



ADMINISTRATIVE OFFICE OF THE COURTS
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SANDY PEARCE
ADMINISTRATOR

Researcher's Pledge

I, _____, Investigator for the project identified below, pledge that any information (exceptions in next paragraph) obtained from subjects and/or taken from subject files or electronic databases will be used solely for research purposes. I understand that I have assumed legal responsibility, with respect to the information I am collecting, for protecting the rights of all subjects involved in my research project, especially the right of confidentiality and privacy. Therefore, any research data reported will not directly or indirectly disclose the identity of any subject.

I am aware that there are several cases which are exceptions and upon which I am obligated to violate the confidentiality: if the offender tells me that s/he is thinking about hurting her/himself, hurting someone else, or planning an escape, these matters are not confidential. I promise to pass this information on to the appropriate staff.

The data will be used only for the research project described below.

The data, if it is identifiable to individuals:

1. Will not be disclosed to others or otherwise transferred without prior written approval from the AOC Research Permission Committee;
2. Will be destroyed or stripped of its identifiers as soon it is feasible; and
3. Will be subject to reasonable caution in its storage and use to prevent unauthorized disclosure to, or use by, others.

I further pledge that the substance of any disclosures to unauthorized persons, the media or their representatives regarding the data in this project will be promptly made known to the Administrator, AOC Court Programs and Management Service Division.

I am aware that a re-review of this proposal is necessary if there are any significant alterations (both additions and subtractions) being considered, and I will inform the Administrator, AOC Court Programs and Management Service Division.

I am aware of the sensitive nature of my position as investigator. I will not let any research activity interfere with the responsibilities of care for the research subject. If there is a conflict of interest, I agree that clinical care or custody matters will have precedence over research concerns.

I further pledge to provide a copy of the research results, as well as access to any and all background information or intermediate results which may be required, to the Administrator, Administrative Office of the Courts, Court Programs and Management Services Division, P. O. Box 2448, Raleigh, NC 27602.

I understand that the approval of the Research Permission Committee is valid for one year only. If the project duration is longer, I must seek re-review.

I understand that a final report of the project will be sent to the Administrator, Administrative Office of the Courts, Court Programs and Management Services Division, P. O. Box 2448, Raleigh, NC 27602 upon project completion.

This the ____ day of, 20 ____.

Investigator (Signature)

Investigator (Print Name)

(Project Title)