



Application to Request a Familial Search of the NYS DNA Databank

Please sign and submit applications electronically - call (518) 457-1901 for assistance.

Section A – To be completed by the Requestors

Law Enforcement Agency Contact Information

Agency:

Address:

Chief Executive Name:

Official Title:

Phone:

Fax:

E-mail:

Designated Representative Name:

Phone:

Fax:

E-mail:

District Attorney Contact Information

Agency:

Address:

Chief Executive Name:

Official Title:

Phone:

Fax:

E-mail:

Designated Representative Name:

Phone:

Fax:

E-mail:



Case Information

Request Type: Initial Request Request Resubmission

CODIS Specimen ID Number of Forensic DNA Sample (enter only one):

Name of Forensic Laboratory that generated Forensic DNA profile:

Offense/Crime(s):

Include the relevant section(s) of the NYS Penal Law, including the appropriate subsection(s). Separate multiple offenses with semicolons.

Case Description:

*Include information regarding crime date, sample location, multiple cases with same sample, etc.
The form field has no character limit and will auto-adjust font size to fit entered information. You may also attach separate documents in the application submission e-mail.
Review the process overview for additional guidance.*



Provide below:

A narrative establishing what reasonable investigative efforts have been taken to date; or

If there is an allegation that exigent circumstances exist, a description of those circumstances.

The form field has no character limit and will auto-adjust font size to fit entered information. You may also attach separate documents in the application submission e-mail. Review the process overview for additional guidance.

Documentation is attached regarding proof of the above.

If documentation is attached, please outline below:

By signing, I certify that, to my knowledge and in my professional judgment, the above information is true and accurate;

Date:

Date:

Signature:

Signature:



Section B – To be completed by DCJS

I confirm that the requestors have certified that they believe the case requirements for a familial search request have been satisfied. This application has been assigned number:

Name:

Date:

Signature:

Section C – To be completed by the State CODIS Administrator

Y N

The forensic DNA profile:

- a. is a single-source, or a fully deduced profile originating from a mixture; and
- b. appears to have a direct connection with the putative perpetrator of the crime
- c. resides in SDIS; and
- d. has been searched against DNA profiles in the State DNA Databank's offender index.

The sample is searchable within current NYSP validated parameters.

If no, select why:

If other, specify:

Documentation has been attached as proof of the above.

Name:

Date:

Signature:

Section D – To be completed by the Commissioner of DCJS

Based on information provided by the Requestors, Case Requirements are satisfied: Y N

Based on information from CODIS Administrator, Sample Requirements are satisfied: Y N

Review Determination:

Request approved for MOU

Request not approved

If not approved, select why:

If "Other", explain below:

Name:

Date:

Signature: