Metro Richmond Adult Fatality Review Team
Agency Memorandum of Agreement

I agree for my organization to be a full participant in the Metro Richmond Adult Fatality Review Team (MRAFRT). This participation shall include providing an ongoing representative to participate on a regular basis as a member of the fatality review team and providing the necessary data to support its operations to the extent allowed by law as described in the MRAFRT Operating Guidelines.

I understand that the mission of the MRAFRT in accordance with Virginia §32.1-283.6 has been established to examine the circumstances of past and future deaths of any person age sixty years or older or any adult age 18 years or older who is incapacitated at the time of the fatal event. The mission of MRAFRT is to better understand and thus prevent deaths due to abuse, neglect, or exploitation or other means as defined in Virginia §32.1-283.6 by constructively examining the fatal circumstances and making recommendations based on our reviews. The operating guidelines and confidentiality procedures that govern the fatality review team are described in the MRAFRT Operating Guidelines.

This agreement of participation shall remain in effect until either MRAFRT or your organization provides, in writing to the other party, a notice of participation termination.

Organization: _____________________________________
Signature: _______________________________________
Title: ___________________________________________
Date: ___________________________________________