



# EVIDENCE SUBMISSION FORM

Montana Department of Justice  
 Forensic Science Division  
 2679 Palmer Street Missoula, MT 59808  
 Ph. 406-728-4970 Fax 406-549-1067

LAB USE ONLY

Agency: \_\_\_\_\_  
 Detective/Officer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Agency Case#: \_\_\_\_\_  
 Offense: \_\_\_\_\_  
 Email - **REQUIRED**: \_\_\_\_\_  
 Additional Resubmittal Lab Case # \_\_\_\_\_

**Victim/Suspect/Subject Information (please provide)**

Vic Sus Sub	LP Cases Only DOB/SID: _____	Vic Sus Sub	LP Cases Only DOB/SID: _____	Vic Sus Sub	LP Cases Only DOB/SID: _____
Vic Sus Sub	LP Cases Only DOB/SID: _____	Vic Sus Sub	LP Cases Only DOB/SID: _____	Vic Sus Sub	LP Cases Only DOB/SID: _____

**Relevant Case Synopsis/  
 Additional Information**

For DNA submissions please provide a police report

Lab Item #	Agency Item #	Description of Evidence - REQUIRED	Requested Exam(s) - REQUIRED
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Chain of Custody				
Lab Item #	Received From	Received By	Date	Comments

**Requested Exam Codes:**

**BIO:** DNA, Serology  
**FA:** Firearms, Tool Marks, SN Restoration, Distance, Fracture Match  
**IMP:** Latent Prints, AFIS, Footwear  
**CHEM:** Chemical Analysis  
**FD:** Fire Debris, Ignitable Liquids  
**GSR:** Gunshot Residue Kit

**\*DNA Consumption Letter Attached**  
 Yes No

*The submitted evidence will be examined and analyzed in accordance with established laboratory sampling plans and capabilities, utilizing validated methods and instrumentation. Method deviations will be utilized as necessary. As needed, laboratory personnel will contact the submitting agency to clarify requests or obtain additional information to assist in analysis.*