



- Region: North
 South
 East
 West
 Central
 Panhandle

Participant Information Form

This form must be completed in full and signed before it can be processed. Please print legibly.

Participant Information:

Name _____ Title _____
 Agency _____
 Address _____ , _____ State _____ Zip Code _____
Street or P.O. Box City
 Telephone () _____ - _____ Fax () _____ - _____
 E-mail address _____ @ _____
 Job Assignment _____
 Reason for attendance _____

Participant's Supervisor Information:

Name _____ Title _____
 Telephone () _____ - _____ Fax () _____ - _____
 E-mail address _____ @ _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

I understand that the Texas Violent Gang Task Force (TVGTF), as mandated by Chapter 61 of the Texas Code of Criminal Procedure, is formed as a strategic partnership among local, state and federal criminal and juvenile justice agencies to promote networking for the collection and dissemination of gang intelligence. I understand that the focus of the TVGTF is on sharing and communicating gang-related information. The information obtained at TVGTF meetings is strictly confidential and restricted to law enforcement and correctional intelligence use only. The information is not for public dissemination or disclosure. Audio and/or visual recording of a meeting is prohibited without prior approval of the TVGTF or Regional Meeting Coordinator for that meeting. Due to the sensitive nature of the uncorroborated intelligence discussed during TVGTF meetings, the TVGTF does not recommend the widespread distribution of intelligence meeting notes -- via hard copy or electronic means -- to attendees. TVGTF meetings provide a safe environment in which raw and sensitive intelligence is shared and ongoing investigations discussed. The task force does not verify the accuracy or authenticity of the information presented during meetings. Distribution of this intelligence may compromise the integrity of the information and jeopardize active cases. Should anyone need clarification or more information about any issue introduced during a regional meeting, he or she is encouraged to contact the individual contributing the information in order to enhance the trust and credibility between participating agencies represented at these meetings. If the above mentioned provisions are not met, the individual's participation in TVGTF meetings will not be permitted.

Participant's Signature _____ Date ____ / ____ / ____

TVGTF Representative _____