

CONFIDENTIAL REPORT OF COURT-ORDERED HIV TESTING

INFORMATION ON PERSON TESTED

Last Name		First Name		Middle Initial	
Date of Birth	Sex Male Female Unknown	Criminal Identification and Information ID Number		Booking Number	
RACE/ETHNICITY: White (not Hispanic) Black (not Hispanic) Hispanic Asian/Pacific Islander American Indian/ Alaska Native Not Specified			LAST NAME AKAS: 1. _____ 2. _____		

CASE INFORMATION

Charge	Charge Date	Case ID Number
Identification Number From HIV Antibody Test		Subject Tested Negative Positive
Person Tested for HIV Under (Check Appropriate Box) Penal Code, Section 1202.6(e) (SB 1007) Health and Safety Code, Section 121065 (Proposition 96) 		

COURT INFORMATION

Name of Court	Courtroom Number	
Type of Court	Judge	
Name of Person Completing Form		
Address	City	ZIP Code
County	Business Phone ()	Date

SEE INSTRUCTIONS ON OTHER SIDE

Please Attach a Copy of the Test Results

REPORT OF COURT-ORDERED HIV TESTING: LEGISLATIVE BACKGROUND AND COMMENTS

BACKGROUND:

- This report collects information on HIV test results of specified individuals. Reporting is required by California legislation and laws listed below:

Section 1202.6(e) of the Penal Code.
Section 121065 of the Health and Safety Code.

- Under the law, you are required to forward to the Department of Public Health copies of the test results. We ask that you complete this form and attach the test results as a standardized way to collect the required information.
- The Department of Public Health is required to “furnish written copies of the report . . . to a district attorney upon request,” under Section 1202.6(g) of the Penal Code.

COMMENTS:

INFORMATION ON PERSON TESTED:

- List Criminal Identification and Information Number and Booking Number.

CASE INFORMATION:

- Use Court Case Number for “Case ID Number.”
- Please include Identification Number from the HIV Antibody test.
- Please indicate whether the person was tested under Penal Code, Section 1202.6(e) or Health and Safety Code, Section 121065.

COURT INFORMATION:

- Please indicate “municipal,” “superior,” etc., for “Type of Court.”

When completed, please attach lab results and mail to this address:

**California Department of Public Health
Office of AIDS
Surveillance Quality Management Unit
MS 7706
P.O. Box 997426
Sacramento, CA 95899-7426**

For questions, please call (916) 341-6839.