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## FATALITY REVIEW REFERRAL FORM INSTRUCTIONS

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1. The purpose of Fatality Review is to ensure that court processes, procedures and actions minimize the risk of harm to people who use the courts. The goals of Fatality Review are to: (a) examine referred court cases where a death has occurred to identify any patterns or trends that may have been present; (b) examine court procedures to determine whether proper steps were taken; (c) review applicable statutes and rules to determine whether amendments are needed; and (d) assess whether other involved agencies followed required processes and whether there was a coordinated effort among agencies to address the issues in the case.
2. To be considered for review, cases must involve deaths: (a) that occur in, or while the decedent was in the custody of, a prison, a regional correctional facility or a secure juvenile facility; (b) that result from domestic violence while the decedent was involved in or closely associated with, a pending court case; (c) of children involved in, or closely associated with, a pending court case; (d) that may have resulted from the abuse or neglect of a child involved in, or closely associated with, a pending court case; (e) that result from substance abuse, whether the substance be legal or illegal, while the decedent was involved in, or closely associated with, a pending court case; and (f) that occur while the decedent was involved in, or closely associated with, a mental hygiene commitment.
3. The referral form should be completed to the best of your ability based upon the information available for review. The form must be typed or legibly hand-printed in blue or black ink only. Do not use pencil. Please attach any documents that you have which you think may assist in the investigation including, but not limited to, any of the items set forth in No. 11 of the referral form.
4. The referral form should be submitted to:

**Angela D. Saunders, Director of Court Services**  
**West Virginia Supreme Court of Appeals**  
**Building One, Room E-100**  
**1900 Kanawha Blvd, East**  
**Charleston, WV 25305-0830**  
**(304) 558-0023 (fax)**  
**Angela.Saunders@courtswv.gov**

5. The Administrative Director of the Supreme Court of Appeals of West Virginia or his designee will submit the referral to Counsel for the Judicial Investigation Commission (JIC) for further action. Referring a case does not guarantee that it will be investigated or reviewed.
6. JIC Counsel and/or Investigators will conduct any investigation and present findings to the Regional and State Fatality Review teams. As part of the investigation, JIC Counsel and/or Investigators may contact you for further information.
7. In order to facilitate a complete investigation, clerks and other judicial staff of all Circuit, Family and Magistrate Courts of this State *shall* provide JIC Counsel/Investigators access to all case records, whether or not confidential, including recordings of hearings and to provide copies of any such case records and recordings upon request, without cost. Additionally, all law enforcement agencies shall provide to JIC Counsel and Investigators information and records, without cost, regarding criminal investigations of any fatality under review.
8. All proceedings and records of the Fatality Review teams are confidential and are not subject to subpoena, discovery or introduction into evidence in a civil or criminal action. The records, which include oral and written communications, are also not subject to the Freedom of Information Act and the meetings are not subject to the Open Meetings Act.
9. The State Fatality Review Team shall report its findings and recommendations in a report that may be submitted to the public. The Report may contain general statistical data regarding deaths as well as findings and recommendations related to case reviews. However, the report *shall not* contain case specific information.

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**TO: Angela D. Saunders, Director of Court Services**  
**West Virginia Supreme Court of Appeals**  
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**1900 Kanawha Blvd, East**  
**Charleston, WV 25305-0830**  
**Fax: (304) 558-0023**  
**Angela.Saunders@courtswv.gov**

**All documents provided will be kept confidential. Personally identifying information is removed from all fatality review reports. Documents obtained during investigations are destroyed once the State Fatality Review report is submitted and accepted by the Supreme Court.**

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Your name & title: \_\_\_\_\_

Your telephone no.: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Your e-mail address: \_\_\_\_\_

1. Name of decedent including aliases: \_\_\_\_\_

2. Decedent's last known address: \_\_\_\_\_  
\_\_\_\_\_

3. Date of decedent's death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. Date of decedent's birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. If decedent is a minor, name of parents/guardians: \_\_\_\_\_

6. Most recent case number and type of case involving decedent and the county where the matter was filed: \_\_\_\_\_  
\_\_\_\_\_

7. Cause of decedent's death: \_\_\_\_\_

8. If decedent's death was caused by another, please provide the name of the person you believe responsible, any aliases, last known address, and any court case number, type of case and county where the matter was filed: \_\_\_\_\_  
\_\_\_\_\_

9. Date of Birth of person you believe responsible for the death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , or approximate age: \_\_\_\_

10. Relationship of the decedent to the person you believe responsible for the death: \_\_\_\_\_

11. Please attach copies of the following documents (*if you have them*):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Obituary  | <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Case Docket Sheets   |
| <input type="checkbox"/> Autopsy Report  | <input type="checkbox"/> Police Report     | <input type="checkbox"/> Abuse & Neglect File |
| <input type="checkbox"/> Indictment/Information  | <input type="checkbox"/> Plea Agreement    | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Plea of Guilty  | <input type="checkbox"/> Sentencing Order  |   |
| <input type="checkbox"/> Presentence Report ( <i>excluding sentence recommendation</i> ) |  |   |

12. A short explanation of why you think the death should be reviewed (*use additional pages if necessary*): \_\_\_\_\_  
\_\_\_\_\_

The Fatality Review Teams welcome any other information you may wish to provide which would help in understanding the history and circumstances of the fatality.

**CONFIDENTIAL \* PRIVILEGED \* NOT SUBJECT TO FREEDOM OF INFORMATION ACT**