ALABAMA DEPARTMENT OF
FORENSIC SCIENCES

EVIDENCE SUBMISSION FORM

TYPE

NAME ___________________________________________ RACE ___ SEX ___ DOB _________

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INVESTIGATING AGENCY ____________________________ AGENCY CASE NO. ____________________

MAILING ADDRESS __________________________________________________ ZIP __________

DFS CASE TYPE ____________________ CHARGE ____________________ COUNTY OF OFFENSE ____________________

INVESTIGATING OFFICER ______________________________ PHONE NO. __________ DUTY HOURS __________

SUBMITTING OFFICER _______________________________ FEDERAL CASE ☐ DATE OF OFFENSE __________

BRIEF HISTORY OF CASE:

DESCRIPTION OF EVIDENCE SUBMITTED:

EXAMINATIONS REQUESTED:

NOTICE: Evidence is processed in accordance with ADFS standard procedures. As a condition for submission of evidence to be worked by ADFS, the submitter accepts the agreement that deviation from test or calibration methods may occur when determined by ADFS to be technically justified, and that evidence may be processed at any ADFS facility or by a competent ADFS subcontractor.

FOR ADFS USE ONLY

SEAL ALL EVIDENCE AND COMPLETE THIS FORM PRIOR TO SUBMISSION