
2. Ask victim if Defendant has access to any firearms or ammunition or if there are any in the home; Property Inventory if Victim has a safety concern
3. Obtain Scales Statement from Defendant
4. Obtain signed Medical Release with shaded areas completed from Victim if Victim is seeking medical treatment
5. Ask Victim to Complete Victim's Supplement
6. Document in your report the Victim's Answers to Risk Assessment Questions & Ask any Follow-up Questions
7. Take Photographs. For example: Defendant; Victim; Injuries; Scene, including any damaged property; Defendant in OFP/NCO case at a prohibited address
8. Collect any Physical Evidence
9. Obtain Contact Information from Witnesses including name, address, and phone number
10. Question Witnesses regarding the incident
11. If Suspect is gone on arrival, remind Victim to call police if Defendant returns within 24 hours of the incident
12. Inform Victim of domestic violence resources on blue card & call Council on Crime & Justice to inform them of incident

Additional Keys to a Good Report

Describe information you had on responding to call – copy & paste in 911/MECC remarks
Describe what you saw & heard as you arrived
Describe Emotional State of everyone at the scene (victim, suspect, children, witnesses)
Use quotation marks to document exact quotes
Get specific details about manner of assault & any threats
Get alternate contact numbers & address for victims & witnesses

With Questions please contact: Michelle Jacobson, MCAO Supervising Attorney, 673-3276
Kathy Rygh, MCAO Domestic Assault Team, 673-2238
Gretchen Zettler, MCAO-MPD's Domestic Assault Unit, 673-5412

MINNEAPOLIS POLICE DEPARTMENT VICTIM'S DOMESTIC VIOLENCE SUPPLEMENT

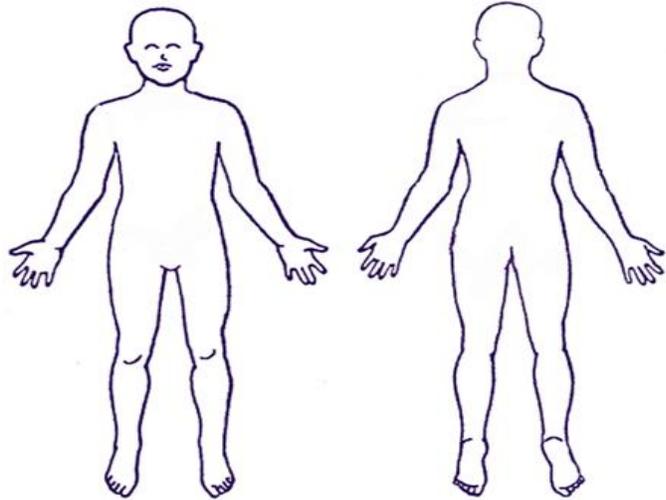
1) Name: _____ Date: _____ CCN# _____
Home phone: _____ Mobile: _____ Work: _____
Is there another way to contact you? Yes / No List how we can reach you:

2) Name of the person who assaulted you: _____
Your relationship to this person? (Circle all that apply): Former / Current: Boyfriend Girlfriend Husband Wife
Length of Relationship: _____ Live Together: How Long? _____ Children Together: How Many? _____

3) Anyone else present during or immediately after the assault? Yes / No If yes, please list them and how to reach them:
Name Age Address Phone (Home, Mobile, Work)

4) How were you assaulted? (Check all that apply)
 Struck Pushed Head Butted
 Slapped Strangled ("Choked")
 Punched Pinched Bitten
 Kicked Scratched Hair Pulled
 Grabbed
 Struck by Object (describe): _____
 Other _____

5) Place an "X" on all spots where you were assaulted in this incident.



6) Were you afraid during the assault? Yes/No?
If yes, please explain:

7) Did you defend yourself in any way? Yes/No?
If yes, please explain:

8) Describe the assault, including what led up to the assault.

(If you need more space, please continue on the back of the form.)

