



CONSENT TO DETERMINE SEXUALLY DANGEROUS INDIVIDUAL
DEPARTMENT OF HEALTH AND HUMAN SERVICES
FIELD SERVICES
SFN 1152 (3-2025)

Client Name	Client ID	Date of Birth
Episode	Admission Date	Current Date

I consent to participate in an evaluation to determine whether I am/remain a sexually dangerous individual. <input type="checkbox"/> Yes <input type="checkbox"/> No	
As part of this evaluation I will be asked to participate in interviews with a qualified expert who has an expertise in sexual offender evaluations. I understand that I may refuse to participate in those interviews or to answer any individual questions. Exercise of the option to not consent or not answer any individual questions will not be prejudicial. In any event, a report will be prepared for the court. I understand that nothing I say or do is confidential and that anything I say is part of the record that may go to the court. I further understand that anything I say or do, noted by the expert, may be documented in my record, and incorporated into the basis for their report. I have read this notice of informed consent or have had it explained to me in terms I can understand. All my questions about it have been answered.	
Signature of Client or Legal Representative	Date