|  |
| --- |
|  |
| 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 Facility) | Evidence Delivered: [ ]  In Person  |
|       |  |       |  |       |
| **(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: |       |

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|  |
|  |
|  |  |  |
| **OSBI Case Number** |
| Has evidence been previously submitted on this case? [ ]  Yes [ ]  No |
| If yes, please provide the OSBI Case #: |  |

**SUBJECT/SUSPECT(S):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME (Last, First Middle)** | **Race** | **Sex** | **DOB** | **SSN** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**VICTIM(S):**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME (Last, First Middle)** | **Race** | **Sex** | **DOB** |
|       |       |       |       |
|       |       |       |       |

**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 |

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

|  |  |
| --- | --- |
|       |  [ ]  Yes [ ]  No |