



EVIDENCE SUBMISSION FORM

PLEASE SUBMIT THIS COMPLETED FORM ALONG WITH EVIDENCE TO
HUMAN IDENTIFICATION TECHNOLOGIES AT:

**HUMAN IDENTIFICATION TECHNOLOGIES
EVIDENCE SUBMISSION
303 BROOKSIDE AVE, SUITE 120
REDLANDS, CA 92373**

ALL EVIDENCE ITEMS SHOULD BE HAND DELIVERED OR SHIPPED TO THE ADDRESS
ABOVE VIA OVERNIGHT DELIVERY. SEE OUR WEBSITE FOR SPECIFIC PACKAGING &
SHIPPING INSTRUCTIONS.

** IF APPLICABLE, PLEASE ATTACH COURT ORDER*

| | |
|---------------------|----------------------|
| SUBMITTING AGENCY: | <input type="text"/> |
| AGENCY CASE NUMBER: | <input type="text"/> |
| CONTACT NAME: | <input type="text"/> |
| DATE: | <input type="text"/> |

PLEASE CHECK ONE: INITIAL EVIDENCE SUBMISSION INITIAL EVIDENCE SUBMISSION W/ CASE FILE REVIEW RE-SUBMISSION

AUTHORIZED POINT(S) OF CONTACT

| | | | |
|-------------|----------------------|-------------|----------------------|
| NAME: | <input type="text"/> | NAME: | <input type="text"/> |
| AGENCY: | <input type="text"/> | AGENCY: | <input type="text"/> |
| ADDRESS: | <input type="text"/> | ADDRESS: | <input type="text"/> |
| CITY: | <input type="text"/> | CITY: | <input type="text"/> |
| STATE, ZIP: | <input type="text"/> | STATE, ZIP: | <input type="text"/> |
| PHONE: | <input type="text"/> | PHONE: | <input type="text"/> |
| FAX: | <input type="text"/> | FAX: | <input type="text"/> |
| MOBILE: | <input type="text"/> | MOBILE: | <input type="text"/> |
| E-MAIL: | <input type="text"/> | E-MAIL: | <input type="text"/> |

**MAILING
ADDRESS**

NAME:

AGENCY:

ADDRESS:

CITY:

STATE, ZIP:

BILLING ADDRESS

CHECK HERE IF SAME AS MAILING ADDRESS

NAME:

AGENCY:

ADDRESS:

CITY:

STATE, ZIP:

EVIDENCE RETURN ADDRESS

CHECK HERE IF SAME AS MAILING ADDRESS

NAME:

AGENCY:

ADDRESS:

CITY:

STATE, ZIP:

CASE SUMMARY

LIST OF ITEMS/EVIDENCE

EXAMPLE:

AGENCY ITEM #

BRIEF DESCRIPTION OF EVIDENCE

TESTING REQUESTED

A-1

BLOODSTAINED T-SHIRT

DNA TESTING - IDENTIFIER

| ITEM # | BRIEF DESCRIPTION OF EVIDENCE | TESTING REQUESTED |
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| ITEM # | BRIEF DESCRIPTION OF EVIDENCE | TESTING REQUESTED |
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I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ON THIS CASE SUBMISSION FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE HUMAN IDENTIFICATION TECHNOLOGIES, INC. TO CONDUCT THE REQUESTED TESTING ON THE SAMPLES LISTED ABOVE IN ACCORDANCE WITH ITS STANDARD PROCEDURES, TERMS AND CONDITIONS. I UNDERSTAND THAT I WILL BE CHARGED ACCORDING TO THE APPLICABLE FEE SCHEDULE OR CONTRACT.

PRINT NAME

SIGNATURE

OFFICE USE ONLY:

DATE: _____

TIME: _____

RECEIVED BY: _____