

# Oregon State Police Forensic Services Request SEX OFFENSE FORM

Agency		<b>RUSH</b> approved by Lab Personnel Lab Personnel Name _____ <b>OR</b> Trial Date: _____ DA : _____		Gray Area for Lab Use Only Analyst: _____ Start Date: _____ Page ____ of ____	
Agency Case #		<input type="checkbox"/> Additional Name Info Only <input type="checkbox"/> Previous Evidence Submitted		Lab Case # _____ Sub # _____ Req # _____	
Secondary Agency		Secondary Agency Case #		Court # (if available)	
Offense			Offense Date (mm/dd/yy)		County of Venue
Last (Individual # 1)      No Suspect			First		Middle
Suspect Victim	Mentioned	Biological Sex	Male Female	Optional Designation DNA Elimination Sample Deceased	DOB (mm/dd/yy) SID # FBI # (UCN)
Last (Individual # 2)			First		Middle
Suspect Victim	Mentioned	Biological Sex	Male Female	Optional Designation DNA Elimination Sample Deceased	DOB (mm/dd/yy) SID # FBI # (UCN)
Last (Individual # 3)			First		Middle
Suspect Victim	Mentioned	Biological Sex	Male Female	Optional Designation DNA Elimination Sample Deceased	DOB (mm/dd/yy) SID # FBI # (UCN)
Investigating Officer (Please Print)			Phone # of Investigating Officer		E-mail of Investigating Officer
Per ORS 181A.325(e), law enforcement agencies are prohibited from submitting anonymous kits to the Department of the State Police for testing. An anonymous kit is defined as "a SAFE kit collected from a victim who has not participated with a Law Enforcement agency in the creation of a report of the sexual assault." SAFE Kits meeting the current definition of an "anonymous kit" under Oregon law are not to be submitted to the laboratory. <b>By submitting a SAFE Kit to the laboratory, the agency acknowledges that they have determined that the SAFE Kit is not anonymous.</b>					
<b>The Oregon State Police Forensic Services Division reserves the right to select appropriate methods of analysis based on the type of evidence and information provided.</b>					
Enter Sexual Assault Kit number here (as available):					
Lab Exhibit	Agency Item #	Description of Evidence (Please associate evidence with appropriate individual, if applicable)			Requested service (Refer to the OSP Forensic Services Website <a href="https://tinyurl.com/OSP-Forensic-Documents">https://tinyurl.com/OSP-Forensic-Documents</a> for further information)
Submission of this form indicates agreement with the confidentiality, simplified reporting, and selection of methods information available at the following location: <a href="https://www.oregon.gov/osp/Docs/FSD_Customer_Communication.pdf">https://www.oregon.gov/osp/Docs/FSD_Customer_Communication.pdf</a>					
Delivered or Submitted to Lab By (Please Print)			Delivered or Submitted to Lab By (Signature)		Date Shipped or Submitted
Submitted via <input type="checkbox"/> UPS <input type="checkbox"/> U.S. Mail <input type="checkbox"/> FedEx <input type="checkbox"/> In Person <input type="checkbox"/> Other (see note below) Date / Time Lab Staff			<b>LAB USE ONLY</b>		
Staff Notes Only (optional):					