

24-0350- HAMPTON WITNESS PROTECTION PROGRAM PROCEDURES

The following document provides insight into the Hampton Commonwealth
Attorney's Witness Protection Program.

A Program of the
Hampton
Commonwealth's
Attorneys Office

Structure of the Program

Intimidation or harm inflicted upon victims and witnesses of crime poses a significant security concern for law enforcement, prosecutors, and human service providers across the United States. Victim Witness Protection Programs play a crucial role in local, state, and national security, safeguarding victims and witnesses while incapacitating dangerous criminals. A comprehensive review of Witness Protection Programs worldwide, including those in the U.S., underscores the importance of protecting victims and witnesses in securing convictions and upholding public confidence in government effectiveness in citizen protection.

As a result of the “Stop Snitchin’” campaign, prevalent throughout the country in the early 2000s, a culture of witness intimidation grew among these criminal groups and in neighborhoods. This campaign was widespread in Virginia as well fostering a tradition of silence on the streets and lack of cooperation with law enforcement investigations

The individuals who obstruct justice by threatening or harming victims or witnesses come from various criminal backgrounds, often linked to gang activity, homicide, domestic violence, or human trafficking. By instilling fear in victims or witnesses, these criminals impede the judicial process, enabling them to evade prosecution and perpetuate harm within our community. The Witness Protection Team is dedicated to apprehending these offenders, particularly the increasing number of gang members involved in violent crimes. Thus, protecting victims and witnesses is vital to upholding public safety through the effective investigation and prosecution of violent offenders.

The Witness Protection Program is part of the Hampton Commonwealth Attorney’s Special Program Unit which focuses on victim-centered approaches to crime through a variety of programs, including the Witness Protection Program. This program provides vital services to victims and witnesses of crime and their families. These programs include Victim Services Unit, Homicide Support Group, Rapid Engagement of Support in the Event of Trauma(R.E.S.E.T), Operation Ceasefire, and Junior Commonwealth’s Attorneys Summer Program(JCAP).

The Witness Program will developed specialized knowledge in conducting lethality assessments and implementing effective strategies to protect victims and witnesses. The Team implements three major components in each case, which include:

- Tactical Victim Witness Protection Strategies
- Victim/Witness Assistance Services
- Lifestyle Transformation

Components of the Program

The Witness Protection Program is comprised of three major components that employ evidence based strategies to protect victims and witnesses in high-risk cases.

- 1) **Tactical Victim/Witness Protection Strategies** – Tactical protection strategies are the cornerstone of the Program and these measures include threat intelligence gathering and analysis; security assessments; housing and transportation; and interstate relocation. These strategies require constant communication within the Team while demanding continuous collaboration with outside partners such as law enforcement, human services agencies, and housing and transportation providers.

Program staff communicate constantly to discuss and analyze intelligence, assess threat levels and identify high-risk cases eligible for protection services. This assessment of threat and security for victims and witnesses is an ongoing evaluation. In addition, the Team maintains contact with local, state and federal law enforcement agencies in order to coordinate the protection of victims/witnesses.

- 2) **Victim/Witness Assistance Services** – Collaboration with system based and community based advocacy agencies is central to combatting the physical, economic, social, spiritual and emotional impact of a violent crime on individuals and their families. For victims/witnesses in high-risk cases, the initial impact of the crime is exacerbated by fear created through threats and intimidation. Victims and witnesses in the Program have a complex set of needs due to the level of risk, fear and trauma involved. This means that the Team must often play various roles in providing safety to these individuals, from investigator to security advisor to overall case manager. Therefore, maintaining collaboration with service agencies is essential to ensure that victims/witnesses are adequately supported throughout the protection process.

Additionally, coordination with service agencies is crucial to guaranteeing victim/witness as well as service provider safety by confirming that services are provided under the strictest of precautions. Due to the high-risk nature of victim/witness protection cases, all clients in the Program require victim assistance services. Therefore, each client that goes through the Program receives victim/witness assistance strategies.

