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_____________
_____________________________________________________________________________________