



Submission Receipt Form (ver. 1, 6/2015)

Please note this form is strictly a receipt of evidence you are submitting to DFS. This does not constitute a request for testing. If you would like to request testing, you must complete the Request for Laboratory Examination Form.

*Agency Name:		*Case # /CCN:	MCL #:
*Offense:		*Offense Address:	
*Offense Date:		District:	PSA:
*Complainant's Name:		*Suspect's Name:	
Complainant's PDID#:		Suspect's PDID#:	
*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

***Evidence for Submission:**

Item # (1 item per line)	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)

Items marked * indicate a field that is required

***Chain of Custody (Pending inventory by DFS staff)**

Item(s)	Delivered by	Accepted by	Date	Remarks
	Signature	Signature		
	Print Name	Print Name		

For DFS use only

Comments:

