



APPLICATION FOR ACCESS TO HIV TEST RESULT OF ALLEGED SEXUAL OFFENDER

I, (name and surname of prosecutor) attached to the (court) hereby apply to (rank) (name and surname of investigating official) in the case of (name of alleged sexual offender) to obtain access to the MIV test result that was conducted on the alleged offender.

I am responsible to conduct the prosecution of the alleged offender for the commission of the sexual offence or any other court proceedings.

.....
SIGNATURE OF PROSECUTOR

.....
DATE

I, (Persal number) (rank) (name and surname of investigating official) handed over the result of the MIV test of the alleged offender to the prosecutor referred to above.

.....
SIGNATURE OF INVESTIGATING OFFICIAL

.....
DATE

Notes to the investigating official:

- (1) This application form must be filed in the docket.
- (2) An appropriate entry must be made in the investigating diary of the docket and you must request the prosecutor to sign at the entry to acknowledge receipt of the record.