

DCJS Use Only
Case NO.

Evidence Submission Form

Submitted By (Agency) _____ Address _____

Victim or Place _____ Address _____

Crime _____ Date of Crime _____

Case # _____ Incident _____

Submitted By _____
 Title/Name (PRINT) _____ Signature _____ Date _____

Telephone #/Extension _____

email address _____

***See DNA Note on Bottom of Form**

Evidence ID	Type of Surface or Description of Object	Color of Powder or Chemical Type	Evidence ID	Type of Surface or Description of Object	Color of Powder or Chemical Type

ELIMINATIONS FINGERPRINTS TAKEN YES NO

ELIMINATIONS COMPARED YES NO

Brief Description of Crime:

	Person of Interest	IF KNOWN			IF UNKNOWN			
		NAME	NYSID#	DATE OF BIRTH	AGE	SEX	RACE	HEIGHT
#1								
#2								
#3								
#4								
#5								

Additional latents, persons of interest, and eliminations should be added to the 2nd page of this form

*****DCJS USE ONLY*****

CASE RECEIVED BY _____ DATE _____ TIME _____

VIA MAIL _____ IN PERSON _____

NUMBER OF LIFTS _____ NUMBER OF LIFTS CARDS _____ PHOTOS _____ CD/DVD _____
PRINT NAME AND TITLE

OTHER ITEMS _____

DATE RETURNED _____ RETURNED BY: _____

***NOTE:**

The Latent Print Unit at the NYS Division of Criminal Justice Services will consider this form as confirmation of a contract. If there are any changes to this contract, the contributing agency will be notified. When submitted latent print evidence is deemed sufficient to make a comparison, the DCJS Latent Print Unit will utilize all available databases within the confines of the unit. If DNA processing is required, DCJS Latent Print Unit will not accept until DNA processing is completed.

PLEASE FORWARD THIS FORM WITH LATENTS ATTACHED TO:

STATE OF NEW YORK DIVISION OF CRIMINAL JUSTICE SERVICES
LATENT PRINT UNIT, 6TH FLOOR
80 South Swan Street
ALBANY, NEW YORK 12210
PHONE# 518-485-7686 FAX # 518-457-3339
 Email questions to: Latent.Print@dcjs.ny.gov

ADDITIONAL LATENTS

Evidence ID	TYPE OF SURFACE OR OBJECT	COLOR OF POWDER CHEMICAL TYPE	Evidence ID	TYPE OF SURFACE OR OBJECT	COLOR OF POWDER CHEMICAL TYPE

PERSONS OF INTEREST		IF KNOWN		IF UNKNOWN			
	NAME	NYSID #	DATE OF BIRTH	AGE	SEX	RACE	HEIGHT
#6							
#7							
#8							

ELIMINATIONS - PRINTS SUBMITTED

NAME	NYSID #	DATE OF BIRTH	SEX	RACE

MISCELLANEOUS INFORMATION: