

Evidence Submission Form

DCJS Use Only
Case NO.

Submitted By (Agency) _____ Address _____

Victim or Place _____ Address _____

Check if Class A Felony Crime _____ Date of Crime _____

Case # _____ Incident _____

Submitted By _____
 Title/Name (PRINT) Signature Date

Telephone #/Extension _____

Lat/Photo No.	Type of Surface or Description of Object	Color of Powder or Chemical Type	Lat/Photo No.	Type of Surface or Description of Object	Color of Powder or Chemical Type

ELIMINATIONS FINGERPRINTS TAKEN YES NO

ELIMINATIONS COMPARED YES NO

Brief Description of Crime

Persons of Interest		IF KNOWN			IF UNKNOWN			
	NAME	NYSID#	DATE OF BIRTH	AGE	SEX	RACE	HEIGHT	
#1								
#2								
#3								
#4								
#5								

Additional latents, persons of interest, and eliminations should be added to the 2nd page of this form

*****DCJS USE ONLY*****

CASE RECEIVED BY _____ DATE _____ TIME _____

VIA MAIL _____ IN PERSON _____
PRINT NAME AND TITLE

NUMBER OF LIFTS _____ PHOTOS _____ OTHER EVIDENCE _____

MISCELLANEOUS ITEMS _____

PLEASE FORWARD THIS FORM WITH LATENTS ATTACHED TO: STATE OF NEW YORK
 DIVISION OF CRIMINAL JUSTICE SERVICES
 LATENT FINGERPRINT UNIT, 4TH FLOOR
 4 TOWER PLACE
 ALBANY, NEW YORK 12203-3764
 PHONE# 518-485-7686 FAX # 518-457-3339
 Email questions to: Latent.Print@dcjs.state.ny.us

ADDITIONAL LATENTS

LATENT PHOTO #	TYPE OF SURFACE OR OBJECT	COLOR OF POWDER CHEMICAL TYPE	LATENT PHOTO #	TYPE OF SURFACE OR OBJECT	COLOR OF POWDER CHEMICAL TYPE

ADDITIONAL PERSONS OF INTEREST

PERSONS OF INTEREST		IF KNOWN		IF UNKNOWN			
	NAME	NYSID #	DATE OF BIRTH	AGE	SEX	RACE	HEIGHT
#6							
#7							
#8							
#9							
#10							

ELIMINATIONS - PRINTS SUBMITTED

NAME	NYSID #	DATE OF BIRTH	SEX	RACE

MISCELLANEOUS INFORMATION