

# ARKANSAS STATE CRIME LABORATORY

## EVIDENCE SUBMISSION FORM



P.O. Box 8500  
 3 Natural Resources Drive  
 Little Rock, Arkansas 72215  
 Phone: (501) 227-5747  
 Fax: (501) 227-0713

[www.arkansas.gov/crimelab](http://www.arkansas.gov/crimelab)

P.O. Box 868  
 Hope, Arkansas 71802  
 Phone: (870) 722-8530  
 Fax: (870) 722-8534

\*denotes required field

*Has any evidence been previously submitted on this case by any agency? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>											
*Investigating Agency				*Agency Case Number			ASCL Case Number				
Type of Offense				*Date of Offense			*County of Offense				
*Investigating Officer (Last, First)							Phone				
E-Mail Address:							Mobile				
Suspect(s) Name (Last, First)		SID	DOB	Race	Sex	Victim(s) Name (Last, First)		SID	DOB	Race	Sex
*Evidence #	*Evidence Description					Lab Use	Examination Area(s)				
							<input type="checkbox"/> Digital Evidence				
							<input type="checkbox"/> Drug Analysis				
							<input type="checkbox"/> Firearms/Toolmarks				
							<input type="checkbox"/> Illicit Laboratories				
							<input type="checkbox"/> Latent Prints				
							<input type="checkbox"/> Operation Shutdown/NIBIN				
							<input type="checkbox"/> Physical Evidence/DNA				
							<input type="checkbox"/> Toxicology				
<b><i>By signing, I hereby certify all listed firearms are unloaded:</i></b>						Signature			Date		
*Type of Analysis Requested:								LAB USE ONLY			
Detailed Summary of Crime (Use provided addendum if necessary):											
*Submitting Officer (print):											
*Signature											
								HC USPS UPS FDX DHL			