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| Submitting Agency:  | Agency Case No.:  |
| City of Agency:  | County of Agency:  |
| City/Town/Village of Offense:  | County of Offense:  |
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| Offense Date:  | Evidence Recovery Date(s):  | **CCAP No.**:  |  **Trial Date**:  |

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| Has any evidence been previously submitted on this case? [ ]  No [ ]  Yes Crime Laboratory Case No.:  |
| Alleged Criminal Offense:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Felony Offense? [ ]  Yes [ ]  No If no, please explain charge(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Instructions / Information** Please refer to the Evidence Submission Guidelines prior to submitting evidence to the Crime Lab. To facilitate DNA searches, please include the completed CODIS Eligibility Questionnaire (CEQ) form. These forms can be found on the Wisconsin State Crime Laboratories website <https://www.doj.state.wi.us/dfs/division-forensic-sciences> and at [WILEnet.org](https://wilenet.org/). By submitting evidence to the Crime Lab, you are agreeing to a simplified report. The laboratory reserves the right to select the most appropriate test methods that meet the needs of the customer. **Insert rows as needed into the Name/Evidence tables below.** |
| Person(s)Related to Case*Victim / Suspect / Elimination* | Last Name First Name Middle Initial | Sex | Date of Birth |
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| Agency Evidence No. | Number of Item(s) | Evidence Item Description and Source | Requested Analysis(see abbreviation list below) |
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| Abbreviation | Analysis | Abbreviation | Analysis | Abbreviation | Analysis |
| CS | Controlled Substance | FI | Forensic Imaging | TOX | Blood/Urine |
| CSR | Crime Scene Response | FW | Footwear | TR | Trace (e.g. Arson, Fibers, Glass) |
| DNA | DNA | LP | Latent Prints |  |  |
| FA | Firearms | TM | Toolmarks |  |  |

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| Notes (e.g. case specific directions/information. Please do not include police reports.): |
| Name/Email of Case Officer: | Phone No.: |
| Name/Email of Submitting Officer: | Phone No.: |
| **LABORATORY USE ONLY**: Information below required for cases not entered in LIMS by the end of business day. |
| Date/Time Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initials of Receiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Seal Added? [ ]  Yes [ ]  No | Time Placed Into Storage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Storage Location: [ ]  Main Evidence Room [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 Rev. 04/2023