

Warrantless Medical Search Request by Peace Officer

(When Subject Refuses to Consent)

The undersigned, a duly authorized peace officer of *(name of law enforcement agency)* _____, attests as follows:

That *(name of person detained)* _____ (“subject”) has been lawfully arrested or is otherwise being lawfully detained; **and**

That there is insufficient time to wait for the issuance of a search warrant before performing the requested examination or procedure(s) because of the following exigent circumstances (check and complete, as applicable):

- A failure to perform the requested examination or procedure(s) at this time will result in the destruction of evidence probative of the criminal activity for which the subject is being detained, or
- Other exigent circumstances exist as follows: _____

I hereby request *(check the appropriate category and complete the portion of the form indicated)*:

- Performance of a nonintrusive physical examination of the subject. *(Complete Part 1 below.)*
- Performance of intrusive medical tests or procedure(s). *(Complete Part 2 below.)*

Part 1 – Nonintrusive Physical Examination

I attest that there is probable cause to believe that evidence probative of the criminal activity for which the subject is being detained will be found. I hereby request that a nonintrusive physical examination of the subject be performed.

Date: _____ Time: _____ AM / PM

Signature: _____
(peace officer)

Print name: _____
(peace officer)

Badge or ID number: _____

Part 2 – Intrusive Medical Procedure(s)

I attest that there is a *clear indication* that evidence probative of the criminal activity for which the subject is being detained will be found upon the performance of the following intrusive medical test(s) or procedure(s):

Date: _____ Time: _____ AM / PM

Signature: _____
(peace officer)

Print name: _____
(peace officer)

Badge or ID number: _____

Statement Of Physician / Hospital Personnel

Upon written request of the peace officer named above, I have performed (*describe exam or procedure(s) performed*) _____

_____ on the above-name subject on (*date*) _____ at (*time*) _____ AM / PM, after having advised the subject of the nature of the procedure(s), the risks and complications associated with the procedure(s), and the alternatives to the procedure(s) and their risks and benefits.

Date: _____ Time: _____ AM / PM

Signature: _____
(physician)

Print name: _____
(physician)