KENTUCKY STATE POLICE
Request for Evidence Examination
(Attach additional pages as needed)

☐ BIOHAZARD

Investigating Officer: _____

Agency: _____ Laboratory # : _____

Address: _____ Case # : _____

City: _____ Zip: _____ Citation # : _____

Phone: _____ Fax: _____ ORI # : _____

Email: _____

Victim(s): _____ Offense: _____

Suspect/Accused(s): _____ Offense Date: _____

_____ Offense City/County: _____

Exhibits: (Initial exhibits received)

Case History:

_____

_____

_____

_____

Examinations Requested:

_____

_____

_____

_____

_____

☐ Forward to A.F.I.S. ☐ Forward for additional analysis (specify) _____

Submitting Officer Signature: _____ Date: _____

Print Submitting Officer _____

Received from:	Received Bv:	Date/Time:

KSP-026 3/2001