

Appendix 2 – WI-IAFN Model Search Warrant: Suspect Exam

Search Warrant

Circuit Court

____ Judicial District

STATE OF WISCONSIN)

) ss.

In the Circuit Court of

COUNTY OF _____)

_____ County

The state of Wisconsin, to any Sheriff, or any law enforcement officer of the state of Wisconsin:

Whereas, [**Affiant's name**] has this day complained by affidavit to the Circuit Court of _____ County showing probable cause that on or about [**Insert date**] there is evidence to be found on the person of [**suspect name, DOB, race as appropriate etc.**] certain biological material, human traits and/or behaviors namely:

____ Epithelial cells (buccal) from the internal lining of the mouth (DNA Standard)

____ Blood and/or urine samples

____ Right or left handedness or both

____ Observed behavior trait(s), mannerisms

____ Vital signs, height, weight

____ Breath odor, body odor

____ Tattoos, scars, birthmarks, piercings

____ Identifying marks or lesions observed

____ Evidence of trauma and/or injury

____ Obtain swabs and or samples, (including but not limited to dried secretions, debris) from any body part including the genitals

____ Sexually Transmitted Infection (list specific infection / testing requested)_____

___ Photographs or other visual recording of observed injury, trauma to any body part including the genitals

___ Collect clothing worn during or immediately after incident

___ Other, list _____

___ Any other items SANE/FNE identifies as possible evidence will also be collected

NOW, THEREFORE, in the name of the state of Wisconsin, who are commanded forthwith or as soon as reasonably possible to obtain the identified evidence set forth above from [**identified suspect/person**] for analysis by the Wisconsin State Crime Laboratory; and/or the Wisconsin State Hygiene Lab; and/or [**identified health care facility**]; and/or the _____ law enforcement agency.

The observations, collection, and recording of the identified evidence and/or authorized procedures shall be done by [identify medical facility].

Reasonable force may be used by the _____ law enforcement agency to assist in executing this warrant. If for any reason this warrant cannot be safely executed by the [**Identified Medical Facility**] and the _____ law enforcement department; this matter should be brought to the immediate attention of the court.

NOW, THEREFORE, in the name of the State of Wisconsin, you are commanded to search and seize [**identified suspect/person**] to collect said evidence and return this Warrant within forty-eight hours, before the said Court.

WITNESS, the Honorable _____,
Judge/Magistrate of Circuit Court,
_____, Wisconsin,
this __th day of _____. 20__

Judge/Magistrate

ENDORSEMENT

Received by me this ____ day of _____, 20__, at _____ o'clock (AM) (PM) or (____ hundred hours)

_____ (Law Enforcement Officer)