

Laboratory Case # _____
(Laboratory use only)

**CERTIFICATION FORM
SEXUAL ASSAULT EVIDENCE**

Date:

Agency Case #:

Offense:

Date of Offense:

In accordance with the Sexual Assault Evidence Submission Act (Public Act 96-1011, effective 9-1-10), this evidence is being submitted by _____
(agency name)
in connection with a prior or current criminal investigation.

Printed name of certifying detective/investigator

Signature of certifying detective/investigator