GOVERNMENT OF THE DISTRICT OF COLUMBIA
VINCENT C. GRAY, MAYOR

DEPARTMENT OF FORENSIC SCIENCES
CONSOLIDATED FORENSIC LABORATORY
401 E STREET SW WASHINGTON, DC 20024

Evidence Submission Form (ver. 4, 4/2014)

Date

*Agency Name:		*Case/CCN #:	MCL #:
*Offense:		*Offense Date:	
*Offense Address:		District:	PSA:
*Victim's Name:		*Suspect's Name:	
PDID# (if applicable):		Barcode #:	
*Submitter Information:	Name	Phone	Email
*Lead Detective Information:	Name	Phone	Email
Attorney Information:	Name	Phone	Email

*Is this an internal affairs investigation? _____ YES _____ NO
*Is the suspect a juvenile? _____ YES _____ NO _____ UNKNOWN

Clear

*Case Synopsis and *Forensic Questions to be Answered:

*Evidence for Submission:

Item #	Description of Item (describe item and include who/what/where the item is from) (i.e., buccal swab from John Doe, victim's shoe recovered from scene)	No testing needed	Firearms Exam	Test Fire	Swabbing	Serology/DNA	Latent print Processing	Fingerprint Analysis

Please Note:
The Department of Forensic Sciences reserves the right to select appropriate methods of analysis based on the type of evidence and information provided; and unless specifically designated, will select the relevant items to meet the request.

Clear Evidence Items

Clear Synopsis

Items marked * indicate a field that is required

For DFS use only

Comments:

Information verified and packaging inspected by:

Print Name _____ Initials _____ Date _____

Clear Comments

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Evidence Submission Form (continued) (ver. 3, 2/2014)

*Agency Name:	*Case/CCN #:	MCL #:

*Evidence for Submission:

Item #	Description of Item (describe item and include who/what/where the item is from) (i.e., buccal swab from John Doe)	No testing needed	Firearms exam	Test Fire	Swabbing	Serology/DNA	Latent Print Processing	Fingerprint Analysis

Additional Comments:

If you would like to email a copy of this form please send it to: dfs.ceuevid@dc.gov and christine.mastrovito@dc.gov

Clear Evidence Items Clear Comments

Information verified and packaging inspected by:

Print Name _____ Initials _____ Date _____