Risk Assessment Questions

Do you think the defendant will seriously injure or kill you or your children? Yes/No? Why do you think so? _____ _____
How often does this person intimidate or threaten to assault you? _____ _____
Does this person own or have access to any weapons? Yes/No? _____
Has the defendant ever harmed or threatened to harm any pets? Yes/No? _____
Do you have an Order for Protection or a No Contact Order with or against this person? Yes/No? _____

The above is true to the best of my knowledge. _____
Signature of Victim Date

Name/s of Officer/s witnessing above: _____ Badge #: _____
MP-9042 (11/08)

SPANISH

DEPARTAMENTO DE POLICIA DE MINNEAPOLIS COMPLEMENTO DE VIOLENCIA DOMESTICA

1) Nombre: _____ Fecha: _____ CCN# _____
Telefono de la Casa: _____ Celular: _____ Trabajo: _____
Hay otra manera de contactarlo/a? Si / No Enliste como podemos comunicarnos con usted: _____

2) Nombre de la persona que lo/a asaltó : _____
Su relación con esta persona? (Circule las que apliquen): Ex / Actual: Novio Novia Esposo Esposa
Duración de la relación: _____ Viven juntos?: Por cuanto tiempo? _____ Tienen niños juntos: _____
Cuantos? _____

3) Alguien mas estuvo presente durante o inmediatamente después del asalto? Si / No Si, es Sí , por favor enlistelos y como nos comunicamos con ellos:
Nombre Edad Dirección Teléfono(Casa,Celular,Trabajo)

4) Como usted fué agredida? (Marque todas las que ápliquen)

- Golpes Empujónes
- Cabezazos Bofetadas
- Estarnacular(Asfixiar)
- Puñetazos Pelliscos
- Mordidas Patadas
- Rasguños
- Jalón de Cabellos Agarrar
- Ataque con Objeto/s

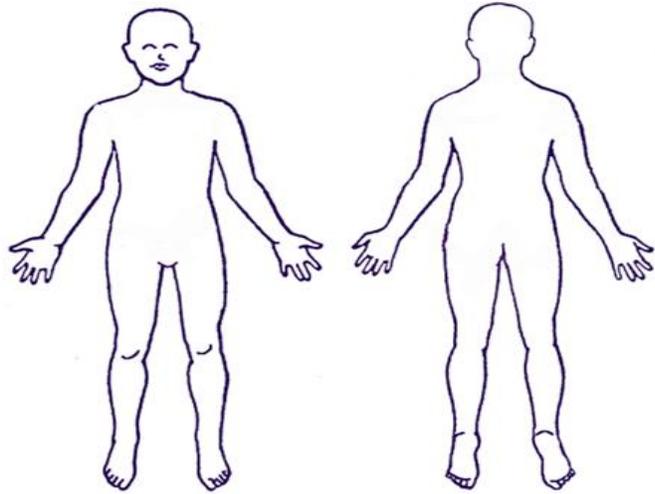
(describa): _____
Otros _____

6) Tuvo miedo durante el asalto? Si / No? Si es Sí, por favor explique: _____

7) Usted se defendió de alguna manera? Si / No? Si es Sí, como: _____

8) Describa el asalto e incluyendo porque empezó. _____

5) Por favor ponga una "X" en todos los puntos donde usted fue asaltado/a en este incidente.



(Si necesita más espacio, por favor continúe en la parte trasera de la forma.)

Preguntas para evaluación del riesgo

Usted piensa que el acusado/a lo/a lastimará seriamente o lo/a matará a usted o a sus niños? Si/No? Porqué lo piénsa? _____

Cada cuándo esta persona lo/a intimida ó lo/a amenaza con lastimarlo/a? _____

Esta persona es dueño/a ó tiene acceso a cualquier tipo de armas ? Si/No? _____

El acusado/a alguna vez ha lastimado ó amenazado con lastimar alguna mascota ? Si /No? _____

Usted tiene una orden de protección ó una orden de " No contacto " con ó en contra de esta persona ? Si/No _____

Lo de arriba es verdad de lo mejor de mi conocimiento. _____

Firma de la Victima

Fecha

Nombre/s de el/los Oficial/s testigo/s de lo mencionado arriba: _____ Placa# _____

