



OKLAHOMA STATE BUREAU OF INVESTIGATION
REQUEST FOR DIGITAL EXAMINATION

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: _____

OSBI Case Number

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

SUBJECT/SUSPECT(S):

Table with 5 columns: NAME (Last, First Middle), Race, Sex, DOB, SSN

VICTIM(S):

Table with 4 columns: NAME (Last, First Middle), Race, Sex, DOB

EVIDENCE SUBMITTED:

Table with 3 columns: Itemized Description of Evidence (Attach additional pages if necessary), Type of Exam Requested*** (per item), Biohazard? Y/N

SEND A COPY OF REPORT TO: (include address)

Copy of report to DA's OFFICE:

[] Yes [] No