



REQUEST FOR CERTIFIED COPY

Date: _____

Requests should be made in writing on this form or by letter. Mail request(s) to:

Alabama Department of Forensic Sciences
1051 Wire Road
Auburn, Alabama 36832

Title 36, Chapter 18, of the Code of Alabama (1975) provides that final reports of the Alabama Department of Forensic Sciences are available on request upon the payment of the prescribed fee, currently **\$10.00**. Enclose money order or check with this request. *Please **DO NOT** send cash.* A final report of the Alabama Department of Forensic Sciences is not public record if there is a pending criminal investigation or judicial proceeding.

Requests for copies of an entire case file, photographs, etc. require a Civil Subpoena from a court of proper jurisdiction and additional fees are charged. Alabama Code (1975) Sections 36-18-2, 12-21-3.1.

All requests should include the following information: (* indicates required information)

*NAME: _____ *DATE OF BIRTH: _____

*DATE OF INCIDENT: _____ *COUNTY OF INCIDENT: _____

CIRCUMSTANCES OF INCIDENT/DEATH: (DUI charges, controlled substances, car accident, shooting, suspected suicide, drowning, etc.) _____

*NAME, MAILING ADDRESS AND EMAIL ADDRESS OF INDIVIDUAL OR COMPANY REQUESTING THE CERTIFIED COPY AND TO WHO THE COPY SHOULD BE MAILED OR EMAILED:

Name: _____

Mailing Address: _____
(Address) (City) (State) (Zip Code)

Email Address: _____

Enclose a separate **money order or check** for each case. *Please DO NOT send cash.*
Make money order or check payable to **ALABAMA DEPARTMENT OF FORENSIC SCIENCES**.
Please include a **SELF-ADDRESSED, STAMPED ENVELOPE**.

If we can be of further assistance, please do not hesitate to contact the Alabama Department of Forensic Sciences Legal Counsel Division @ (334) 821-6254 ext. 240.