# DNA EVIDENCE INFORMATION SHEET

OFFICE OF ATTORNEY GENERAL
CRIME LABORATORY DIVISION
SFN59915 (08/2016)

2641 East Main Avenue,P.O. Box 937
Bismarck, ND 58502-0937
Telephone: 701-328-6159
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**THIS CASE WILL NOT BE PROCESSED FOR DNA UNLESS THIS FORM IS PROPERLY COMPLETED.**

| Submitting Agency | Investigating Officer/Contact | Agency Case Number |
|---|---|---|
| Telephone Number | E-Mail Address | Date of Incident |
| Crime Laboratory Case Number | Subject and Date of Birth | Victim and Date of Birth |

**Brief Case Synopsis and Analysis Requested (Please Print)**

If this is a property crime, has it been confirmed that the item(s) being submitted DO NOT belong to the victim
☐ Yes ☐ No

**Item 1 Submitted**

Investigative Value of Evidence
☐ Looking for Suspect's DNA ☐ Looking for Victim's DNA ☐ Other - Explain _____

Description of Item

Where was Item Located at Crime Scene

**Item 2 Submitted**

Investigative Value of Evidence
☐ Looking for Suspect's DNA ☐ Looking for Victim's DNA ☐ Other - Explain _____

Description of Item

Where was Item Located at Crime Scene

**Item 3 Submitted**

Investigative Value of Evidence
☐ Looking for Suspect's DNA ☐ Looking for Victim's DNA ☐ Other - Explain _____

Description of Item

Where was Item Located at Crime Scene

Was subject(s) known(s) buccal/blood sample submitted? ☐ Yes ☐ No
If no, submit known at earliest convenient opportunity, if applicable.

Was victim(s) known(s) buccal/blood sample submitted? ☐ Yes ☐ No
If no, submit known at earliest convenient opportunity, if applicable.

Were other pertinent knowns submitted? (i.e. consensual sex partner, elimination subject)? ☐ Yes ☐ No
If no, submit known at earliest convenient opportunity, if applicable.

Is additional evidence of investigative value available for analysis? ☐ Yes ☐ No