

**MONMOUTH COUNTY UNIFORM
BLOOD SAMPLE WITHDRAWAL FORM**

TO BE COMPLETED BY POLICE WHEN CONSENT REFUSED

I, Officer _____ of the _____ Police Department hereby certify that I have requested Nurse/Physician _____ withdraw in a medically accepted manner a specimen of blood from Patient _____, who is unable to provide consent at this time or who has refused to consent to the withdrawal of the specimen of blood.

(CHECK ONE)

At _____, A.M./P.M., I obtained verbal authorization for the withdrawal of the specimen of blood from _____, a Judge of the Superior/Municipal Court, in accordance with the provisions of R. 3:5-3(b) (telephonic search warrant).

I have contacted Assistant Prosecutor _____ and it has been determined that the exigency of the presented circumstances has made it impracticable for me to obtain prior judicial authorization for the withdrawal of the specimen of blood. The exigent circumstances are:

I, HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

Date Signature of Police Officer

TO BE COMPLETED BY PHYSICIAN OR NURSE

I, Nurse / Physician _____, on staff at _____ Hospital, withdrew a specimen of blood from Patient _____ at _____ A.M. / P.M. in a medically accepted manner, pursuant to a request to do so by Officer _____.

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

Signature of Physician or Nurse

Notary Public

Sworn and Subscribed before me on the
_____ day of _____, 20__