|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| Requesting Officer: |  | | Badge #: |  | Agency/Troop: | |  |
|  | **(TYPE/PRINT – OFFICER’S NAME)** | |  |  |  | |  |
| Requesting Officer’s e-mail: | |  | | | Phone No: |  | |
|  | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Submitting Officer: (Person delivering evidence to the OSBI Laboratory/Facility) | | | Evidence Delivered:  In Person  By Mail  Evidence Locker | | |
|  |  |  | |  |  |
| **(TYPE / PRINT - OFFICER’S NAME & badge #)** | **(OFFICER’S SIGNATURE)\*** | | | | **(AGENCY/TROOP)** |

|  |  |
| --- | --- |
| Requesting Agency Case #: |  |
| Type of Offense: |  |
| County of Offense: |  |
| Date of Offense: |  |
| Court Date, If Known: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
|  | | | |
|  |  | |  |
| **OSBI Laboratory Number** | | | |
| Has evidence been previously submitted on this case?  Yes  No | | | |
| If yes, please provide the OSBI Lab #: | |  | |

**SUBJECT/SUSPECT(S):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME (Last, First Middle)** | **Race** | **Sex** | **DOB** | **SSN** | **DNA Known Submitted?\*\*** |
|  |  |  |  |  | YES  NO |
|  |  |  |  |  | YES  NO |
|  |  |  |  |  | YES  NO |
|  |  |  |  |  | YES  NO |

**\*\*For Biology cases: if knowns are not submitted, please attach a signed statement describing what steps have been taken to obtain knowns.**

**VICTIM(S):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME (Last, First Middle)** | **Race** | **Sex** | **DOB** | **DNA Known Submitted?\*\*** |
|  |  |  |  | YES  NO |
|  |  |  |  | YES  NO |

**EVIDENCE SUBMITTED:**

|  |  |  |
| --- | --- | --- |
| **Itemized Description of Evidence** (Attach additional pages if necessary) | **Type of Exam Requested\*\*\***  (per item) | **Biohazard?**  Y/N |
|  |  | YES  NO |
|  |  | YES  NO |
|  |  | YES  NO |
|  |  | YES  NO |
|  |  | YES  NO |
|  |  | YES  NO |

**\*\*\*For all Biology/DNA/CODIS requests: An officer statement or police report is** **required.**

|  |  |  |  |
| --- | --- | --- | --- |
| **\*\*\* For all firearm submissions, has the weapon been unloaded?**  **Has the evidence previously been entered into IBIS/NIBIN?** | Yes  No  Yes  No | **Officer’s initials indicating weapon is unloaded** |  |

SEND A COPY OF REPORT TO: (include address) Copy of report to DA’s OFFICE:

|  |  |
| --- | --- |
|  | Yes  No |