

I \_\_\_\_\_ am requesting Sexual Assault Evidence Collection but I do not want to be interviewed at this time by law enforcement.

I have read and understand the following:

- A. I will not be billed for the evidence collection.
- B. The benefits of cooperating with law enforcement include:
  - 1. Law enforcement will have an opportunity to collect evidence from you, from the suspect and from other possible crime scenes.
  - 2. Witnesses may be interviewed in a timely fashion.
  - 3. I may be eligible for **Crime Victim's Compensation** to pay for counseling and other services.
- C. By delaying an interview with law enforcement I understand the following may occur:
  - 1. Evidence that would normally be collected by law enforcement will be permanently lost.
  - 2. Suspects and witnesses will not be interviewed and they may not be willing to cooperate later.
- D. By delaying an interview with law enforcement, it may be more difficult, if not impossible, for a prosecutor to file charges against the suspect, if I later decide to cooperate.
- E. I can receive emergency contraception and medication to prevent sexually transmitted infections without having evidence collected.
- F. The police department will hold any evidence collected for (INSERT TIME) days. If I decide I want to report to law enforcement I can contact \_\_\_\_\_ at \_\_\_\_\_ before \_\_\_\_\_. After (INSERT TIME) days the evidence will be destroyed.
- G. I hereby authorize (INSERT AGENCY OR PROGRAM NAME). in the collection and **transfer only** of my evidence collection kit, applicable forms, and evidence bags to \_\_\_\_\_ law enforcement agency. I understand the law enforcement agency has **not** been given the right to view my record, or analyze the evidence, **and will not** be given that right except by my authority in the next (INSERT TIME) days. I further understand that if I do not report the crime within (INSERT TIME) days the evidence will be disposed of.
- H. I realize that law enforcement will notify me (INSERT TIME) days before the holding time expires.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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