- 3) **Lifestyle Transformation** –By nature, all protection cases involve some form of lifestyle change that can include physical relocation, change of employment or normal routine and limited communication with loved ones. However, cases where victims and witnesses are involved in high-risk lifestyles, such as gang involvement or drug addiction often demand intensive lifestyle transformation. This transformation is critical to the short and long-term safety of the victim/witness as it removes the individual from environments and individuals that may be closely linked to the defendant or that are generally dangerous in nature. Services provided to victims and witnesses as part of this strategy

include an aggressive action plan for transformative steps, frequent contact with the victim/witness, monitoring of the victim/witness and provision of diverse support services.

Essential Factors for Success

The effective operation of the Hampton Commonwealth's Attorney Witness Protection Program relies heavily on continuous collaboration with city, state, and federal law enforcement agencies, as well as community-based human services organizations. Seamless coordination among these entities is absolutely vital to ensuring that victims and witnesses receive safe and supportive services throughout the protection process.

Collaborative relationships have been cultivated with various law enforcement partners, including:

- FBI
- U.S. Marshals
- HSI-ICE
- Hampton Police Department
- Probation and Parole

These ongoing partnerships are fundamental to the coordination of victim/witness protection efforts, facilitating case debriefings, development of tailored safety plans, and adherence to established protocols for new cases.

In terms of victim assistance, the Program collaborates closely with Victim Advocates to ensure clear communication with witnesses regarding criminal case updates and overall coordination of human services. The Program connects victims and witnesses with essential resources such as safe housing, basic necessities, and counseling and therapy services.

In essence, partner collaboration lies at the core of the Witness Protection Program's operations. Ensuring the safety and support of victims and witnesses mandates involvement from various stakeholders, including government agencies, law enforcement, and community-based human services organizations. Moreover, partner agencies cannot be confined to Hampton alone, as protection cases may span multiple jurisdictions, necessitating the relocation of victims or witnesses within or outside the state.

Witness Protection Assessment and Intake

When assessing the presented threat and potential victim/witness protection case, the Team collects intelligence and carefully analysis the threat to determine:

- Is the threat credible?
- How imminent is the threat?
- How dangerous is the source of the threat?
- What is the availability or potential to acquire resources to carry out the threat?
- Is the threat geographical? Will moving the individual solve protection issues?
- Is the threat opportunistic? Will the person intimidating only carry out the threat if they come into contact with this person?

If the case is deemed to be in need of protection, the Team then works on a safety plan for each protected victim or witness. The Team evaluates the safety concerns and the immediate needs of the protected individual first by assessing:

- Who are the players involved in intimidating the individual?
- How can the individual be shielded from contact with these players as well as others who might carry out their message? – Example: if the threat is from a husband to his wife in a domestic violence case, is there someone that the husband might use in their family to intimidate his wife?
- Is the individual currently in a safe place? (Police Department, secured hotel room, trusted family member's home)
- Have their basic needs, such as food, shelter, clothing, medical, been met?
- Do we have a secure way of communicating with the individual?

Additionally, the Team also examines the long-term needs of the individual(s) in the protection case, assessing elements like:

- Is the individual currently on probation or parole? Do they have pending cases?
- Does the individual have a history of criminal involvement that could jeopardize their safety, such as drug abuse/trafficking or involvement in prostitution?
- What are the costs for the individual to relocate or change patterns in their day to day operation (such as change in schools, daycare, employment, etc.)?

The individual then must be briefed on ways to maintain their safety, such as:

- Being constantly vigilant and aware of their surroundings.

- Being wary of any new friends and how making new friends could potentially be threatening.
- Being aware of commuting habits and daily routine and helping them change this multiple times to avoid being followed.
- Taking information off of or shutting down completely their social networking sites such as Facebook and LinkedIn.
- Ensuring that case information and new habits established are only communicated to necessary individuals.

Other valuable strategies to the difficult task of protecting someone while allowing that individual to continue their life. Some of these strategies include:

- Making contact with hotels outside of the immediate area of the jurisdiction that you protect and setting up a direct billing account.
- Providing disposable phones.
- Providing grocery cards and encouraging individual's to order groceries online and have them delivered

Ultimately, one of the paramount responsibilities of the Team is to ensure the provision of victim services support. Many victims and witnesses under protection endure severe physical, economic, and emotional trauma resulting from the violent crimes they experienced or witnessed. Furthermore, the initial shock of the crime on these protected individuals is compounded by the fear instilled by threats and intimidation from the perpetrator. Hence, apart from addressing immediate and ongoing essential needs, the Team must evaluate the service requirements of victims and witnesses, including

