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