

STATE OF MONTANA
Department of Public Health and Human Services
Child and Family Services Division

QUALIFIED EXPERT WITNESS
STATEMENT OF CONFIDENTIALITY

I, _____, the undersigned, having agreed at the request of the Montana Department of Public Health and Human Services, Child and Family Services Division (the Department) to testify as a Qualified Expert Witness on behalf of the child or children who are the focus of _____ County Cause No. _____, understand the following:

That, in the course of preparing for and providing testimony in the above-referenced matter, I will be provided with, have access to, or become aware of, confidential case file information and information regarding child abuse and neglect which is confidential and is not available to the public; and

That said confidential case file information and information regarding child abuse and neglect is strictly confidential, and the distribution, dissemination, or discussion of said information is limited by Montana law at §41-3-205 of the Montana Code Annotated, the violation of which is punishable as a misdemeanor crime.

Based upon the foregoing, I hereby agree as follows:

1. That I will not discuss the above-referenced case outside of the courtroom with any person other than an employee or official of the Department or the County Attorney or Deputy County Attorney who is representing the Department in this case, without prior permission from the Department or the County Attorney's Office;
2. That I will not provide to any person, organization, or entity, access to or copies of any documents, papers, files, or records provided to me by the Department or by the County Attorney's office in connection with this case, without prior permission from the Department or the County Attorney's Office;
3. That, at the conclusion of my testimony in this case, I will return to the Department or the County Attorney's office any documents, papers, files, or records provided to me by the Department or the County Attorney's office in connection with this case; and
4. That I will keep in the strictest confidence any information I receive or become aware of as a result of my participation in this case, regardless of the source of said information, and regardless of whether the case continues to be pending, or whether the case has concluded.

My signature on this document indicates that I have read this document in its entirety, that I fully understand everything stated in this document, and that I specifically understand that my failure to uphold my promises stated in this document may constitute a violation of Montana law, and may subject me to criminal prosecution.

Signature: _____ Date: _____