



**REQUEST FOR CASE PRIORITIZATION**  
NORTH DAKOTA OFFICE OF ATTORNEY GENERAL  
CRIME LABORATORY DIVISION  
SFN 60165 (09/2019)

Name of State's Attorney		Telephone Number	Email Address
Name of Requesting Individual		Agency Name	
Agency Case Number		Crime Laboratory Division Case Number	
Date of Offense/Incident		Date Case Submitted to the Crime Laboratory Division	
Trial Date	Date Requested for Case Completion	Offense Type	
Criminal Charges			
Defendant's/Subject's Name		Date of Birth	Date of Death
Victim's Name		Date of Birth	Date of Death

Reason for Case Prioritization Request

**I hereby certify the above information is true and correct to the best of my knowledge.**

Signature	Date
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**I, the undersigned State's Attorney, am requesting that the North Dakota Office of Attorney General Crime Laboratory Division complete the examination of the evidence submitted in the above referenced case as quickly as possible.**

Signature	Date
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This form **MUST** be e-mailed to: [agocldcaseprioritization@nd.gov](mailto:agocldcaseprioritization@nd.gov)