SOMALI

MINNEAPOLIS POLICE DEPARTMENT VICTIM'S DOMESTIC VIOLENCE SUPPLEMENT

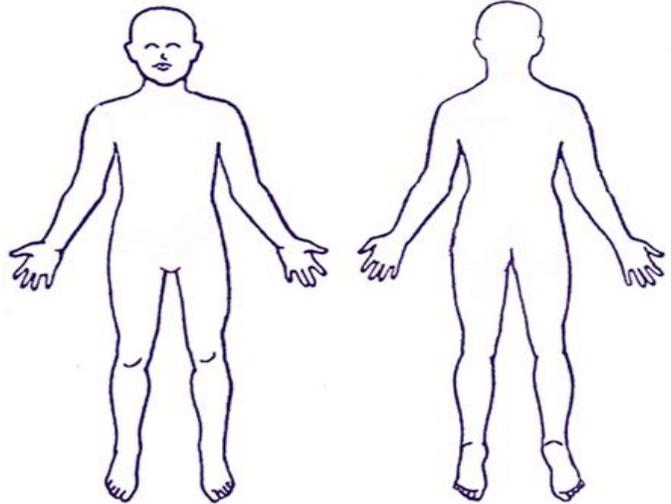
1) Magaca: _____ Taariikhda: _____ CCN# _____
Telefoonka Guriga: _____ Telefoonka Gacanta: _____ Telefoonka Shaqada: _____
Si kale oo laguula soo xiriir ma jirtaa? Haa/ Maya Qor meelaha aan kaala soo xiriiri karno:

2) Magaca qofka wax ku yeelay: _____
Xiriirka adiga iyo qofkan idinka dhexeeya? (Calaamadee inta ku khuseysa): Kii hore / Ka cusub: Saaxiib Saaxiibad
Ninkaaga Xaaskaaga
Muddada aad xiriirka lahaydeen: _____ Aad wada nooleydeen: Mudda intee la'eg? _____ Carruur ma
isu leedihiin: Immisa? _____

3) Qof kale ma idinla joogay markii jir dilka lagu geystay ama in yar ka dib? Haa/ Maya Haddii aad ku jawaabtay haa
sheeg magacyada dadkaas:
Magaca Da'da Cinwaanka Telefoonka (guriga, gacanta, shaqada)

4) Sidee ayaa lagu jir dilay? (Calaamadee dhamaan inta ku khuseysa)
____ Jug ____ Riixid
____ madaxa lagula dhacay ____ Dharbaaxo
____ Cunaha lagu qabtay ("Ceejin")
____ Feer ____ Qanjaruufo ____ Qaniinyo
____ Haraanti ____ Xagtin
____ Tima lagaa jiiday ____ Dhifasho
____ Shay lagugu dhufatay (shaygee): _____
____ Mid Kale _____

5) Fadlan calamadda "X" ku qor meelaha dhaawacu kaa soo gaaray jir dilkii ugu dambeeyay.



6) Ma baqaneysay markii lagu jir dilay? Haa / Maya? Haddii aad haa tiri, Fadlan qeex:

7) Ma is difaacday? Haa / Maya? Haddii aad haa ku jawaabtay, Sidee baad isku difaacday?

8) Safayn ka bixi adigoo sheegaya waxa keenay ama sababay dagaalka

(Hadii aad u baahato in aad kordhiso qoraalkaada waxaad isticmasha warqadani boggeeda dambe)

Su-aalaha laga qiyaas qaadankaro dhibka int u la egyahay

Ma u malaynaysa in eedaynaha uu ku dilidoono adiga iyo caruurtaada Ha / maya?
Maxaad uaminsantahay in u ku dilidoono? _____

Intee jeer ee qofkani ku argagixiya ama ku cabsigeliya si uu kugula dagaalamao?

Qofkani ma haysta wax hub ah? Ha/Maya? _____
Eedaynaha hadda ka hore ma u geystay wax dhibaato ah bisadaha? HA/Maya?

Ma haysata warqad amaraysa oo ka daafacaysa in uusan xiriir kula yeelan karin eedaynaha Ha/Maya?

Warbixintaan inta aan ka ogahay waa sax. _____

Saxiixa dhibbanaha

Taariikhda

Magacyada askariga/markhaatiga ka ah arrintaan: _____ Numberka Askariga #: _____

HMONG

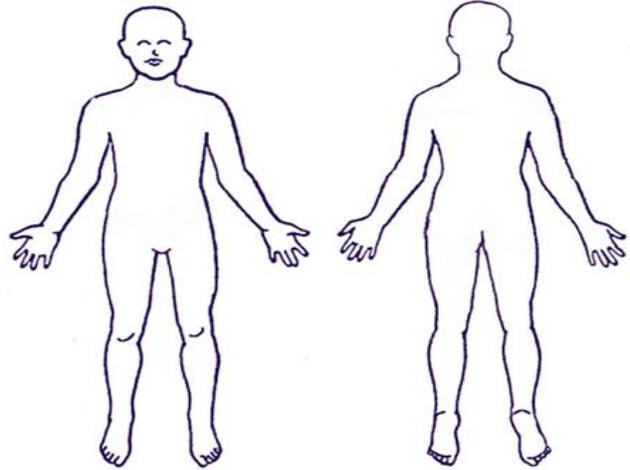
MINNEAPOLIS TUAM TSEV TUB CEEV XWB DAIM NTAWV QHIA TXOG TUS NEEG RAUG NTAUS

1) Lub npe: _____ Vas nthib: _____ CCN# _____
 Xov tooj ntawm tsev: _____ xov tooj ntawm tes: _____ xov tooj hauj lwm: _____
 Puas muaj lwm txoj kev tiv tauj kom tau koj? Muaj/Tsis Muaj Sau kom tas cov kev tiv tauj kom tau koj:

