

Sample Information Sheet for Non-reporting Rape Victims

Your sexual assault forensic exam kit is being held confidentially and has been assigned the identification number **(insert identification number)**.

Your sexual assault forensic exam was performed at **(insert name of facility, address and contact information)**.

The exam was performed on **(insert date)**.

The sexual assault forensic exam kit and any other evidence collected will be held at **(insert law enforcement agency or forensic exam facility holding kit)**.

The certified rape crisis center for this county is **(insert name and contact information for local rape crisis center)**.

You may change your mind and report the assault to law enforcement by **(insert local protocol for changing reporting status, i.e., contacting the certified rape crisis center, contacting hospital or forensic exam that provided exam or contacting a law enforcement agency)**.

The sexual assault forensic exam kit and any other evidence collected will be held for **(insert length of time by local protocol)** and may be destroyed if no law enforcement report is made by **(insert date)**.

Client's Printed Name _____

Client's Signature _____ Date _____

Advocate's Signature _____ Date _____