5000.11a

CO

DATE

From: Commanding Officer, Unit or Group Name

To: Rank First M. Last Name ##########/#### USMC

Subj: VICTIM WITNESS ASSISTANCE PROGRAM

Ref: (a) MCO 5800.16

(b) ASO 5800.1A

1. In accordance with the references, you are hereby appointed as the Victim Witness Assistance Coordinator (VWAC) for [insert UNIT / Group] and a member of the Victim and Witness Assistance Council for Marine Corps Base Camp Lejeune. As the VWAC, you will serve as the command’s primary point of contact for victim and witness assistance matters.

2. As the responsible official for the Victim Witness Assistance Program (VWAP) for this command, your contact information will be published as follows:

Rank First M. Last Name

Legal Officer (or other billet)   
Unit Name

Address 1

Address 2 (Bldg ####)

Camp Lejeune, NC 28542

(910) XXX-XXXX

3. You are directed to review the provisions of reference (a), particularly those specific requirements of your office that are outlined in Volume 16, Chapter 4 and to review reference (b) in its entirety.

4. For any additional assistance or information that you require regarding the VWAP, contact Ms. Golda Sherman-Burns, the Installation Victim Witness Liaison Officer (IVWLO) for Marine Corps Base Camp Lejeune. She can be reached at (910) 451-5043 or via email at golda.shermanburns@usmc.mil.

5. You are required to notify the IVWLO within 30 days of deployment to ensure you receive appropriate VWAP training and information prior to deployment.

6. You are required to attend all council meetings and periods of training scheduled by the IVWLO.

7. When you transition from your billet, ensure that your successor has been briefed on his/her new responsibilities as the Squadron(s)/Group VWAC. Your successor must receive a new appointment letter from me and provide that letter to the IVWLO, Ms. Sherman-Burns.

I. M. COMMANDING

Copy to: IVWLO

5000.11a

CO

DATE

FIRST ENDORSEMENT on CO, [INSERT UNIT/GROUP] ltr 5000.11a CO of date

From: Rank First M. Last Name ##########/#### USMC

To: Commanding Officer, Unit or Group Name

Subj: VICTIM WITNESS ASSISTANCE PROGRAM

1. I hereby assume the duties and responsibilities as the (INSERT UNIT/GROUP) VWAC.

2. I have read and familiarized myself with the duties and responsibilities of the VWAC per the references.

I. B. APPOINTED

Copy to: IVWLO