

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**