



STATE OF INDIANA



## STOP Certification Prosecutor Office

On behalf of the Subrecipient, and in support of this grant agreement, I certify under penalty of perjury to the U.S. Department of Justice, Office on Violence Against Women and to the Indiana Criminal Justice Institute ("ICJI") that the following statements are true and correct:

I have the authority to make the following representations on behalf of this organization. Please check only one of the below options.

I certify that this organization **currently utilizes** the following:

- Training developed by experts in the field regarding victim-centered approaches in domestic violence, sexual assault, dating violence, and stalking cases;
- Policies that support a victim-centered approach, informed by such training; and
- Protocol outlining alternative practices and procedures for material witness petitions and bench warrants, consistent with best practices, that shall be exhausted before employing material witness petitions and bench warrants to obtain victim-witness testimony in the investigation, prosecution, and trial of a crime related to domestic violence, sexual assault, dating violence, and stalking of the victim in order to prevent further victimization and trauma to the victim.

I certify that this organization will, **within three years of October 1, 2024:**

- Engage in planning, developing, and implementing:
  - Training developed by experts in the field regarding victim-centered approaches in domestic violence, sexual assault, dating violence, and stalking cases;
  - Policies that support a victim-centered approach, informed by such training; and
  - Protocol outlining alternative practices and procedures for material witness petitions and bench warrants, consistent with best practices, that shall be exhausted before employing material witness petitions and bench warrants to obtain victim-witness testimony in the investigation, prosecution, and trial of a crime related to domestic violence, sexual assault, dating violence, and stalking of the victim in order to prevent further victimization and trauma to the victim.

Furthermore, I certify that I understand that these records may be monitored by the federal awarding agency and/or ICJI at any time and will retain copies of the associated records in accordance with state and federal record retention requirements.

\_\_\_\_\_  
Grant Application Number

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Agency Name

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Prosecutor Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Auditor Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date