1. **REQUEST FOR PATIENT NOTIFICATION**:

Requesting Officer: Enter name. Agency Case No.: Enter number.

1. **PATIENT INFORMATION FOR WHOM MEDICAL RECORDS ARE SOUGHT**:

Patient Name: Enter name. DOB: Select date. Gender: Choose an item.Race: Enter race.

Patient’s status: [ ] Suspect [ ]  Victim [ ]  Arrested Person, Clerk #: Enter number.

 [ ] Currently Incarcerated (regardless of reason requestor must check)

1. **CURRENT KNOWN ADDRESS OF PATIENT WHERE NOTICE CAN BE PROVIDED**:

Address: Enter address. Apt. Enter apt.

City: Enter city. State: Enter state. Zip: Enter zip. Phone: Enter phone.

1. **METHODS USED TO VERIFY CURRENT ADDRESS**:

How was addressed verified by requestor? (Check all methods used):

[ ] Personal knowledge [ ] Agency Database [ ] FCIC/NCIC

[ ] DAVID [ ] Dfacts [ ] Public Database (i.e. LexisNexis)

[ ] Other (describe) Click here to enter text.

1. **WAS A VOLUNTARY WAIVER REQUESTED OF PATIENT?** Choose Yes/No.

 If yes, fully describe results of this request:

1. **DOES PATIENT HAVE AN ATTORNEY, GUARDIAN OR LEGAL REPRESENTATIVE?:** Choose Yes/No

If yes, provide full name, and contact info:

1. **HAS THE PATIENT, ATTORNEY, GUARDIAN, OR REPRESENTATIVE EXPRESSED IN ANY MANNER TO ANYONE, EITHER SPOKEN OR WRITTEN, ANY FORM OF OBJECTION OR REFUSAL REGARDING THE REQUESTED RECORDS?**: Choose Yes/No

I swear or affirm that I have diligently determined the accuracy of all information provided on this form and it is true, complete, and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Select date.

(Notary/sworn law enforcement) (Signature - requesting officer) (Date)