- Access to counseling, therapy and advocacy
- Access to support groups
- Access to safe and therapeutic shelter options
- Access to legal assistance and advocacy
- Access to assistance with physical health needs and potential rehabilitation

Hampton Witness Protection Program

Responsibility of Advisory Team: The responsibility for reviewing application for Witness Protection Program services shall be vested in a Witness Protection Program Advisory Team to ensure proper application of program policy and procedures. The Program Advisory Team will review all application for services under this program and will submit their recommendations to the Hampton Commonwealth's Attorney who will make the final determination in this matter. The Advisory Team will consist of one member of the Victim Services Unit, one member of the Hampton Commonwealth's Attorneys Office Investigative Unit, one Commonwealth's Attorney and the advocate assigned to the case. The Advisory Team will change in accordance with a time frame established by the Commonwealth's Attorney.

Application for Protective Services

Eligibility for Program. The Witness Protection Program will assist those witnesses and their families who may be in danger because of their cooperation with the investigation and prosecution of serious violence crimes.

Application Forms. Applications for Witness Protection must be made in writing. The application will set forth the following criteria:

1. Full identification of the person(s) that requires witness protective services. This will include family, medical, financial and criminal history information.
2. A brief description of the investigation, including the offense and section of the code being used for prosecution, what the witness will testify to, and why the information cannot be obtained through other means.
3. Description/discussion of threats made against witness protection candidate.
4. Full identification of all person involved in the threat(s) against the witness protection candidate(s).
5. Estimated length of time the witness protection candidate(s) will require services
6. Full description of type of witness protection services determined.
7. Itemization of anticipated costs related to the protective services.

Emergencies. In emergency situations the Commonwealth's Attorney may waive the requirement for the written application submission. In these instances the original application can be made verbally and if approved, followed up by the written application within 48 hours of the approval.

Terms of Protective Services

Levels of Protective Services. The Witness Protection Program can provide two different types of protective services. The type of services afforded a witness shall be established on a case by case basis depending on the specific circumstances of the case.

1. **Program Level 1-** Witness has qualified for the program but it is the consensus that the witness can be protective by temporary short-term relocation.
 - a. Level 1 protection is limited to a 90 day period. Funding will be immediately terminated after adjudication of all involved cases, unless circumstances require a continuation
 - b. Level 1 protection will not routinely provide funding for any longer than a period of ninety (90) days.
 - c. All program funds for Level 1 protection will be issued on a signed receipt to the Office of the Commonwealth's Attorney for the witness.
 - d. The Office of Commonwealth's Attorney will be responsible for disbursement of program funds and obtaining receipts or to have the witness obtain a receipt for all expenditures of program funds.
 - e. Office of the Commonwealth's Attorney will be responsible for maintaining an accounting of the funds and provide reports detailing expenditures when required by Department of Criminal Justice Services.
 - f. Any misuse of Witness Protection Program funds by the witness may result in the termination of program services and reimbursement of all misused funds.

2. **Program Level 2-** Witness has qualified for the program and it is determined that the witness can be protected by the installation of electronic security equipment at the residence of the participant.
 - a. Level 2 protection will be for no longer than a period of ninety(90) days and will be immediately terminated after the adjudication of all involved cases, unless circumstances require a continuation of protective services as recommended by the Advisory Board and approved by the Commonwealth's Attorney.
 - b. The Office of the Commonwealth's Attorney will be responsible for all program arrangements.

Authorized Expenses. The Witness Protection Program funds may be used for the following expenses:

1. Reasonable lodging expenses
2. Medical/expenses
3. Security systems/devices necessary to fulfill protective services
4. Meals or food for the program participant(not to exceed state per diem rate)
5. Emergency clothing
6. Reasonable incidental expenses
7. Authorized relocation expenses

8. Burner cell phones specifically used for witnesses.
9. Window and/or lock replacement repair, and other repairs necessary to ensure a witness's safety
10. Witness Transportation (in-state, local bus/mass-transit fare, truck rental to transport witness belongings)
11. Transportation of witness to receive services and to participate in criminal justice proceedings
12. Temporary storage rental for personal possessions
13. Childcare and respite care to enable a witness who is a caregiver to attend activities related to criminal justice proceedings
14. Shelter and/or rental or modification of protected housing facilities/temporary relocation expenses
15. Emergency legal assistance, such as for filing for restraining or protective orders, and obtaining emergency custody orders and visitation rights
16. Out-patient therapy/counseling
17. Safety Planning (if not already supported by another grant or funding source)
18. Interpreting for deaf or hard of hearing, or with limited English proficiency

Duration of Program. The services of the Witness Protection Program will be available as long as it is adequately funded.

