



CODIS HIT OUTCOME PROJECT (CHOP) & Sexual Assault Forensic Evidence Tracking (SAFE-T) - USER REQUEST FORM

CHOP: Updating the outcome information (arrest, conviction, etc.) in CHOP will assist the California Legislature and Bureau of Forensic Services with measuring the effectiveness of the CODIS Hit Outcome Project.

SAFE-T: Per California Penal Code 680.3, law enforcement agencies investigating a case involving the collection of sexual assault kit evidence shall enter information regarding the kit into DOJ's SAFE-T database. Required for kits collected on or after January 1, 2018.

PART 1 – Applicant Information

Date of Request: _____ Type of Request ☐ Activation ☐ Deactivation (Reason) _____

First Name and Last Name: _____ Title: _____

Agency Name: _____ Agency ORI: CA

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Agency Role: ☐ Local CODIS Lab ☐ Law Enforcement Agency ☐ District Attorney

Agency Address: _____ County _____

Agency City, State, and Zip: _____

Direct Telephone Number: _____ Cell: _____ (used for Multifactor Authentication)

User's Agency E-Mail Address: _____ (used for Multifactor Authentication)

CHOP Notification Email Contact*: ☐ Primary Contact ☐ Secondary Contact ☐ Additional User

* Only the Primary and Secondary Contacts receive emails from CHOP. Only one Primary and one Secondary Contact is allowed per agency.

E-mail address to receive CHOP Emails/Alerts (if different from above): _____

☐ LEA Use Only: ☐ LEA Admin (One LEA Admin per agency. Authorized to enable LEA CHOP records for Statewide Data Sharing)

To ensure that your application is processed in a timely manner, please complete all of the fields above.

PART 2 – Applicant Signature

Your signature below constitutes your request for the California Department of Justice, Bureau of Forensic Services to grant you access to CHOP and SAFE-T, and your agreement to abide by the guidelines and security policies set forth by the California Department of Justice and all other applicable federal, state and local laws.

Applicant Signature

Date

PART 3 – LDIS Authorization

Local CODIS Laboratory Administrator Authorization – Your signature below certifies that the individual listed above is a member of your agency, or a local law enforcement agency or district attorney's office working with your laboratory.

Local CODIS Laboratory Administrator (Print Name)

(Signature)

Date

PART 4 – Return Form to LDIS

Local CODIS Laboratory: Please retain the completed and signed form for your records. Create the user request through the CHOP website Resources page (User Application and Maintenance). CHOP will send an email to Outreach with the information needed to create the account. When the account is created by Outreach, the user will receive a temporary password via email to login. The user's agency email address will be their User ID. For questions regarding CHOP/SAFE-T functionality or training, please contact the Bureau of Forensic Services, CAL-DNA Data Bank Outreach Program at (510) 620-3300, or email CHOP@doj.ca.gov or SAFET@doj.ca.gov.