OFFICE SYMBOL DD MMM YYYY

MEMORANDUM FOR

Chief, Legal Assistance Policy Division (LAPD), Office of the Judge Advocate General

 (OTJAG), Pentagon, Washington DC 20310-2200

Program Manager, Special Victims’ Counsel Program (SVCP), OTJAG, Pentagon, Washington DC 20310-2200

SUBJECT: SJA Endorsement of *FIRST LAST NAME* to serve as a Civilian SVC Program

1. I endorse *FIRST LAST NAME* to serve as a Civilian Special Victims’ Counsel (SVC) in the Civilian SVC Program and request interim certification for *FIRST LAST NAME* pending completion of the Army Special Victims’ Counsel Certification Course (SVCCC). I have determined that *FIRST LAST NAME* possesses the requisite skills to serve as a Civilian SVC.

2. *FIRST LAST NAME* has *XX* months of military justice/criminal justice experience/other experience having served as an Army Trial Counsel/Defense Counsel/other experience. In addition, *FIRST LAST NAME* has performed other roles as a Judge Advocate (JA)/Legal Assistance Attorney that makes him/her uniquely qualified to serve in the Civilian SVC Program.

3. In addition to the stated experience, I have determined that *FIRST LAST NAME* will be an excellent Civilian SVC because *BRIEF OVERVIEW OF SPECIFIC REASONS FOR SELECTION INCLUDING ANY RELEVANT MILITARY JUSTICE, CRIMINAL JUSTICE, OR OTHER LITIGATION EXPERIENCE. INCLUDE LENGTH OF TIME.*

4. *FIRST LAST NAME* possesses the maturity, judgment, and intellect to be a highly successful Civilian SVC.

5. *FIRST LAST NAME* will attend the 22d SVC Certification Course (SVCCC) from 4-8 August 2025 and will complete all other administrative requirements to be certified as a Civilian SVC.

6. If approved, *FIRST LAST NAME* will serve as a Civilian SVC for the duration of the Civilian SVC Program. I understand *FIRST LAST NAME* may withdraw from the program. If *FIRST LAST NAME* wishes to withdraw, I will immediately notify Chief, Legal Assistance Policy Division, and, Program Manager, Special Victims’ Counsel Program, to coordinate client transfer(s).

7. Additionally, if *FIRST LAST NAME* is approved to participate, my office is committed to participate in the Civilian SVC Program for the duration of the program. I will ensure *FIRST LAST NAME* completes the required training for participation in the program and I will also ensure *FIRST LAST NAME* complies the program’s policies. I will monitor *FIRST LAST NAME* and their participation in the program and will provide feedback as needed to the Chief, LAPD, and Program Manager, SVCP.

8. [On Date], *FIRST LAST NAME* completed CATCH training IAW Secretary of Defense Memorandum: Procedures to Implement the “Catch a Serial Offender Program” dated 10 June 2019.

9. Once certified, *First Last Name* will receive state specific criminal justice training IAW FY20 NDAA section 550C.

10. POC for this request is the undersigned at first.m.last.mil@army.mil.

 FIRST M. LAST

 COL, JA

STAFF JUDGE ADVOCATE