



## **Non-reporting Sexual Assault Victim's Consent for a Forensic Medical Examination**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Time: \_\_\_\_\_

I, \_\_\_\_\_, sign this document stating that I desire a forensic medical examination by a Sexual Assault Nurse Examiner (SANE); the collection of forensic evidence including, but not limited to: biological materials such as stains, fluids, or hair samples, and clothing; and the completion of a forensic medical record which may include photographs. The SACNWGA will maintain the chain of custody of this forensic evidence and will release the evidence to the appropriate law enforcement agency if necessary.

By signing this document, I, \_\_\_\_\_, state my understanding that I have until 12 months from this date (\_\_\_\_\_) to file a report with the appropriate law enforcement agency concerning my assault. I also understand that any forensic evidence collected by the SANE at the SACNWGA will be held at this facility unless I make a report to law enforcement. I understand that, if I choose to make a report, I will need to notify an advocate at the SACNWGA and come to the facility to sign a release of information.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
SACNWGA staff signature

\_\_\_\_\_  
Date/Time