DCH-1252 (05/05)

DEPARTMENT OF COMMUNITY HEALTH-PUBLIC HEALTH

VERIFICATION REGARDING TEST RESULTS UNDER MCL 333.5129

(Issued under P.A. 471 of 1988)

Part A: To be completed by the Victim Advocate Office

CASE NUMBER	Defendant/Juvenile's name	DEFENDANT/JUVENILE''S DATE OF BIRTH
COURT ADDRESS		VICTIM ADVOCAATE OFFICE ADDRESS

Part B: TO THE COUNSELING AND TESTING AGENCY/PHYSICIAN

You are being provided with an Order for Counseling and Testing for Disease/Infection (attached) and instructions for transmitting the results below.

☐ A. The victim has requested that the counseling and testing agency or physician notify him/her of the test results. The victim's authorization form DCH 1253, is attached.

☐ B. The victim has requested that the counseling and testing agency or physician forward the test results to the victim advocate office.

Part C: TO BE COMPLETED BY COUNSELING AND TESTING AGENCY OR PHYSICIAN.

Instructions: Do not attach the test result to the victim advocate office copy unless box B. above is checked.

As ordered by the court, the defendant/juvenile was tested and counseled for venereal disease, hepatitis B infection, and HIV.

As requested, the test results were provided to the ☐ Victim. ☐ Victim Advocate Office (test results attached).

I certify that a copy of this verification was forwarded to the Victim Advocate Office at the above address and that the test results were attached only as directed in Part A of this verification.

DATE	SIGNATURE
NAME (Type or Print)	TITLE

I certify that this verification was forwarded to the court at the above address along with the test results.

DATE	SIGNATURE
NAME (Type or Print)	TITLE

DISTRIBUTION:
Original - Physician/Testing Agency
1st Copy - Court
2nd Copy - Victim Advocate Office