



**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

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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/2333.htm](http://www.in.gov/cji/2333.htm)

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