Definitions

Witness Protection — temporary emergency placement based upon imminent and preset threat of danger to the witness. Placement is based upon a determination of need and length of time that witness needs to be removed from current circumstances. Safety planning (see the definition below) is required as part of this process.

Witness Relocation — a permanent move of the witness from their current living situation to housing that will provide an opportunity for greater safety. Safety planning from a long-term perspective is required as part of this process.

Violent Crime — an act committed in Virginia which, regardless of adjudication, involves the application of force or violence or the threat of force or violence by the offender upon the victim. For the purposes of this program, violent crime includes homicide, aggravated assault, rape, sexual assault, and attempted murder.

Dependent — may include but not be limited to mother, father, spouse, spouse's mother, spouse's father, child, grandchild, adopted child, or others who are wholly or partially dependent for support upon the witness, both living with and not living with, the witness at the time of the crime or others deemed necessary/integral for the prosecution of the crime.

Director — the Director of DCJS or his/her designee for the purposes of this notice.

Family Member — may include but not be limited to the spouse, parent, grandparent, stepmother, stepfather, child, grandchild, brother, sister, half-brother, half-sister, adopted children of parent, or spouse's parents.

Offender — a person who commits a crime.

Safety Planning — a preliminary threat assessment and interim plan to help ensure witness safety until a more comprehensive assessment and planning can be conducted. A safety plan is a personalized plan that includes practical information about staying safe, physically and emotionally. A useful safety plan includes all the important information needed to help witnesses take control of an unsafe situation and move forward after experiencing a crime.

Supplanting — State funds must be used to supplement existing State and local funds for program activities and must not supplant (replace) those funds that have been appropriated for the same purpose. If the agency has funds already budgeted for the same services allowable through the WPGP, those funds must be exhausted prior to acceptance of WPGP funds.

Victim — a person, a dependent or family member of a person who suffers emotionally, psychologically, or physically as a direct result of a crime.

Witness — a person whose testimony is desired in any proceeding or investigation by a grand jury or in a criminal action, prosecution or proceeding.

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Witness Protection Program Participant Background Assessment

Date Assessment Completed:

Name of Witness:

Name of Participant: Date of Birth:

All Known AKA's, Aliases or other names used:

NCIC / CCIC History Attached: Yes No

- Violence has occurred
- Violence anticipated
- Witness has received verbal threat
- There is potential threat upon disclosure of witness' cooperation
- There is minimal threat
- Other: (Explain)

Residence/ Housing CHECKLIST

Victim/Witness: _____ Contact #: _____

OCA or IBR Case # _____

- SAFETY PLANNING
- SAFETY PLACEMENT
- HOUSING ASSISTANCE
- RELOCATION
- OTHER _____

- Call/Visit Log
- Request for Funds Form
- Summary (used with Request for Funds Form)
- Safety
- Declination Forms
- Background Info Form
- Authorization for Release of Information
- Documentation for Criminal History (threat/VW)
- Photographs (threat/VW – house and car on case by case basis)
- Address Confidentiality Info (if necessary)

Rent

Monthly Rent: \$

Months Remaining on Current Lease:

Name of Property Owner / Manager:

Is Rent Current: Yes No

If no, how much is owed? \$

Do you currently receive any type of housing subsidy, assistance or support:

Own

Monthly Mortgage: \$

Name of Mortgage Lender:

Yes No

If yes, please explain (be detailed):

Hampton Housing Authority

Other:

Section 8

Storage:

Current storage facility:

Monthly storage cost: \$

Is Storage Current:

If no, how much is owed? \$

Yes

No

Yes

No

Additional:

Employment

Currently Employed

Current Employer:

Employer's Address:

Employer's Phone Number:

Type of Work:

Length of Employment:

Monthly income: \$

Other source(s) of income:

Currently Unemployed

Amount of total monthly income:

Additional:

