



NEW JERSEY STATE POLICE
Consent to Draw and Test Blood

Case Number

I, _____, hereby voluntarily consent to allow
(Name of Consenting Party)
_____, a member of _____,
(Name of Person Drawing Blood) *(Name of Agency)*

and any other representative designated to assist, to take blood sample(s) from me, and I voluntarily consent to the testing of my blood sample(s).

I have been advised by _____ and fully understand that
(Name & Badge Number of Trooper)

I have the right to refuse giving my consent to the taking and testing of my blood sample(s).

I have been further advised that I may withdraw my consent at any time and for any reason up until the commencement of the taking of the blood sample(s).

I have knowingly and voluntarily given my written consent to the taking and testing of my blood sample(s).

Signature of Consenting Party

Date

Time

Witness

Print Name

Signature

[DCJ PS&TB 6/25/15]