

**VICTIM PREFERENCE STATEMENT**

I, \_\_\_\_\_, have been informed of my rights as a crime victim under the Victim and Witness Assistance Program and have been provided a copy of DD Form 2701, Initial Information for Victims and Witnesses of Crime. \_\_\_\_\_  
(initials)

I have had the opportunity to consult with a victim advocate, counselor, or other person(s) of my choosing before making the following decision. \_\_\_\_\_  
(initials)

**At this time, I have decided to not report that I am a victim of sexual assault to my command, law enforcement personnel, or other military authorities. I understand that by not reporting this offense, there will be no investigation.** \_\_\_\_\_  
(initials)

Further, I have been informed that by not reporting this offense the full range of protections afforded to victims, including the issuance of a military protective order against the offender, may not be made available. \_\_\_\_\_  
(initials)

Finally, I further understand that I may change my mind and report this offense at a later time. If I do report this offense at a later time, I understand that the delay may adversely affect the subsequent investigation and prosecution of the offender. \_\_\_\_\_  
(initials)

\_\_\_\_\_  
Victim's signature and date

Witnessed by: \_\_\_\_\_

\_\_\_\_\_  
Title of witness and date