Medical

Are you currently under a doctor's care: Yes No

Do you have any upcoming medical appointments: Yes No

Are you currently taking any prescription medication: Yes No

Please any current medications:

Do you anticipate the need to seek medical care in the next 6 months: Yes No

Have you been diagnosed with any psychiatric illness or condition: Yes No

Do you currently have medical insurance: Yes No

Insurance Provider:

Medicaid: Yes No

Is your Medicaid current: Yes No

Do you currently have any outstanding medical bills: Yes No

If yes, provide an explanation (be detailed):

Additional:

Transportation

Do you have a current / valid driver's license: Yes No

State issuing license:

If no, are you eligible for a driver's license: Yes No

If no, provide an explanation (be detailed):

Do you have ANY restrictions on your license: Yes No

If yes, provide an explanation (be detailed):

Do you currently own / lease a vehicle: Yes No

Do you make monthly vehicle payments: Yes No

Amount of monthly payment: \$

Monthly payments made to:

Amount owed on your vehicle: \$

Is your vehicle in good, operating condition: Yes No

If no, what problems exist:

Is the vehicle titled in your name: Yes No

Is your vehicle currently insured: Yes No

Is the registration current on your vehicle: Yes No

Is anyone else's name on the vehicle title: Yes No

Additional:

Criminal Justice System

Are you currently a witness in any other case: Yes No

Jurisdiction:

Point of contact in that jurisdiction:

Are you currently involved in ANY other pending court case: Yes No

If yes, provide an explanation (be detailed):

Are you currently on bond: Yes No

If yes, what are the conditions / restrictions:

What are the current charges:

Do you currently have any outstanding court dates: Yes No

If yes, for what:

List all court dates, times and locations:

Are you currently on Parole: Yes No

Offense:

Duration of sentence:

Name of Parole Officer:

Parole Officer Phone Number:

Are you currently on Probation: Yes No

Offense:

Duration of sentence:

Name of Probation Officer:

Probation Officer Phone Number:

Do you currently have any warrants: Yes No

If yes, what jurisdiction:

Reason for warrant:

Are you currently required to complete ANY court ordered classes, etc:

Yes No

If yes, provide an explanation (be detailed):

Are you now or have you been listed as a Confidential Informant (CI)?

Yes No

If yes, provide the agency:

Additional:

Civil Orders

Are you currently involved in ANY civil court process: Yes No
(i.e. divorce, child custody, civil litigation, etc).

Are you restricted by any order of protection: Yes No
(i.e. Restraining Order)

If yes, provide an explanation (be detailed):

Are you currently required to pay alimony: Yes No

If yes, are you current on your payments: Yes No

Amount of monthly alimony: \$

Are you under any type of child custody / visitation order: Yes No

If yes, provide an explanation (be detailed):

Are you currently required to pay child support: Yes No

If yes, are you current on your payments: Yes No

Amount of monthly child support: \$

Are you currently required to pay any type off restitution: Yes No

If yes, are you current on your payments: Yes No

Amount of monthly restitution: \$

Do you have ANY other civil judgment against you: Yes No

If yes, provide an explanation (be detailed):

Additional:

Education

Are you currently in school or taking any classes: Yes No

If yes, where are you enrolled:

School address:

Grade / Education Level:

Focus of studies:

Additional:

Social / Governmental Services

Are you currently involved in ANY type of case involving the Department of Human Services:

Yes No

If yes, provide an explanation (be detailed):

Name of Case Worker:

Phone Number of Case Worker:

Do you currently receive ANY type of benefits from the Department of Human Services:

Yes No

If yes, provide an explanation (be detailed):

Do you currently receive ANY type of benefits or assistance from the Federal Government: (i.e. Social Security, Veteran's Administration, etc).

