

NOTICE OF REQUEST FOR HIV TESTING

I, _____, hereby request that
_____, submit to a HIV test **upon conviction**. If the
tests result in a negative reaction, I request that the defendant submit to another HIV test six
months after the first test was administered, pursuant to Oregon Law 135.139 of the Criminal
Code of Oregon. I hereby request that the HIV test results be forwarded to my designated
physician/medical agency, hereafter named:

Signed _____

Date _____

Case Number _____

Defendant _____

PLEASE RESPOND WITHIN 30 DAYS OF NOTICE.