



Alabama Department of Forensic Sciences
Evidence Submission

Customer Satisfaction Surveys
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Type	Last Name	First	Middle	Sex	Race	DOB (mm/dd/yyyy)

Investigating Agency		Agency Case No.	
Mailing Address			Zip Code
DFS Case Type	Charge	County of Offense	
Investigating Officer	Phone	ext.	Duty Hours
Submitting Officer	Federal Case <input type="checkbox"/>	Date of Offense (mm/dd/yyyy)	

BRIEF HISTORY OF CASE:

DESCRIPTION OF EVIDENCE SUBMITTED:

EXAMINATIONS REQUESTED:

SEAL ALL EVIDENCE AND COMPLETE THIS FORM PRIOR TO SUBMISSION

<p>NOTICE</p> <p>Evidence is processed in accordance with ADFS standard procedures. As a condition for submission of evidence to be worked by ADFS, the submitter accepts the agreement that deviation from test or calibration methods may occur when determined by ADFS to be technically justified, and that evidence may be processed at any ADFS facility or by a competent ADFS subcontractor.</p>	<p style="text-align: center;"><i>For ADFS Use Only</i></p>
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