



VICTIM NOTIFICATION OF SEXUAL ASSAULT EVIDENCE

Department of Police * City of Chicago
3510 South Michigan Avenue * Chicago, Illinois 60653

STATEMENT: As required by the Sexual Assault Incident Procedure Act, under 720 ILCS 203/35, victims have the right to request information regarding the submission and testing of forensic evidence.

TO: _____

DATE: _____

FROM: _____

SUBJECT: VICTIM NOTIFICATION OF SEXUAL ASSAULT EVIDENCE

RD NO.: _____

DATE FORENSIC EVIDENCE WAS SENT TO APPROPRIATE LAB FOR ANALYSIS: _____

DNA PROFILE OBTAINED? YES NO

DNA PROFILE WAS SEARCHED AGAINST THE COMBINED DNA INDEX SYSTEM (CODIS)?

YES NO

A POSSIBLE ASSOCIATION WAS MADE TO AN INDIVIDUAL WHOSE DNA IS CONSISTENT WITH THE DNA PROFILE OBTAINED FROM FORENSIC EVIDENCE?

YES NO UNABLE - DUE TO INVESTIGATION CONSIDERATION

DRUGS DETECTED? YES NO

IF DRUGS DETECTED, WHICH DRUGS?

IF YOU HAVE ANY QUESTIONS OR REQUIRE ADDITIONAL INFORMATION PLEASE CONTACT DETECTIVE _____ AT 312-_____.