2) Tus neeg ntaus koj lub npe: _____
 Koj txheeb tus neeg ntawv li cas?(Khij voj rau qhov thwj koj): Tus qub/Tus tam sis nos: Hluas nraug / Hluas nkauj
 Txiv / Pojniam
 Sib tham ntev li cas: _____ Nyob uake: Ntev li cas? _____ Muaj menyuam uake: Tsawg tus? _____
 3) Lub sib hawm thaum raug ntaus los yog tom qab ntawv, puas muaj leej twg nyob ntawv pom? Muaj / Tsis muaj Yog
 muaj, thov sau cov neeg lub npe thiab lawv tus xov tooj hu tau:
 Npe _____ Hnub yug _____ Chaw nyob _____ Xov tooj(tom tsev, xov tooj ntawm tes, tom hauj lwm)

4) Koj raug ntaus li cas? (Khij qhov tau tshwm sim)
 _____Raug ntaus _____Muab taub hau sib tsoos
 _____Thawb _____Raug ntaus ncuav pias
 _____Nyem caj pas _____Raug ntaus nrig
 _____Raug npaws _____Raug tom
 _____Raug ncaws _____Raug khawb
 _____Raug cab plaub hau _____Raug tsaw
 _____Raug siv tej yam khoom ntaus (piav zoo li
 cas): _____
 Muaj lwm yam _____

5) Thov khij tus "X" rau tag nhro cov chaws koj raug ntaus nyob daim duab nos lub sib hawm nos.



6) Koj puas ntshai lub sib hawm ntsib kev phem nos? Ntshai / Tsis ntshai? Yog ntshai, thov sau qhia:

7) Koj puas tau sim thaiv koj tus kheej li? Tau / Tsis tau? Yog tau, tiv thaiv li cas?

8) Qhia txog kev raug ua phem thiab yog vim li cas thiaj muaj kev tshwm sim li nos.

(Thov siv sab nraum qab daim ntawv nos sau yog tsis txaus sau.)

Lus hnug soj ntsuam txog kev txhawj xeeb

Koj puas xav tias tus neeg tau ua txhaum yuav ua rau koj los yog koj cov menyuam kom raug mob txaus txhawj los yog raug tua? Xav / Tsis Xav? Yog vim li cas koj thiaj xav li ntawv? _____

Tus neeg hawv yuav ntaus koj thiab ua rau koj ntshai, nws tau ua pes tsawg zaus lossis ua heev npaum li cas? _____

Tus neeg nos puas muaj nriam pom los yog muaj txoj hauv kev muab tau? Muaj / Tsis muaj? _____

Tus neeg tau ua txhaum puas tau ntaus lossis hawv txog ntaus tshiaj? Tau / Tsis tau? _____

Koj puas muaj Daim Ntawv Tiv Thaiv lossis Daim Ntawv Tsis Puv Sib Tiv Tauj rau tus neeg nos? Muaj / Tsis muaj? _____

Cov lus saum toj nos muaj tsheeb li qhov kuv paub _____
 Tus neeg raug kev phem lub npe kos _____ Vasnthib _____

Cov npe ntawm cov Tub Ceev Xwm uas yog cov povthawj rau txoj kev tshwm sim sawm toj nos:

Tub Ceev Xwm tus nawj npawb#: _____

Authorization for Release of Private Health Information

Patient:

Name _____ Birth Date _____
Address _____ City _____
State _____ Zip Code _____
Date of Injury _____ Date(s) of Treatment _____

**Information to be Released to:
City of Minneapolis**

ATTN: _____
350 S. 5th Street, Room _____ Phone: _____
Minneapolis, MN 55415 Fax: _____

Custodian of Records:

Hospital _____
Address _____ Telephone _____

Information to be Released:

All certified / uncertified

Medical records pertaining to the above-referenced incident date treatment date(s), including but not limited to:

- x-ray/radiology reports photographs
 discharge summary operative reports
 ER reports consultation reports other

