

**EVIDENCE SUBMISSION FORM (ESF)**

The Commonwealth of Massachusetts

Massachusetts State Police

Forensic Services Division

Crime Laboratory

Evidence Control Unit (508) 358-3155

(Affix LIMS barcode label here)

MSPCL Case Number: _____

Additional Case Individuals and/or Evidence Items

Victim/Other's Name(s) First, Middle, Last	DOB	Sex Assigned at Birth	Suspect's Name(s) First, Middle, Last	DOB	Sex Assigned at Birth	Charged?
V: <input type="checkbox"/> O: <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
			SSN			
V: <input type="checkbox"/> O: <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
			SSN			
V: <input type="checkbox"/> O: <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
			SSN			
V: <input type="checkbox"/> O: <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
			SSN			

Item Type with brief description and recovery location <i>List each item of evidence separately</i>	Property Room #	Analysis Requested <i>Select all that apply</i>
		<div>Ballistics (select one)</div> <div><input type="checkbox"/> Prints <input type="checkbox"/> Crim/DNA* <input type="checkbox"/> Arson <input type="checkbox"/> Firearm Cert <input type="checkbox"/> Footwear <input type="checkbox"/> Toxicology <input type="checkbox"/> GSR <input type="checkbox"/> Comparison <input type="checkbox"/> Photos Only <input type="checkbox"/> Trace <input type="checkbox"/> Drugs <input type="checkbox"/> NIBIN Only</div> <div>* Previously processed for fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div>
		<div>Ballistics (select one)</div> <div><input type="checkbox"/> Prints <input type="checkbox"/> Crim/DNA* <input type="checkbox"/> Arson <input type="checkbox"/> Firearm Cert <input type="checkbox"/> Footwear <input type="checkbox"/> Toxicology <input type="checkbox"/> GSR <input type="checkbox"/> Comparison <input type="checkbox"/> Photos Only <input type="checkbox"/> Trace <input type="checkbox"/> Drugs <input type="checkbox"/> NIBIN Only</div> <div>* Previously processed for fingerprints <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div>
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