



Consent Form for Sexual Offense Evidence Stored at the OVS Storage Facility

Table with 4 columns: First Name, Last Name, Date of Birth, Case Number

Instructions: Complete, original signatures are required at the bottom of the form. Identification must be verified with an acceptable form of photo ID (see page 3 for alternatives to a photo ID).

Use this form to:

- Release Evidence to Law Enforcement
Request My Case Number and/or PIN
Return Clothes and Other Personal Items
Early Disposal of the Sexual Offense Evidence Collection Kit

Please include the requested information then date and put your initials next to your choice(s) below.

The victim of crime, or the parent or guardian of a minor, may request to "Release Evidence to Law Enforcement" or "Request My Case Number and/or PIN."

ONLY the victim of crime from whom these items were collected may request to "Return Clothes and Other Personal Items" or the "Early Disposal of the Sexual Offense Evidence Collection Kit."

Release Evidence to Law Enforcement

I have reported my case to law enforcement and have authorized them to access the evidence collected in this sexual offense evidence collection kit. I request that all the evidence currently stored in the OVS Storage Facility be provided to the law enforcement agency entered below.

Date ____ Initials ____

Table with 2 columns: Label (Law Enforcement Agency Name and Address, Officer assigned, Officer's email address) and Input field

Request My Case Number and/or PIN

I would like my Case Number and/or PIN to be sent to me by email, phone call or at the address below.

Send my Case Number (circle one): YES NO Reset my PIN (circle one): YES NO

Date ____ Initials ____

Table with 4 columns: Phone Number, Mailing Address, Email address, City, State, Zip Code

****REQUESTS FOR THE FOLLOWING ACTIONS MAY ONLY BE MADE BY THE VICTIM OF CRIME**

Return Clothes and Other Personal Items

I request that my clothes and any other personal items collected as evidence be returned to me.

Specify Items, if known: _____
(If left blank, all personal items at the OVS Storage Facility will be returned)

Date _____ Initials _____

My Full Name	
Mailing Address	
City, State, Zip Code	

Early Disposal of the Sexual Offense Evidence Collection Kit and Personal Items

I request the immediate disposal of the *Sexual Offense Evidence Collection Kit* **and** my personal items.

Date _____ Initials _____

I request the immediate disposal of the *Sexual Offense Evidence Collection Kit* **but** would like my personal items returned to me. (Please also complete the "Release of Clothes and Other Personal Items" Section).

Date _____ Initials _____

To be Completed by a Medical Provider, Law Enforcement (LE), Victim Assistance Program Personnel (VAP), or a Licensed Notary.

Please note, OVS cannot accept digital signatures. All signatures must be original.

The person submitting this form must be the victim of crime from whom these items were collected. The Medical Provider, Law Enforcement personnel, Victim Assistance Program personnel, or licensed Notary must verify the identity of the person submitting this form through valid photo ID. The agency should submit the form via email to the OVS Storage Facility at soeck@ovs.ny.gov for processing and keep a copy of this consent form for their records.

Type of proof presented: _____

Signature of Victim of Crime	Print Name	Date
Signature of Parent/Guardian	Print Name	Date
Signature of Medical/LE/VAP Personnel/Notary	Print Name	Date
Signature of Interpreter (if any)	Print Name	Date

Acceptable Forms of Proof of Identity

Section A: One (1) item from the list below may be presented as a valid proof of identity	
	Driver's Licenses or other state photo identity cards issued by the Department of Motor Vehicles (or equivalent)
	State issued Enhanced Driver's License
	U.S. Passport or Passport card
	U.S. Department of Defense ID
	U.S. Military Photo ID Card
	An acceptable photo ID issued by a federally recognized Tribal Nation or Indian Tribe
	Foreign government-issued passport
	Canadian provincial driver's license (or equivalent)
	State Issued Benefit/Medicaid Card with photo
	Other government issued photo identification that includes Name and Date of Birth

Section B: At least two (2) items from the list below may substitute a photo ID	
	U.S. Social Security Card
	Birth Certificate (U.S. or Foreign)
	Permanent Resident Card
	DMV Statement of Identity and/or Residence (MV-45, MV-45A, or MV-45B)
	New York State Certificate of Title
	New York State Professional License
	New York State/NYC Pistol Permit
	U.S. High School Photo ID Card with Report Card or Official Transcript
	U.S. College Photo ID Card and Official Transcript
	Bank Statement or Credit Card Statement
	Cancelled Check
	U.S. Computer Printed Pay Stub
	Utility Bill
	Federal or State Income Tax W-2
	IRS Tax Transcript or Individual Taxpayer Identification Number Issuance Letter
	Annual Social Security Statement (SSA-1099)
	Federal or State Income Tax or Earning Statement (SSA-1099, SSA-1098)
	DMV Certificate of Residence (MV-44NYR)
	Jury Duty Notice
	Current proof of Homeowners/Renters Insurance (Policy, Proof of Claim)
	Proof of Current Mortgage or Residential Lease
	Selective Service Card
	Refugee Travel Document
	Marriage or Divorce Record (U.S. or Foreign)
	Court Issued Name Change Decree
	State Issued Benefit/Medicaid Card without photo
	Valid Major Credit Card
	U.S., state, or local government agency employee ID card
	U.S. High School Diploma or GED (or foreign school report card/record with or without photo)
	U.S. College or University Diploma
	U.S. Supermarket Check Cashing Card (must have signature and pre-printed name)
	U.S. Union Card
	Veterans Universal Access Photo ID card
	Health Insurance Card/Prescription Card to show current proof of health insurance coverage
	U.S. Court Document with the applicant named as a party