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|  | | | | | | | | | | | | | | | | |  | **Número Único de Noticia Criminal** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Entidad | | Radicado Interno | | | | | | | | | | | | | | | Departamento | | | Municipio | | | Entidad | | Unidad Receptora | | | | | | Año | | | | Consecutivo | | | | | | | |
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|  | | | | | **ACTA DE CONSENTIMIENTO – FPJ - 28**  Este formato será diligenciado por Policía Judicial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| En \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ el día \_\_\_\_\_\_\_\_\_ del mes \_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_, siendo las \_\_\_\_\_\_\_\_\_ horas, Yo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ identificado con\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ número \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ y/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ identificado con \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ número \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, informado sobre los procedimientos que se llevaran a cabo; de la importancia de los mismos para la investigación judicial y las consecuencias posibles que se derivarían de no practicarlos o de sus resultados, otorgo en forma libre y espontánea consentimiento para la realización de: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nota: Se le hace saber que tiene derecho a estar asistido por un abogado. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | Entrega voluntaria de Prendas de Vestir | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 2 | | Utilización de fuentes alternas de luz para búsqueda de EMP y EF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 3 | | Toma de muestra para identificación de voz | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 4 | | Toma de muestra para análisis de huellas de pisada | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 5 | | Registro decadactilar para descartes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 6 | | Obtención de muestras para examen grafotécnico | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 7 | | Toma de impresiones dentales para moldeos, estudios y registro de mordida | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 8 | | Toma de muestras de residuos de disparo - No. Kit utilizado: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 9 | | Otro. ¿Cuál? : | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| 1. **DATOS DEL MUESTRADANTE O EXAMINADO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombres y Apellidos | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Identificación | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Dirección | | | | | | | | | | | | | Correo electrónico | | | | | | Firma | | | | | | | | | | | | | | | | | |
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| 1. **DATOS DEL REPRESENTANTE LEGAL O DEFENSOR DE FAMILIA** | | | | |
| Nombres y Apellidos | | | Identificación | |
|  | | |  | |
| Dirección | Teléfono/Celular | Correo electrónico | | Firma |
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| 1. **SERVIDOR RESPONSABLE DE LA TOMA DE MUESTRA O EXAMEN** | | | | | |
| Nombres y Apellidos | | | Identificación | | Entidad |
|  | | |  | |  |
| Cargo | Teléfono / Celular | Correo electrónico | | Firma | |
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El servidor de policía judicial, está obligado en todo tiempo a garantizar la reserva de la información, esto conforme a las disposiciones establecidas en la Constitución y la Ley.