MEDICAL FORENSIC EXAM WITH EVIDENCE COLLECTION:

INFORMATION AND OPTIONS

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| **A. Medical Forensic Exam With Evidence Collection: Access and Payment** | |
|  | * While you may be billed for some medical treatments as a result of this sexual assault, you will not be billed for the medical forensic exam and evidence collection. The State of Wisconsin will incur the full out-of-pocket costs of the medical forensic exam. If you receive a bill for the forensic exam and evidence collection, **you can call the Wisconsin Department of Justice, Office of Crime Victim Services at 1-800-446-6564 for assistance.** |
|  | * Under federal law you can be provided with a medical forensic exam whether or not you choose to participate in the criminal justice system or cooperate with law enforcement. |
|  | * The Crime Victim Compensation program may be able to pay for your out-of-pocket expenses related to this crime. To be eligible for the program, you must make a report to law enforcement within 5 days of the sexual assault and cooperate with the investigation and prosecution of this crime. |

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| **B. Advocacy Services**  There are many factors to consider when deciding whether to make a report to law enforcement. A sexual assault advocate can help you with your decision by:   |  |  | | --- | --- | | * Providing emotional support to help you cope with stress and trauma; * Talking with you about what may happen after making a report to law enforcement; * Explaining how the justice system works; * Helping you fill out paperwork and/or compensation applications; * Locating service agencies, support groups, counseling and other resources | | | Local Sexual Assault Advocacy Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 I would like an advocate to follow-up with me by:  🞎 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is it safe to leave a message and for advocate to identify self?  🞎 Yes 🞎 No 🞎 OK to leave message with phone number only, no name  🞎 Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |  | |  |   **C. Deciding Whether to Report to Law Enforcement**  If you **report now, law enforcement**: If you **do not report now**:   |  |  | | --- | --- | | * Will have the opportunity to interview you about the assault. * Will have the opportunity to interview suspect(s) and collect evidence from them. * Will transport the evidence collected from your examination to the Wisconsin State Crime Laboratory for analysis. * Can help you address safety concerns. * Cannot guarantee that your case will result in a criminal charge and conviction. | * Crime scene evidence of the sexual assault will not be collected, photographed, or documented and may be permanently lost. * Blood and urine specimens will not becollected for forensic analysis to determine whether drugs or alcohol were used to facilitate the sexual assault. * Witnesses will not be interviewed in a timely manner and they may not be available at a later time. * It may be more difficult to successfully prosecute your case. | | | | | |
|  | **D. Options for Medical Forensic Exam with Evidence Collection** | | | |
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| Print Patient Name: | |  | Patient Signature & Date: |  |
| Print Health Care Provider Name: | |  | Health Care Provider Signature & Date: |  |