Yes No

Do you have a valid Social Security card:

Yes No

Do you currently owe any taxes to the IRS:

Yes No

If yes, for what year(s):

If yes, what is the total amount owed to the IRS:

Has the IRS imposed ANY type of wage garnishment: Yes No

If yes, provide an explanation (be detailed):

Has the IRS imposed ANY type of conditions: Yes No

If yes, provide an explanation (be detailed):

Additional Information

Individual's protection has previously been requested in this case

Name of Witness:

Amount:

Date:

Name of Witness:

Amount:

Date:

Name of Witness:

Amount:

Date:

Other individuals connected with this case that will require assistance

Name of Witness:

Anticipated Amount:

Date:

Name of Witness:

Anticipated Amount:

Date:

Name of Witness:

Anticipated Amount:

Date:

Additional Considerations

Do you have ANY issues, restrictions, impediments, conditions, considerations, limits, needs, requirements or dynamics outside of those listed that would interfere with your ability to successfully relocate within the next month: Yes No

If yes, provide an explanation (be detailed):

Hampton Witness Protection Program

Witness Memorandum

Hampton Commonwealth's Attorneys Office:

Agreement No: _____

Witness Name: _____

The witness agrees to all of the following:

I _____ do hereby agree to abide by all the conditions below while participating in the Hampton Witness Protection Program:

- Testifying truthfully in and provide all necessary information to appropriate law enforcement officials concerning all criminal proceedings (_____ witness initials).
- Obey all laws (_____ witness initials).
- Take all reasonable steps to avoid detection by others during the period of protection (_____ witness initials).
- Refrain from returning to threat area (_____ witness initials).
- Comply with all legal obligations and civil judgements (_____ witness initials).
- Cooperate with all reasonable request from officials providing protection or assistance.
- Disclose all outstanding legal obligations, including those concerning child support and visitation rights (_____ witness initials).
- Disclose any probation or parole responsibilities (_____ witness initials).
- Regularly inform the commonwealth attorney's office or law enforcement designee of his or her activities and current address. (_____ witness initials).
- I understand that the Witness Protection Program offers short-term assistance and that it is my responsibility to work towards being self-sustaining in my new location (_____ witness initials).
- I acknowledge that failure to comply with any of the above may be a condition for termination from the program (_____ witness initials).
- I understand that I am not to disclose any information regarding my status in the Witness Protection Program to anyone regardless of whether the communication is written or oral (_____ witness initials).

Parent or Guardian Declination Statement

I _____ am the parent or guardian of _____ who is a witness or potential witness for the State of Virginia in Case# _____ OCA# _____, being prosecuted in the _____ Court or being investigate by law enforcement. I have been advised by _____ of _____ (please include the name of the Police Department, Commonwealth Attorney's Office, Victim Services, etc.) that as a witness in this matter, the witnesses lives, or well-being may be in danger.

The following recommendations to enhance the safety of witnesses including my family have been discussed with me:

I am aware that certain expenses in the following the recommendation discussed above may born by the Hampton Witness Protection Program. The procedures for making a request to the Witness Protection Program to cover the expenses of the recommendations discussed above and the possible consequences of refusing a referral to the Witness Protection Program have been explained to me by _____.

I understand that my or my family's safety may be at significant risk as a result of declining assistance for the Witness Protection Program. At this time I decline any offer of assistance offered by the Witness Protection Program.

Signature: _____ Date: _____

I understand that I may choose to request the assistance of the Witness Protection Program at a later date. To do this, I am to contact _____, who is assigned as my primary contact the numbers that have been provided to me: _____.

Signature: _____ Date: _____
Witnesses by: _____ Date: _____

NOT DISCOVERABLE

Declination Statement

I _____ a witness or potential witness for the State of Virginia in Case # _____ being prosecuted in the _____ Court.

I have been advised by _____ of _____ (please include the name of the Police Department, Victim Witness, Commonwealth’s Attorneys Office, etc) that as a witness in this matter the witnesses lives, or well-being may be in danger.

The following recommendations to enhance the safety of witnesses including my family have been discussed with me as the victim/witness:

I am aware that certain expenses in the following the recommendations discussed above may be born by the Hampton Witness Protection Program. The procedures for making a request to the Witness Protection Program to cover the expenses of the recommendation discussed above and the possible consequences of refusing a referral to the Witness Protection Program have been explained to me by _____.

I understand that my or my family’s safety may be at significant risk as a result of declining assistance for the Witness Protection Program. At this time, I decline any offer of assistance offered by the Witness Protection Program.

Signature: _____ Date: _____

I understand that I may choose to request the assistance of the Witness Protection Program at a later date. To do this, I am to contact _____ who is assigned as my primary contact at the numbers that have been provided to me: _____.

Signature: _____ Date: _____

Witnessed by: _____ Date: _____

NOT DISCOVERABLE