Purpose: This information is needed for the following Purpose: Use in the investigation and prosecution of the case(s)

State of Minnesota v _____

Case Number(s) _____

1. This authorization will automatically expire one year from the date of my signature.
2. This authorization may be revoked by written request of the patient at any time to the address listed for the requesting entity. A revocation will not apply to information that has already been released in response to this authorization.
3. Once information is released pursuant to this authorization, the information may be subject to re-disclosure by the recipient and may no longer be protected by the federal privacy rule, 45 CFR Parts 160 and 164.
4. With the exception of psychotherapy notes, all records pertaining to psychiatric/mental health, chemical dependency and/or AIDS/HIV related illness/testing will be released unless otherwise indicated by a checkmark here:_____. Please indicate any restrictions: (Specify)_____.
5. This authorization must be filled out completely and signed and dated to be considered valid.
6. A copy of this authorization will be considered as valid as the original authorization.
7. Treatment, payment for services, enrollment and eligibility for benefits are not contingent upon signing of this authorization form.

Patient's /Authorized Person's Signature:

Signature of Patient/Authorized Person _____ Date _____

Authorized Person's Authority to Sign _____

Reason Patient is unable to sign: Minor Deceased Other _____

MP-9037 Rev. 8/09

PLEASE BE SURE SHADED AREAS ARE COMPLETED BEFORE HAVING RELEASE SIGNED.

Authorization for Release of Private Health Information
Autorización Para Divulgar La Información Privada Sobre Su Salud

Patient/Paciente:
Name/Nombre _____ **Birth Date/Fecha de Nacimiento** _____
Address/Domicilio _____ **City/Ciudad** _____
State/Estado _____ **Zip Code/Código Postal** _____
Date of Injury/Fecha en que ocurrió la Lesión _____ **Date(s) of Treatment/Fecha(s) que recibió tratamiento** _____

Information to be Released to/Información será divulgada a:
City of Minneapolis
ATTN: _____
350 S. 5th Street, Room _____ **Phone:** _____
Minneapolis, MN 55415 **Fax:** _____

Custodian of Records/Conservador de Registros:
Hospital/Clínica _____
Address/Dirección _____ **Telephone/Teléfono** _____

<p>Information to be Released: All <input checked="" type="checkbox"/> certified / <input checked="" type="checkbox"/> uncertified Medical records pertaining to the above-referenced incident date treatment date(s), including but not limited to: <input checked="" type="checkbox"/> x-ray/radiology reports <input checked="" type="checkbox"/> photographs <input checked="" type="checkbox"/> discharge summary <input checked="" type="checkbox"/> operative reports <input checked="" type="checkbox"/> ER reports <input checked="" type="checkbox"/> consultation reports <input checked="" type="checkbox"/> other</p>	<p>Información que será divulgada: Todos los expedientes médicos <input checked="" type="checkbox"/> certificados / <input checked="" type="checkbox"/> sin certificación Correspondiente a la fecha del incidente arriba Indicado y las fechas de tratamiento, incluyendo, pero no limitados a: <input checked="" type="checkbox"/> reportes de Rayos X/Radiografía <input checked="" type="checkbox"/> fotografías <input checked="" type="checkbox"/> Informe/Resumen de Alta <input checked="" type="checkbox"/> reportes de cirugías <input checked="" type="checkbox"/> reportes de sala de emergencia <input checked="" type="checkbox"/> reportes de consultas <input checked="" type="checkbox"/> otro</p>
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Purpose: This information is needed for the following Purpose: Use in the investigation and prosecution of the case(s):
Propósito: Esta información se necesita por el siguiente propósito: Uso en la investigación y juicio del caso(s):
State of Minnesota v/El Estado de Minnesota v _____
Case Number(s) /Número de Caso(s) _____

