

# Justice Information Resource Network Board of Directors Conflict of Interest Policy Disclosure Form

## Justice Information Resource Network, Inc.

#### CONFLICT OF INTEREST DISCLOSURE FORM

To help avoid any conflicts of interest, you are disclosing ownership or other proprietary interests, responsibilities, circumstances, or other reasons why you (or, by extension, any member of your family) might have an actual, apparent, or potential conflict of interest with your duty to Justice Information Resource Network, both with respect to the conflicts identified in the attached policy and any others. You hereby invite further review by the Justice Information Resource Network of any aspects of these circumstances that might be appropriate. In addition, you agree to take other steps, such as avoiding deliberation and resolution of certain issues or even withdrawing from your membership on the applicable Board, if it is determined that such steps are necessary to protect the integrity of the Board and avoid the breach of your fiduciary duty to Justice Information Resource Network. Finally, during such time as you continue to serve on the applicable Board, you agree to notify the Chairman of such Board promptly if and when you determine that any additional actual, apparent, or potential conflict of interest with your duty to Justice Information Resource Network arises subsequent to the execution of this form. Please check the appropriate section at the bottom of this page.

#### NONDISCLOSURE AGREEMENT

I agree that any confidential information disclosed to me by members or staff of Justice Information Resource Network, or by third parties, in connection with my membership on the applicable Board of this organization, will be treated as such. I will not use or disclose such information except as may be authorized by Justice Information Resource Network3 and will make my best effort to prevent its unauthorized disclosure. Confidential information shall include all such information relating to Justice Information Resource Network's members or to Justice Information Resource Network's operations, policies, plans, goals, or objectives. Confidential information shall not include information previously known to me, the Justice Information Resource Network membership, the general public, or previously recognized as standard practice in the field. I acknowledge that unauthorized disclosure of confidential information could cause irreparable harm and significant injury to Justice Information Resource Network and its members. I agree that, upon request, I will return to Justice Information Resource Network all materials supplied to me by them, including agendas, minutes and supporting documents.



I have read the foregoing Conflict of Interest Policy, Conflict of Interest Disclosure Form, and Nondisclosure Agreement and agree to abide by their terms.		
I have no conflicts to disclose conditions.	but agree to abide by all of the above terms and	
I have attached a statement above terms and conditions.	of conflicts disclosure and agree to abide by all of the	
Signature	Printed Name	
Organization	Date	
Title		



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### ACKNOWLEDGMENT AND DISCLOSURE FORM

I have read the Justice Information Resource Network's Board Conflict of Interest Policy set forth above and agree to comply fully with its terms and conditions at all times during my service as a Justice Information Resource Network Board member. If at any time following the submission of this form, I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the Justice Information Resource Network's President and Executive Director in writing.

Disclosure of Actual or Potential Conflicts of Interest:		
oard Member Signature:		
oard Member Printed Name:		
ate:		