



# ALABAMA DEPARTMENT OF FORENSIC SCIENCES

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## EVIDENCE SUBMISSION FORM

TYPE \_\_\_\_\_

\_\_\_\_\_ NAME \_\_\_\_\_ RACE \_\_\_\_ SEX \_\_\_\_ DOB \_\_\_\_\_

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\_\_\_\_\_ NAME \_\_\_\_\_ RACE \_\_\_\_ SEX \_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ NAME \_\_\_\_\_ RACE \_\_\_\_ SEX \_\_\_\_ DOB \_\_\_\_\_

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**