

**DCH-1252, VERIFICATION REGARDING TEST RESULTS UNDER MCL 333.5129**  
**(Issued under P.A. 471 of 1988)**  
Michigan Department of Health and Human Services (MDHHS)  
(Revised 1-24)

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**SECTION 1 - TO BE COMPLETED BY THE VICTIM ADVOCATE**

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

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Case Number	Defendant/Juvenile's Name	Defendant/Juvenile's Date of Birth
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Court Address	Testing Work Site Name and Address
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**SECTION 2 - TO BE COMPLETED BY THE VICTIM ADVOCATE**

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- ☐ 1. The victim has requested that the counseling and testing agency or physician notify him/her of the defendant/juvenile's test results. The victim's authorization form DCH 1253, is attached.
- ☐ 2. The victim has requested that the counseling and testing agency or physician forward the test results to the local health department (LHD) to notify the victim of results.

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**SECTION 3 - TO BE COMPLETED BY COUNSELING AND TESTING AGENCY**

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**Instructions: Do not attach the test result to the local health department copy unless box 2 above is checked.**

- ☐ As ordered by the court, the defendant/juvenile was tested and counseled for sexually transmitted infections, hepatitis infections, and HIV.
- ☐ As requested, the test results were provided to the LHD in a confidential manner.
- ☐ I certify that this verification was forwarded to the court in a confidential manner at the above address.

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Name (Type or Print)	Title
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Signature	Date
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**SECTION 4 - TO BE COMPLETED BY AGENCY PROVIDING VICTIM NOTIFICATION**

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- ☐ As requested on the DCH-1253, test results were provided or attempted to be provided to the victim by the testing agency or physician.
- ☐ As requested on the DCH-1253, test results were provided or attempted to be provided to the victim by the LHD.
- ☐ I certify that this verification was forwarded to the court in a confidential manner at the above address.

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Name (Type or Print)	Title
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Signature	Date
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Distribution

- ☐ Original – Physician/Testing Agency    ☐ 1st Copy – Court    ☐ 2nd Copy – Victim Advocate Office
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# INSTRUCTIONS FOR COMPLETING DCH-1252, VERIFICATION REGARDING TEST RESULTS

Completion of this form will assist with the implementation of Section 5 of the Michigan Compiled Law 333.5129 to help facilitate the request of a victim or person whom the defendant or child found to be within the provisions of section 2(a) (1) of chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712A.2, engaged in sexual penetration or sexual contact or who was exposed to a body fluid during the course of a crime, be tested for sexually transmitted infection, hepatitis B, hepatitis C infection or HIV or an antibody to HIV.

## Section 1

The Victim Advocate is requested to complete Section 1 of this form. When used in conjunction with the court order for testing for disease/infection (MC 234), this form will allow for verification and transmittal of a defendant's/juvenile's test results to appropriate authorities. Please provide the following information in the space provided:

1. Case Number
2. Defendant's/Juvenile's name
3. Defendant's/Juvenile's date of birth
4. Address of court specified in Item 5 of the order for testing (MC 234)
5. Name and address of the testing agency

## Section 2

The Victim Advocate is requested to complete Section 2 of this form.

Mark box for option 1 if the victim requests the counseling and testing agency or physician, who administered the defendant's/juvenile's test, notify him/her of the test results. If the victim has selected this means of notification, form DCH-1253 should be attached.

Mark box for option 2 if the victim requests that the defendant's/juvenile's test results be forwarded to the local health department for notification of results. When this box is selected this form should be faxed to the local health department.

After completing Section 1 and 2, submit this form (and DCH-1253 as applicable) to the counseling and testing agency or physician who will be conducting the defendant's/juvenile's test.

## Section 3

This section of the form is completed by the counseling and testing agency or physician who administered the defendant's/juvenile's test. Test results must be forwarded as indicated in the court order and Section 2 of this form. Indicate whether:

1. The defendant/juvenile was tested and counseled for sexually transmitted infections, hepatitis infections, and HIV.
2. The test results were provided to the local health department, if applicable.
3. Attach a copy of the defendant's/juvenile's test results to form DCH-1253, and in a confidential manner, forward to the court designee at the address provided in Section 1.

## Section 4

This section of the form is completed by the agency providing notification of the defendant's/juvenile's test results to the victim. Select the check box that applies to your agency along with a signature at the bottom and return this form to the court to confirm notification completion.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.