- | | |
|---|--|
| <p>8. This authorization will automatically expire one year from the date of my signature.
 9. This authorization may be revoked by written request of the patient at any time to the address listed for the requesting entity. A revocation will not apply to information that has already been released in response to this authorization.
 10. Once information is released pursuant to this authorization, the information may be subject to re-disclosure by the recipient and may no longer be protected by the federal privacy rule, 45 CFR Parts 160 and 164.
 11. With the exception of psychotherapy notes, all records pertaining to psychiatric/mental health, chemical dependency and/or AIDS/HIV related illness/testing will be released unless otherwise indicated by a checkmark here: _____. Please indicate any restrictions: (Specify) _____.
 12. This authorization must be filled out completely and signed and dated to be considered valid.
 13. A copy of this authorization will be considered as valid as the original authorization.
 14. Treatment, payment for services, enrollment and eligibility for benefits are not contingent upon signing of this authorization form.</p> | <p>1. La autorización expirará automáticamente un año después de la fecha de mi firma.
 2. Esta autorización puede ser revocada en cualquier momento con una solicitud escrita por el paciente a la dirección indicada por la entidad solicitando la misma. Una revocación no será aplicada a la información cual ya fue proveída en respuesta a esta autorización.
 3. Una vez la información es proveída de acuerdo con ésta autorización, la información puede ser sujeta a nueva divulgación por el recipiente y puede que ya no sea protegida por la regla federal de la privacidad, 45 CFR Partes 160 y 164.
 4. Con la excepción a las notas de psicoterapia, todos los registros correspondientes a la salud mental o psiquiatra, dependencia química y/o relacionada a la enfermedad o la prueba de SIDA/VIH será proveída tan solo que lo contrario sea indicado marcando aquí: _____. Favor de indicar cualquier restricción:(especifique) _____.
 5. Esta autorización debe de ser completada enteramente y firmada y fechada para que pueda ser considerada válida.
 6. Una copia de esta autorización será considerada como válida tal como la autorización original.
 7. El tratamiento, pago de servicios, matriculación y elegibilidad para beneficios no dependen en que se firme este formulario de autorización.</p> |
|---|--|

Patient's /Authorized Person's Signature: Firma del Paciente/la persona Autorizada:
Signature of Patient/Authorized Person/ _____ **Date/Fecha** _____
Firma del Paciente/Persona Autorizada
Authorized Person's Authority to Sign/Autoridad de la Persona Autorizada a firmar _____
Reason Patient is unable to sign/Razón por la cual la persona no puede firmar: Minor/Menor de edad Deceased/Fallecido(a) Other/Otra _____
 MP-9040 Rev. 8/09

PLEASE BE SURE SHADED AREAS ARE COMPLETED BEFORE HAVING RELEASE SIGNED.

Authorization for Release of Private Health Information

Ntawv Tso Cai Tso Lus Kom Qhib Cov Ntawv Hais Txog Tus Kheej Kev Noj Qab Haus Huv

Patient/Tus Tub Mob: Name/Luv npe Birth Date/Hnub yug Address/Chaw nyob City/Zos State/Xeev Zip Code/Leb Date of Injury/Hnub raug mob Date(s) of Treatment/(Cov) Hnub mus kuaj mob

Information to be Released to/Tso Cai Qhib Cov Ntawv Rau: City of Minneapolis ATTN: 350 S. 5th Street, Room Minneapolis, MN 55415 Phone: Fax:

Custodian of Records/Qhov Chaw Tuav Ntaub Ntawv: Hospital/Doctor Tsev Kho Mob/ Chaw kuaj mob/ Thaj maum Address/Chaw nyob Telephone/Xov Tooj

Information to be Released: All certified / uncertified Medical records pertaining to the above-referenced incident date treatment date(s), including but not limited to: x-ray/radiology reports photographs discharge summary operative reports ER reports consultation reports other Con Ntawv Tso Cai Qhib Yog: Tag nhro cov ntawv kuaj mob qhia tau tias muaj tiag losyog/ cov ntawv kuaj mob ua qhia tsis tau tias muaj tseeb hais txog lub sib hawm muaj nyob rau daim ntawv nos thiab cov hnub tau mus kuaj mob, raws li cov nram no tabsis tsis yog tag rau qhov muaj nos xwb: duab fais fab/tus thaj fais fab cov ntawv sau duab ntawv sau ua ntej tso tawm haus maum ntawv sau txog kev phais chav kuaj mob kub ceev(ER) cov ntawv sau ntawv sau txog kev sab laj lwm yam ntawv

Purpose: This information is needed for the following Purpose: Use in the investigation and prosecution of the case(s): Lub Ntsiab Xav Tau: Cov ntaub ntawv coj los siv raws li muaj nos:Coj los xwj thiab txiav ntxim rau rooj plaub (cov plaub): State of Minnesota v/Lub Xeev Minnesota xub Case Number(s) /Rooj Plaub tus zauv(s)

