



Houston Forensic Science Center

Audio/Video Evidence Submission Form

New Additional Corrected Reanalysis Resubmission

HFSC Use Only
Forensic Case #: _____ LIMS Item #(s): _____
Locker: _____ Cause #/Disposition: _____
Examiner: _____ Start Date: _____ Completion Date: _____

HFSC Use Only
Received By
Date
Time

A. Case /Offense Information:

Agency/Office: _____

Incident/Case#: _____

Offense Type: _____

Offense Date: _____

Offense Location: _____

Street Address _____

City _____ County _____ State _____ Zip _____

B. Requestor Information: MUST supply a daytime contact

Requesting Entity:
(If different from case Agency)

Requestor Name (Print) _____ Employee/Badge # _____ Division _____

Email address _____ Office Phone _____ Cell Phone _____

Additional Contact Name (Print) _____ Preferred Method of Contact & Information _____

Requestor Street Address _____ City _____ State _____ Zip _____

C. Evidence Submitted: MUST include Manufacturer, Model, and Serial number for any applicable items such as DVR's.

Quantity	Detailed Description of Item(s)	From Whom/Where Recovered

D. Service(s) Requested: Indicate what service(s) are being requested below. The Houston Forensic Science Center may conduct additional analysis not requested here if deemed useful/necessary.

Direct Copy Still Images Format Conversion Print(s) Made Other: _____

Video Enhancement Audio Enhancement Media Repair Comparative Analysis PSVN Call Out

E. Request Details: Fill out ALL that is applicable to the request.

DVR User Name: _____ DVR Password: _____ Time of incident: _____

Time incident/suspect found on media submitted: _____

Description of suspect: _____

Description of vehicle: _____

Other information: _____

F. Submitter Information: This section should be completed at time of submission.

Submitter Name (Print)	Agency	Division	Preferred Method of Contact & Information
Submitter Signature	Employee/Badge #	Submission Date	Submission Time

G. Release Information: This section should be completed at time of release.

Released To (Print)	Agency	Division	Signature
Employee/Badge #	Date	Time	Released By (Print)
			Signature