



DCJS Use Only
Case NO.

Latent Evidence Submission Form

The Latent Print Laboratory at the NYS Division of Criminal Justice Services will consider this form as confirmation of a contract once the evidence is accepted as adequate for analysis by the laboratory. If there are any changes to this contract, the submitting agency will be notified. When submitted latent print evidence is deemed sufficient to make a comparison, the DCJS Latent Print Laboratory will utilize all available databases using the ACE-V methodology. The evidence that requires DNA testing after completion of Latent Print Comparisons should not be submitted to Latent Print Laboratory. The laboratory is not equipped to handle such evidence.

Submitted By (Agency) Address

Victim or Place Address

Crime Date of Crime

Case # Incident

Table with 6 columns: Evidence ID, Type of Surface or Description of Object, Color of Powder or Chemical Type, Evidence ID, Type of Surface or Description of Object, Color of Powder or Chemical Type.

Brief Description of Crime:

Table with 8 columns: Person of Interest (NAME), IF KNOWN (NYSID#, DATE OF BIRTH), IF UNKNOWN (AGE, SEX, RACE, HEIGHT). Rows #1 to #8.

ADDITIONAL LATENTS					
Evidence ID	TYPE OF SURFACE OR OBJECT	COLOR OF POWDER CHEMICAL TYPE	Evidence ID	TYPE OF SURFACE OR OBJECT	COLOR OF POWDER CHEMICAL TYPE

ELIMINATIONS - PRINTS SUBMITTED				
NAME	NYSID #	DATE OF BIRTH	SEX	RACE

MISCELLANEOUS INFORMATION:

Submitted By _____
 Title/Name (PRINT) Signature Date
 Telephone #/Extension email address

Please forward this form with properly sealed latents attached to:
 (Examples of properly sealed evidence can be found on the DCJS website under Best Practices)

New York State Division of Criminal Justice Services
 Latent Print Laboratory, 6th Floor
 80 South Swan Street
 Albany, NY 12210
 Phone: (518) 485-7686 FAX: (518) 457-3339
 Email questions to: Latent.Print@dcjs.ny.gov

*****DCJS USE ONLY***** **Not Properly Sealed** _____

CASE RECEIVED BY _____ DATE _____ TIME _____

VIA MAIL _____ IN PERSON _____
PRINT NAME AND TITLE

NUMBER OF LIFTS _____ NUMBER OF LIFTS CARDS _____ PHOTOS _____ CD/DVD _____

OTHER ITEMS _____

DATE RETURNED _____ RETURNED BY: _____