Alabama Department of Forensic Sciences
Evidence Submission

Customer Satisfaction Surveys are available at www.adfs.alabama.gov

DFS Case Type _____ County of Offense _____ Cross Ref Case(s) (if applicable) _____

Investigating Agency _____ Phone ( ) - ext. Duty Hours _____

Investigating Officer _____ Inv. Officer Agency Email _____

Official agency email only. Personal email addresses cannot be accepted

Agency Case No. _____ Mailing Address City, State, Zip _____

Submitting Agency _____ Phone ( ) - ext. Duty Hours _____

Submitting Officer _____ Sub. Officer Agency Email _____

Official agency email only. Personal email addresses cannot be accepted.

Charge _____ Required for DC cases only

Charge _____ Required for DC cases only

Date of Offense (mm/dd/yyyy) _____

Type	Last Name	First	Middle	Sex	Race	DOB (mm/dd/yyyy)

BRIEF HISTORY OF CASE:

DESCRIPTION OF EVIDENCE SUBMITTED (to include location of recovery):
(Additional items can be included on a separate attached page)

SERVICE REQUESTED: *

	☐DC ☐FA/TM ☐FB ☐FD
	☐DC ☐FA/TM ☐FB ☐FD
	☐DC ☐FA/TM ☐FB ☐FD
	☐DC ☐FA/TM ☐FB ☐FD
	☐DC ☐FA/TM ☐FB ☐FD
	☐DC ☐FA/TM ☐FB ☐FD
	☐DC ☐FA/TM ☐FB ☐FD
	☐DC ☐FA/TM ☐FB ☐FD
	☐DC ☐FA/TM ☐FB ☐FD
	☐DC ☐FA/TM ☐FB ☐FD
	☐DC ☐FA/TM ☐FB ☐FD

*** DC – Drug Chemistry, FA/TM – Firearms/Tool Marks, FB – Forensic Biology , FD – Fire Debris**

ADDITIONAL EXAMINATIONS REQUESTED:

SEAL ALL EVIDENCE AND COMPLETE THIS FORM PRIOR TO SUBMISSION

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