



**JUVENILE JUSTICE  
Media Signature Form**

**I, \_\_\_\_\_ understand the Juvenile Justice and the Department of Public Safety client confidentiality/privacy laws. I understand that the identity of juveniles must be kept confidential. I agree to maintain such confidentiality.**

**Signature of Media Representative:**

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**Media Organization:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Signature of Juvenile Justice Witness:**

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**Date:** \_\_\_\_\_