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| Submitting Agency:  | Agency Case Number:  |
| City of Agency:  | County of Agency:  |
| City/Town/Village of Offense:  | County of Offense:  |
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| Offense Date: | Evidence Recovery Date(s):  | Trial Date (if known):  |

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| Has any evidence been previously submitted on this case? [ ]  No [ ]  Yes Crime Laboratory Case No.:  |
| Criminal Offense: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Felony Offense? [ ]  Yes [ ]  No If no, please explain charge(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Instructions / Information** Please refer to the Submission Guidelines prior to submitting evidence to the Crime Lab. To facilitate DNA searches, please supply answers to the DNA Evidence Submission/CODIS Eligibility Questionnaire. All of these forms can be found on the Wisconsin State Crime Laboratories website and at <https://wilenet.widoj.gov/> . 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 Person/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 |
| DNA | DNA | FW | Footwear | TM | Toolmarks |
| CS | Controlled Substances | LP | Latent Prints | TR | Trace (e.g. Arson, Fibers, Glass) |
| FA | Firearms | PH | Forensic Imaging | TOX | Blood/Urine Alcohol/Drugs |

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| Notes (e.g. case specific directions/information): |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |