COLORADO SEXUAL ASSAULT CONSENT and INFORMATION FORM (see C.R.S. 12-240-139)

▶ You have the right to have this form explained and all of your questions answered. Please initial and sign where appropriate. You will receive a copy of this form after it is completed.



			COLONADO	
Law Enforcement Agency:			Case #:	
Officer Name:			Phone #:	
		Medical Forensi	c Exam Consent	
		al forensic exam. I understa	derstand I can stop the exam at any time and can decline any	
			cision Consent on Only: A <u>OR</u> B)	
Option A (Law Enforcement Option) Initial below			Option B (Medical Reporting Option) Initial below	
>	I am choosing to make a report to law enforcement. I give permission for evidence collected during my sexual assault exam to be provided to law enforcement for use in investigation(s) and potential prosecution(s). I understand the investigating law enforcement agency will be given my name and contact information.		At this time, I am choosing the medical reporting option. Therefore, I am choosing not to participate in a law enforcement investigation. I understand law enforcement will be given my name and I also understand that I can change my mind and later choose to have law enforcement conduct an investigation. (For ages 18 69 only)	
		Evidence K (Select One Optio		
C	Option 1 (Evidence Kit Initial below	t testing)	Option 2 (Evidence Kit storage) Initial below	
-	I am also consenting for law enforcement to send the collected evidence to a forensic lab for analysis. I understand law enforcement may submit the evidence to a lab no later than 21 days after receiving it, per Colorado law. I understand the evidence will be analyzed and law enforcement will receive the forensic results for the purposes of investigation(s) and potential prosecution(s) OR to maintain a record of the results.		I DO NOT consent to have my evidence tested by a forensic lab. I understand that the evidence will only be stored at a law enforcement agency. I understand I can change my mind, make a report to law enforcement and have the evidence analyzed at a forensic lab (For ages 18-69 only).	
			for Evidence Analysis/	
► enforcement by contacting the consent becomes effective when		acting the law enforcement tive when law enforcement	evidence analysis/provision of forensic results to law agency listed on this form. I understand the withdrawal of verifies my identity but will not apply to any actions already consent cannot be withdrawn. (For ages 18-69 only)	
the			ained until the suspect may no longer be prosecuted for request notification 60 days prior to the destruction of	
Printed Patient Name		Patient Signatu	re Date	
Printed Witness Name/Title		Witness Signati	ure Date	