

## Sample "Signature Page"

*The parties to this investigation and assessment protocol hereby agree to adhere to its terms.  
This protocol is effective upon signing of the protocol by all parties involved.*

1. \_\_\_\_\_ Date \_\_\_\_\_  
Commonwealth's Attorney

2. \_\_\_\_\_ Date \_\_\_\_\_  
Social Services Director

3. \_\_\_\_\_ Date \_\_\_\_\_  
Chief of Police

4. \_\_\_\_\_ Date \_\_\_\_\_  
County Sheriff

5. \_\_\_\_\_ Date \_\_\_\_\_  
County Medical Director

6. \_\_\_\_\_ Date \_\_\_\_\_

7. \_\_\_\_\_ Date \_\_\_\_\_

8. \_\_\_\_\_ Date \_\_\_\_\_