- 15. This authorization will automatically expire one year from the date of my signature.
16. This authorization may be revoked by written request of the patient at any time to the address listed for the requesting entity.
17. Once information is released pursuant to this authorization, the information may be subject to re-disclosure by the recipient and may no longer be protected by the federal privacy rule, 45 CFR Parts 160 and 164.
18. With the exception of psychotherapy notes, all records pertaining to psychiatric/mental health, chemical dependency and/or AIDS/HIV related illness/testing will be released unless otherwise indicated by a checkmark here: Please indicate any restrictions: (Specify)
19. This authorization must be filled out completely and signed and dated to be considered valid.
20. A copy of this authorization will be considered as valid as the original authorization.
21. Treatment, payment for services, enrollment and eligibility for benefits are not contingent upon signing of this authorization form.
8. Daim ntawv tso cai hnub tas kas nuv yog ib lub xyoo tom qab hnub kuv kos npe rau daim ntawv tso cai.
9. Daim ntawv tso cai nos muab tshem tawm thaum twg los tau tsuas tus tub mob sau ntawv mus qhia rau qhov chaw nyob uas xav tau cov ntaub ntawv li saum toj nos. Daim ntawv sau mus tshem daim ntawv tso cai nos yuav muab siv tsis tau rau cov ntaub ntawv ua twb muab xav mus tag raws li daim ntawv tso cai.
10. Yog thaum twb xa cov ntaub ntawv raws li daim ntawv tso cai lawm nos ces, cov ntaub ntawv nos yuav tsis muaj kev tiv thiav los ntawm tsoom fwm txoj cai 45 ua tsis pub qhib tawm CFR txheej 160 thiab 164 vim cov ntaub ntawv twb tau muab xa mus rau lwm qhov chaw lawm.
11. Cov ntaub ntawv kuaj thaj maum nyuaj siab, tag nrho cov ntawv kuaj hlwb/cim seeb tsis zoo, siv dej cawv los yog tshauj yeeb thiab kev muaj mob xws li AIDS/HIV yuav pub qhib tawm tabsis yog tsis pub qhib tawm nos ces khij qhov nos: Thov sau txog txhua yam txwm tsis pub qhib tawm:(sau kom meej)
12. Daim ntawv tso cai nos yuav tsum teb kom tiav thiab kos npe kom tag ua ntej yuav siv tau.
13. Daim ntawv tso cai uas muab luam dua tshiab yuav muab siv tau ib yam li daim tiag.
14. Kos npe rau hauv daim ntawv tso cai nos yuav txhais tsis tau tias yuav tau txais kev kuaj mob, kev pab them nyiak rau cov kev pab tau txais, ua ntawv ncuov npe kom tau txais nyiaj ntawm lav thab. npas.

Patient's /Authorized Person's Signature / Tus Tub Mob/Tus Neeg Muaj Cai Kos Npe: Signature of Patient/Authorized Person / Tub mob kos lub npe/ Tus neeg muaj cai Date/Vas nthib Authorized Person's Authority to Sign/Tus Neeg tau cai kos lub npe Reason Patient is unable to sign/Vim li cas Tus Tub Mob kos tsis tau nws lub npe: Minor/tsis tau muaj 18 xyoo Deceased/Tas sim neej Other/Lwm yam

PLEASE BE SURE SHADED AREAS ARE COMPLETED BEFORING HAVING RELEASE SIGNED.

Authorization for Release of Private Health Information
Oggolaanshaha Bixinta Warbixinta Caafimaadka Sirta

