



MORRIS COUNTY PROSECUTOR'S OFFICE
Sexual Assault Evidence/Documentation Release

SANE Case Number: _____

I, _____ authorize the Forensic Nurse Coordinator of Morris County to release
Name of Patient (Printed)
the forensic evidence collected from me on _____, as well as any associated documentation
Date of Exam
completed by the Forensic Nurse Examiner, to law enforcement officials.

I acknowledge that on the day the initial examination was completed, I did not want this evidence released to law enforcement; however, I now request that the following item(s) be released to _____ for investigation.
Name of Law Enforcement Agency

Place initials next to each item authorized for release

Full Release

All Items _____

or

Limited Release

Sexual Assault Forensic Examination Report _____

Photographs _____

Specimens _____

Clothing _____

Name of Patient (Printed)

Signature of Patient

Date

Name of Guardian (Printed)

Signature of Guardian

Date

Name of Witness (Printed)

Signature of Witness

Date