

FORENSIC MEDICAL EXAMINATION PROGRAM

Victim: _____

Victim DOB: _____

LE Case Number: _____

Date of crime or Last Date of Occurrence: _____

Forensic Medical Examinations (FME's) address the immediate needs of victims of sexual assault to ensure they get the help they need. The Georgia Crime Victims Compensation Program will pay for the cost of a forensic medical exam up to \$1,000 for a sexual assault that occurred in Georgia.

Service Provider Instructions: When applying for an FME payment for a sexual abuse allegation for a minor or developmentally disabled adult, please submit this form with the Application for Payment.

The medical provider and an investigative agency representative [e.g. law enforcement, Department of Family and Children Services (DFCS), or Adult Protective Services (APS)] must complete the respective sections below:

SECTION 1 - To be completed by Medical Provider

1. The FME was conducted in order to gather evidence related to an alleged sexual offense? ____ Yes ____ No
2. Was a sexual assault kit collected during the examination? ____ Yes ____ No
 - a. If yes, list the sexual assault kit tracking #: _____
 - b. If no, why was a kit not collected? _____
3. Please list all other evidence that was collected: _____

4. Was the FME conducted at the request of law enforcement, DFCS or APS? ____ Yes ____ No
If no, list the date law enforcement, DFCS or APS was notified of the alleged sexual offense: _____

By signing this form, I attest that, to the best of my knowledge and belief, the information provided in SECTION 1 of this form is true and correct.

Name: _____

Title: _____

Signature: _____

Date: _____

Name of Medical Facility/Medical Provider: _____

SECTION 2 - To be completed by Law Enforcement, DFCS or APS

By signing this form, I attest that I have reviewed SECTION 1 of this form and that our agency either requested that an FME be conducted or that I was notified of the alleged sexual offense for the victim named above.

Name: _____

Title: _____

Signature: _____

Date: _____

Investigative Agency: _____