

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



COLORADO

► 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.

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| Law Enforcement Agency: | Case #: |
| Officer Name: | Phone #: |

Medical Forensic Exam Consent

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| ► _____ | I consent to a medical forensic exam. I understand I can stop the exam at any time and can decline any portion of the exam or collection of any sample. |
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Reporting Decision Consent

(Select One Option Only: **A OR 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 Kit Consent

(Select One Option Only: **1 OR 2**)

| Option 1 (Evidence Kit testing) Initial below | | 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. However, I understand law enforcement is only required to hold the evidence for a minimum of 2 years. (For ages 18-69 only) |

**Withdrawal of Consent for Evidence Analysis/
Provision of Forensic Results to Law Enforcement**

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| ► _____ | I understand I may withdraw my consent for evidence analysis/provision of forensic results to law enforcement by contacting the law enforcement agency listed on this form. I understand the withdrawal of consent becomes effective when law enforcement verifies my identity but will not apply to any actions already taken. I understand that once analysis has begun, consent cannot be withdrawn. (For ages 18-69 only) |
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Printed Patient Name

Patient Signature

Date

Printed Witness Name/Title

Witness Signature

Date