



State of Tennessee Division of Claims Administration
 A Program of the Tennessee Treasury Department
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PROVIDER DECLARATION

In the Matter of _____)
 _____) Claim Number _____
 _____, victim)

DECLARATION

I, _____, declare and state as follows:
 (name of affiant)

I am a healthcare provider licensed in the state of _____ as a/an _____
 (state of licensure) (type of licensure)

with license/registration number _____. On _____, I conducted a
 (license number) (date of examination)

“forensic medical examination”, as defined in Tennessee Code Annotated, Section 29-13-118(a), on a
 victim of a sexually-oriented crime as identified above. I conducted the forensic medical examination at
 the _____
 (name of facility)

located at _____.
 (address of facility)

The type of alleged sexually-oriented crime that was committed and was the subject of the forensic
 medical examination: (check all applicable)

- | | | |
|---|--|--|
| <input type="checkbox"/> Aggravated Rape | <input type="checkbox"/> Rape | <input type="checkbox"/> Sexual Battery by an Authority Figure |
| <input type="checkbox"/> Aggravated Rape of a Child | <input type="checkbox"/> Rape of a Child | <input type="checkbox"/> Statutory Rape |
| <input type="checkbox"/> Aggravated Sexual Battery | <input type="checkbox"/> Sexual Battery | <input type="checkbox"/> Statutory Rape by an Authority Figure |

The forensic medical examination was conducted to gather evidence of a sexual assault in a manner suitable for use in a court of law. The type of evidence collected was: *(check all applicable)*

- Statement From the Victim that Could be Used as Evidence in a Court of Law
- Swabs of _____
- Urinalysis
- Blood Test / Screen or Other Toxicology
- Pregnancy Test
- Wet Prep for _____
- Tests for Sexually-Transmitted Disease, Hepatitis C, etc.
- Other Physical or Visual Examination of _____
- Observations that Resulted in Medications Being Prescribed, as Well as the Names of the Medications:

- Clothing or Other Property of the Victim
- Photographs Taken
- Rape Kit Completed
- Other Evidence Detailed as Follows:

I declare, under the penalty of perjury, that the foregoing is true and accurate to the best of my knowledge.

Name of Declarant

Date

PUBLIC RECORDS: *Except as otherwise provided by applicable federal or state law, the information contained in this affidavit is subject to the Public Records Act of the State of Tennessee pursuant to Tennessee Code Annotated, Title 10, Chapter 7, Part 5.*