



Houston Forensic Science Center

Completing the Evidence Submission Form General Information and Instructions

Thank you for selecting the Houston Forensic Science Center (HFSC) as your forensic testing agency. We are committed to providing quality work, timely analysis, and excellent customer service. Please contact us if you require assistance in completing this form by calling 713-308-2600. You may find additional information at our web site: www.houstonforensicscience.org. The information below is being provided to assist customers in understanding our evidence handling and submission process.

- 1) **Order of Processing:** If multiple types of analyses are being requested on a single item of evidence, the HFSC will proceed with an order of processing deemed suitable. If **Biological Screening** and/or **Latent Print Processing** is desired on evidence submitted for other additional types of analysis, please clearly indicate the specific item(s) for which biological screening and/or latent print processing is desired. Please contact us at 713-308-2600 or email us at triage@houstonforensicscience.org for assistance, if needed.
- 2) **Evidence Packaging:** Incorrect item descriptions and improperly labeled/sealed/package evidence may not be accepted or may result in significant delays in processing. To assist customers in determining appropriate packaging, we offer the HFSC Evidence Handbook, found on our website at www.houstonforensicscience.org. Customers are also encouraged to contact us via phone for assistance.
 - a) **Proper Label:** Packages should be labeled, at a minimum, with the agency/office case number, the individual from whom the item was collected, and either a brief description of the item(s) or the agency/office item number(s).
 - b) **Proper Seal:** A proper seal includes a heat seal or tamper-proof evidence/packaging tape and the initials/signature of the individual sealing the item(s). Duct tape, invisible tape, masking tape, and gum seals (for example) are not acceptable means of closing a package.
- 3) **Latent Prints:** If complainant elimination finger and/or palm prints are not available/submitted when evidence is analyzed, impressions for comparison are limited to one search in the Automated Fingerprint Identification System (AFIS) and not registered to the Unsolved Latent Database. If the unknown latent prints are not registered to the Unsolved Latent Database, they are removed from the database. This prevents fingerprints recovered from the scenes of crimes that may belong to complainants from being entered into the database and registered as criminal latent prints.
- 4) **CODIS Entry:** In order for an unknown DNA profile to be entered into CODIS, the submission documentation must be clear on how the evidence is linked to the crime as well as from whom or from where it was collected. Additionally, if the evidence was collected from the residence, belongings, or body of a complainant, elimination swabs from the complainant and possibly others (such as other members of the household or other regular drivers of a vehicle) need to be submitted in order to assist the lab in determining CODIS eligibility.
- 5) **Case Information:** In general, an offense report/summary will be required to accompany any evidence submission. Exceptions may apply for very recent or highly confidential/sensitive cases. **Firearms** and **Controlled Substances** requests will **NOT** require an offense report at the time of submission. However, some analytical processing cannot proceed without specific information, such as descriptions of how, when, where, and from whom evidence was collected. If an offense report is necessary but not available, we will work with you to ascertain the needed information.

Instructions on Completing the Submission Form:

- A. **Offense/Case Information:** Both a case agency/office and a case number are required to uniquely identify a case. If you do not have a case number, please contact us for assistance.
- B. **Requestor Information:** Because the requestor may not be associated with the case agency, please specify the organization of the requestor.
- C. **Associated Individuals:**
 1. Elimination Individuals/Samples are extremely important when requesting **Latent Print Comparisons** and **Biology/DNA** analysis. Contact us for details regarding how/when to collect elimination samples.
 2. Detailed identifying information on associated individuals is required for processing evidence in several disciplines. Include as much requested information as possible.
 3. When using a supplemental form for additional individuals, number lines beginning where previous page left off.
- D. **Evidence Submitted:** Include the agency item number in the "Item #" field. If no item number is provided, items will be referred to by the HFSC-assigned item number.
- E. **Analysis Requested:** Provide information regarding the specific type of information/evidence you are seeking. The more specific the request, the more effectively the HFSC can process it.
- F. **Digital Evidence:** Known passwords/unlock codes must be provided for mobile devices/computers.
- G. **Submitter Information:** Complete this at time of submission. Identification may be required.
- H. **Other Details:**
 1. Indicate, to the best of your knowledge, if the evidence being submitted is a **new** HFSC case, if this is **additional** evidence, if the form is being submitted as a **corrected** version of a previous copy, if the evidence has been analyzed by another forensic laboratory (**reanalysis**), or if you are submitting the evidence again for additional analysis (**resubmission**).
 2. Indicate if a supplemental form accompanies the first page.



Houston Forensic Science Center

Evidence Submission Form

New Additional Corrected Reanalysis Resubmission

HFSC Use Only

Forensic Case #:

HFSC Use Only
Received By
Date
Time
Audio/Video Request <input type="checkbox"/> Y <input type="checkbox"/> N

A. Case /Offense Information: An offense/incident report or summary MUST be submitted at the time of request. (See instructions for exceptions)

Agency/Office: _____

Case #: _____ ML #: _____

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. Associated Individuals: MUST indicate Sspect, Complainant, or Elimination. A State ID # or FBI ID # is required for latent print requests, if applicable. *Please use supplemental sheet for additional individuals.

S / C / E	Last Name	First Name	MI	Race	Sex	DOB	SID/FBI #	Deceased	Juvenile
1								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

D. Evidence Submitted: MUST include Manufacturer, Model, and Serial/IMEI number for any applicable items. Warrants or Consent to Search forms MUST be provided with the submission of digital evidence unless the owner is deceased. (Include audio and/or video tape types) *Please use supplemental sheet for additional evidence items.

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

E. Analysis Requested: Provide a detailed statement regarding the type(s) of analysis needed and which items to process. The Houston Forensic Science Center may conduct additional analysis not requested here if deemed useful/necessary. *Please use supplemental sheet for additional information or unlock patterns.

F. Digital Evidence: Item #

Draw unlock pattern	1	2	3
using arrows to	4	5	6
indicate direction	7	8	9
	*	0	#

Password: _____

G. 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

*Supplemental sheet used for sections C, D, E, or F? Y N

HFSC Use Only

Cause #/Disposition: _____

Cause #/Disposition: _____



Houston Forensic Science Center

Supplemental Evidence Submission Form

HFSC Use Only
Received By
Date
Time
Audio/Video Request <input type="checkbox"/> Y <input type="checkbox"/> N

HFSC Use Only	
Forensic Case #:	

Case /Offense Information:

Agency/Office: _____ **Case #:** _____

Associated Individuals: MUST indicate Suspect, Complainant, or Elimination. A State ID # or FBI ID # is required for latent print requests, if applicable.

S / C / E	Last Name	First Name	MI	Race	Sex	DOB	SID/FBI #	Deceased	Juvenile
								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Evidence Submitted: MUST include Manufacturer, Model, and Serial/IMEI number for any applicable items. Warrants or Consent to Search forms MUST be provided with the submission of digital evidence unless the owner is deceased. (Include audio and/or video tape types)

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

Analysis Requested: Provide a detailed statement regarding the type(s) of analysis needed and which items to process. The Houston Forensic Science Center may conduct additional analysis not requested here if deemed useful/necessary.

Digital Evidence:

Item #	1	2	3
Draw unlock pattern using arrows to indicate direction	4	5	6
	7	8	9
	*	0	#

Password: _____

Item #	1	2	3
Draw unlock pattern using arrows to indicate direction	4	5	6
	7	8	9
	*	0	#

Password: _____

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 _____