

### Sexual Contact Form

**Person's Name:** \_\_\_\_\_ **Sex:** MALE / FEMALE **Age at time:** \_\_\_\_\_

**Person's Relationship to You:** \_\_\_\_\_ **Your Age at Time of Contact:** \_\_\_\_\_

Complete this form for **each person** with whom you have had **any sexual contact**.

Type of Contact	YES / NO	Most Possible Times
1. Rubbed/touched breasts/chest area over clothing.	YES / NO	_____
2. Rubbed/touched bare breasts/chest area.	YES / NO	_____
3. Rubbed/touched vagina/penis area over clothing.	YES / NO	_____
4. Rubbed/touched bare vagina/penis.	YES / NO	_____
5. Put finger inside vagina (even a little bit).	YES / NO	_____
6. Placed mouth on crotch vagina/penis area over clothing.	YES / NO	_____
7. Placed mouth on bare vagina/penis.	YES / NO	_____
8. Person rubbed/touched my penis/vagina through clothing.	YES / NO	_____
9. Person placed mouth on my bare penis/vagina.	YES / NO	_____
10. Person rubbed/touched my bare vagina/penis.	YES / NO	_____
11. Rubbed penis against bare vagina/penis.	YES / NO	_____
12. Put penis inside vagina (even a little bit).	YES / NO	_____
13. Put penis against (or in) anus.	YES / NO	_____
14. Put finger in anus (even a little bit).	YES / NO	_____
15. Put mouth on anus.	YES / NO	_____
16. Person placed penis against (or in) my vagina/anus.	YES / NO	_____
17. Person put finger in my vagina/anus (even a little bit).	YES / NO	_____
18. Put foreign object in vagina/anus (including ointments).	YES / NO	_____
19. Masturbated using person's underwear, pictures or property.	YES / NO	_____
20. Masturbated in front of person.	YES / NO	_____
21. Ejaculated into, onto, or in the presence of this person.	YES / NO	_____
22. Taking or keeping nude photographs or videos of person.	YES / NO	_____
23. Put tongue in person's mouth (French Kissing).	YES / NO	_____
24. Provided drugs or alcohol to person.	YES / NO	_____
25. Sexual rubbing/touching over clothing.	YES / NO	_____

List other sexual contact with person (not included above) that you know is important to disclose.

\_\_\_\_\_

Where did these incidents occur? \_\_\_\_\_

Describe any use of physical force against this person. \_\_\_\_\_

Describe any threats to harm this person. \_\_\_\_\_

Describe any type of physical pain you caused this person. \_\_\_\_\_

Do you consider this person a victim? YES NO

When did your first sexual contact with this person happen? \_\_\_\_\_ (month / year).

When did your last sexual contact with this person happen? \_\_\_\_\_ (month / year).

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_