Division of Criminal Justice Services

Application to Request a Familial Search of the NYS DNA Databank

Please sign and submit applications electronically - call (518) 457-1901 for assistance.

Section A – To be completed by the Requestors

Law Enforcement Agency Contact Information

Agency:

Address:

Chief Executive Name:

Official Title:
Phone: Fax:
E-mail:

Designated Representative Name:
Phone: Fax:
E-mail:

District Attorney Contact Information

Agency:

Address:

Chief Executive Name:

Official Title:
Phone: Fax:
E-mail:

Designated Representative Name:
Phone: Fax:
E-mail:

Case Information

    Request Type: Initial Request   Request Resubmission

CODIS Specimen ID Number of Forensic DNA Sample (enter only one):

Name of Forensic Laboratory that generated Forensic DNA profile:

Offense/Crime(s):
    Include the relevant section(s) of the NYS Penal Law, including the appropriate subsection(s). Separate multiple offenses with semicolons.

Case Description:
    Include information regarding crime date, sample location, multiple cases with same sample, etc.
    The form field has no character limit and will auto-adjust font size to fit entered information. You may also attach separate documents in the application submission e-mail.
    Review the process overview for additional guidance.

Provide below:

A narrative establishing what reasonable investigative efforts have been taken to date; or

If there is an allegation that exigent circumstances exist, a description of those circumstances.

The form field has no character limit and will auto-adjust font size to fit entered information. You may also attach separate documents in the application submission e-mail.
Review the process overview for additional guidance.

Documentation is attached regarding proof of the above.

If documentation is attached, please outline below:

By signing, I certify that, to my knowledge and in my professional judgment, the above information is true and accurate;

Date: Date:

Signature: Signature:

_____   _____

Section B – To be completed by DCJS

I confirm that the requestors have certified that they believe the case requirements for a familial search request have been satisfied. This application has been assigned number:

Name: Date: Signature:

Section C – To be completed by the State CODIS Administrator

Y N   The forensic DNA profile:
a. is a single-source, or a fully deduced profile originating from a mixture; and
b. appears to have a direct connection with the putative perpetrator of the crime
c. resides in SDIS; and
d. has been searched against DNA profiles in the State DNA Databank's offender index.

The sample is searchable within current NYSP validated parameters.
        If no, select why:
            If other, specify:
Documentation has been attached as proof of the above.

Name: Date: Signature:

Section D – To be completed by the Commissioner of DCJS

Based on information provided by the Requestors, Case Requirements are satisfied: Y   N

Based on information from CODIS Administrator, Sample Requirements are satisfied: Y   N

Review Determination:
    Request approved for MOU

    Request not approved
        If not approved, select why:
            If "Other", explain below:

Name: Date: Signature: