MEDICAL FORENSIC EXAM WITH EVIDENCE COLLECTION:

INFORMATION AND OPTIONS

|  |
| --- |
| **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.
 |

|  |
| --- |
|  |
| **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**  |
|   |

|  |  |
| --- | --- |
| 🞎 | I want evidence collected and I want to report this incident to law enforcement. LE Case#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**OR** |
| 🞎 | I am unsure if I want to report this incident to law enforcement, but I want evidence collected and stored for up to ten years while I make my decision. I understand that if I select this option to store the evidence:* My personal identifying information will be sealed and stored with the evidence at the Wisconsin State Crime Laboratory.
* My personal identifying information will not be released to law enforcement without my consent.
 |
| 🞎 | I understand that if during the next nine and a half years I decide to report this incident to law enforcement, it is my responsibility to contact the agency identified below.  |
| 🞎 | I understand that after ten years, the Wisconsin State Crime Laboratory will destroy the evidence from my medical forensic exam without any further notification to me.  |
|  | **Nine and a half years from the date of my exam is:** |  |  |
|  | Local law enforcement agency and phone : |  |  |

 |
| Print Patient Name: |  | Patient Signature & Date: |  |
| Print Health Care Provider Name: |  | Health Care Provider Signature & Date: |  |