

ALABAMA DEPARTMENT OF FORENSIC SCIENCES



EVIDENCE SUBMISSION FORM

DFS# _____
For Office Use Only

DATE _____

COUNTY WHERE OFFENSE OCCURRED _____

SUSPECT(S) _____ RACE _____ SEX _____ DOB _____

_____ RACE _____ SEX _____ DOB _____

SUBJECT(S)/VICTIM(S) _____ RACE _____ SEX _____ DOB _____

_____ RACE _____ SEX _____ DOB _____

REQUESTING OFFICER _____ TITLE _____

TELEPHONE NO. _____ NORMAL DUTY HOURS _____

AGENCY _____

MAILING ADDRESS _____ Zip Code _____

LAW ENFORCEMENT CASE NO. _____ YOUR CASE/PROPERTY NO. _____

TYPE CASE (charge) _____

BRIEF HISTORY OF CASE (what happened):

EVIDENCE SUBMITTED:

EXAMINATION(S) REQUESTED:

SEAL ALL EVIDENCE AND COMPLETE THIS SHEET PRIOR TO SUBMISSION