



Acknowledgement of Receipt of Rights of Victims of Sexual Assault Information

SF-XXXX

By signing below, I am indicating that I have received a copy of the "Rights of Victims of Sexual Assault" brochure as required by IC 35-40.5.

Name of person receiving the brochure (First, Last)

Signature

Witness

Date

If the victim is visually impaired, please fill out the bottom portion of this form only:

By signing below, I am indicating that I read the "Rights of Victims of Sexual Assault" brochure out loud to the victim.

Name of person receiving the brochure (First, Last)

Signature

Witness

Date

****State Form version of this document is pending****

An electronic copy of the this form and the brochure as well as the link for access to the sexual assault kit tracking system may be found at www.in.gov/CJI

If you have additional questions related to the payment of the medical forensic exam or additional forensic services you may contact the Indiana Criminal Justice Institute at 1-800-353-1484