Patient/Bukaan:	
Name/Magaca _____	Birth Date/Taariikhda Dhalashada _____
Address/Cinwaanka _____	City/Magaalada _____
State/Gobolka _____	Zip Code _____
Date of Injury/Taariikhda shilka _____	Date(s) of Treatment/Tariikhda Daawada _____
Information to be Released to/Warbixinta La Siinayo:	
City of Minneapolis	
ATTN: _____	
350 S. 5 th Street, Room _____	Phone: _____
Minneapolis, MN 55415	Fax: _____
Custodian of Records/Masuulka Diiwaanka:	
Hospital/Doctor / Dhakhtarka/Cisbitaalka _____	
Address/Cinwaanka _____	Telephone/Telefoonka _____
Information to be Released: All <input checked="" type="checkbox"/> certified / <input checked="" type="checkbox"/> uncertified Medical records pertaining to the above-referenced incident date treatment date(s), including but not limited to: <input checked="" type="checkbox"/> x-ray/radiology reports <input checked="" type="checkbox"/> photographs <input checked="" type="checkbox"/> discharge summary <input checked="" type="checkbox"/> operative reports <input checked="" type="checkbox"/> ER reports <input checked="" type="checkbox"/> consultation reports <input checked="" type="checkbox"/> other	Warbixinta La Soo Saarayo: Dhamaan <input checked="" type="checkbox"/> Diiwaanka caafimaadka ee Hubaalka / <input checked="" type="checkbox"/> Aan hubaalka ahayan oo khuseysa dhacdada taariikhda iyo daaweynta kor ku qoran, oo ay ka mid tahay laakiin aan ku koobnayn: <input checked="" type="checkbox"/> Warbixinta raajada <input checked="" type="checkbox"/> taswiiraha <input checked="" type="checkbox"/> Warbixinta fasaxidda <input checked="" type="checkbox"/> Warbixinta qalliinka <input checked="" type="checkbox"/> Warbixinta gargaarka <input checked="" type="checkbox"/> Warbixinta talo siintas <input checked="" type="checkbox"/> Kuwa kale
Purpose: This information is needed for the following Purpose: Use in the investigation and prosecution of the case(s): Muhimadda: Warbixintaan waxaa lagaaga baahan yahay sababaha soo socda: In loo isticmaalo marka kiiska la baarayo ama la xukumayo:	
State of Minnesota v /Gobolka Minnesota _____	
Case Number(s) /Kiis Lambarka _____	
<p>22. This authorization will automatically expire one year from the date of my signature.</p> <p>23. This authorization may be revoked by written request of the patient at any time to the address listed for the requesting entity. A revocation will not apply to information that has already been released in response to this authorization.</p> <p>24. Once information is released pursuant to this authorization, the information may be subject to re-disclosure by the recipient and may no longer be protected by the federal privacy rule, 45 CFR Parts 160 and 164.</p> <p>25. With the exception of psychotherapy notes, all records pertaining to psychiatric/mental health, chemical dependency and/or AIDS/HIV related illness/testing will be released unless otherwise indicated by a checkmark here: _____. Please indicate any restrictions: (Specify)_____.</p> <p>26. This authorization must be filled out completely and signed and dated to be considered valid.</p> <p>27. A copy of this authorization will be considered as valid as the original authorization.</p> <p>28. Treatment, payment for services, enrollment and eligibility for benefits are not contingent upon signing of this authorization form.</p>	<p>15. Oggolaanshahan waxuu dhacayaa hal sano ka dib taariikhdaan saxiixaya.</p> <p>16. Oggolaanshahan waa laga noqon karaa iyadoo codsi qoraal ah oo ka socda bukaanka waqtigii la doono ayadoo loo gudbin doono cinwaanka kor ku xusan ee cidda waydiisatay. Ka noqoshadaas ma saameeyo warbixintii hore loogu soo gudbiyay.</p> <p>17. Mar haddii warbixinta la gudbiyo ka dib markaad oggolaanshahan bixisay, warbixinta waxaa sii gudbin karaa qoladii hore aad ugu soo dirtay, mana dhowraayo xeerka ilaaliya warbixinta sirta ah ee qaanuunka, 45 CFR qeybaha 160 iyo 164.</p> <p>18. Marka laga reebo xanuunka maskaxda, dhamaan diiwaamada ku saabsan cudurrada maskaxda gala, iyo marka qofka uu qaato waxyaabaha maskaxda doriya iyo/ama cudurrada la xiriira AIDS/HIV la baarayo haaddji aadan ruqso bixin: _____. Fadlan caddee hadii ay wax ku xayiraajiraan: (Qeex) _____.</p> <p>19. Oggolaanshahaan waa in la saxiixaa si dhameystiran loo buuxshaa la saxiixaa taariikhna lagu qoro si uu u ansaxo.</p> <p>20. Koobi haddji laga sameeyo oogolaanshahaan waa loo isticmaali karaa sidii midka.</p> <p>21. Daaweynta, kharajka adeegyada, is diiwaangelinta iyo xaq u lahaanshaha faa'iidada kuma xirna in la saxiixo foomkaan.</p>
Patient's /Authorized Person's Signature: Bukaanka/Qofka Saxiixaya:	
Signature of Patient/Authorized Person/ _____	Date/Taariikhda _____
Saxiixabukaanka/Qofka Usaxiiday	
Authorized Person's Authority to Sign/AwoodaaQofausaxiyya _____	
Reason Patient is unable to sign/Sababta bukaanku aanu u saxiixi Karin: <input type="checkbox"/> Minor/Ma qaan gaarin <input type="checkbox"/> Deceased/Qof Dhintay <input type="checkbox"/> Other/Sabab Kale _____	