



REQUEST FOR FORENSIC EXAMINATION

Montana Department of Justice
Forensic Science Division
2679 Palmer Street
Missoula, MT 59808
(406) 728-4970

FOR LAB USE ONLY

Agency _____ Additional Resubmittal to Lab
 Address _____ Lab Case No. _____
 City _____ Investigating Officer _____
 State _____ Zip _____ Phone No. _____
 E-mail Address _____

Offense _____ Agency Case No. _____
 Date of Occurrence _____ Court Date Set: No Yes Date _____
 Suspect _____ DOB _____ Victim _____
 Suspect _____ DOB _____ Victim _____
 Suspect _____ DOB _____ Victim _____

Brief Summary of Circumstances: (Submit all pertinent data, i.e. reports, photos, etc.)

Brief Description of Evidence Submitted (One item per line.).

Lab Use Only	Lab Use Only

Chain of Custody

Lab Use Only	Evidence Received From	Evidence Delivered To	Date	Comments

Examinations Requested

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.