

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **COMMUNICABLE DISEASE EXPOSURE  
COURT PETITION TO TEST ACCUSED BLOOD** REFERENCE NO. 836.3

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**COURT PETITION FOR ORDER TO TEST ACCUSED BLOOD**

EMERGENCY MEDICAL SERVICES PERSONNEL PETITION

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NAME AND NUMBER OF CASE

NAME AND ADDRESS OF COURT

TO THE CLERK OF THE COURT:

I declare under penalty of perjury that the following is accurate and true to the best of my knowledge and belief:

1. My name is (type or print) \_\_\_\_\_.
- I am a (list occupation) \_\_\_\_\_.
2. On \_\_\_\_\_ (date and time) the accused interfered with my official duties as a \_\_\_\_\_ (occupation) by biting, scratching, spitting, or transferring blood or other bodily fluids to me. During the performance of my duties \_\_\_\_\_ (identify the body fluid involved) was transferred to me.

3. The possible transfer of bodily fluid took place as the result of one or more of the following acts:  
(Please check one or more)

Resisting Care  
 Other

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4. On the basis of these facts, and pursuant to Health and Safety Code Section 121050-121570, I request that this Court grant my petition for an order to test the accused blood for the Human Immunodeficiency Virus (HIV), Hepatitis B, Hepatitis C, and such other communicable diseases as the Court deems appropriate.

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Date

Signature of Emergency Medical Services Personnel