|  |  |  |
| --- | --- | --- |
| Submission Method  In Person  Drop Box  Mail/Certified | | |
| Other |  | |
|  |  | |
| ***DPS Laboratory Use Only***  DPS Laboratory Case # | | |
| **Complete the following for in person submissions only:** | | |
|  | |  |
| Printed Name (of submitting individual) | | Agency |
|  | |  |
| Signature | | Date |

New Service Request For Destruction

Additional Evidence For Destruction Corrected Copy

|  |  |
| --- | --- |
| *DPS Lab Case # (if known)* |  |

*Submission Information*

|  |  |
| --- | --- |
| **Agency** |  |
| **Agency Case #** |  |
| **Offense** | 18D – None – Destruction Only |
| **Offense Date** |  |
| **Offense County** |  |

*Agency Contact Information*

|  |  |
| --- | --- |
| **Title / Badge #** |  |
| **Full Name** |  | | | | | | | |
| **Agency Address** |  | | City, State, Zip | |  | | | |
|  | | ***Mark if new address*** | |  | | |  | | |
| **Business Email** |  | | **Phone** |  | | | **Fax** |  |

*Individual (S = Suspect, V = Victim)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (Last, First, Middle, Suffix) | S / V | Race | Sex | DOB |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Description of Evidence Submitted*

| **Agency**  **Item #** | **Brief Description of Evidence** | **Evidence Type** | | **Source** | **Weight** | **Quantity** |  | **LAB USE ONLY** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Weight** | **Quantity** | |
|  |  | Powder  Liquid  Tablet(s)  Capsule(s)  Plant(s)  Edible(s)  Paraphernalia | |  |  |  |  |  |  | |
|  |  | Powder  Liquid  Tablet(s)  Capsule(s)  Plant(s)  Edible(s)  Paraphernalia | |  |  |  |  |  |  | |
|  |  | Powder  Liquid  Tablet(s)  Capsule(s)  Plant(s)  Edible(s)  Paraphernalia | |  |  |  |  |  |  | |
| **Evidence Condition:**  **Dried**  **Undried (Wet)** | | | **Note: All weights must include packaging, estimate large quantities using weight** | | | | | | |

***Description of Evidence Submitted***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency**  **Item #** | **Brief Description of Evidence** | **Evidence Type** | | **Source** | **Weight** | **Quantity** |  | **LAB USE ONLY** | | |
| **Weight** | **Quantity** | |
|  |  | Powder  Liquid  Tablet(s)  Capsule(s)  Plant(s)  Edible(s)  Paraphernalia | |  |  |  |  |  |  | |
|  |  | Powder  Liquid  Tablet(s)  Capsule(s)  Plant(s)  Edible(s)  Paraphernalia | |  |  |  |  |  |  | |
|  |  | Powder  Liquid  Tablet(s)  Capsule(s)  Plant(s)  Edible(s)  Paraphernalia | |  |  |  |  |  |  | |
|  |  | Powder  Liquid  Tablet(s)  Capsule(s)  Plant(s)  Edible(s)  Paraphernalia | |  |  |  |  |  |  | |
|  |  | Powder  Liquid  Tablet(s)  Capsule(s)  Plant(s)  Edible(s)  Paraphernalia | |  |  |  |  |  |  | |
|  |  | Powder  Liquid  Tablet(s)  Capsule(s)  Plant(s)  Edible(s)  Paraphernalia | |  |  |  |  |  |  | |
|  |  | Powder  Liquid  Tablet(s)  Capsule(s)  Plant(s)  Edible(s)  Paraphernalia | |  |  |  |  |  |  | |
|  |  | Powder  Liquid  Tablet(s)  Capsule(s)  Plant(s)  Edible(s)  Paraphernalia | |  |  |  |  |  |  | |
| **Evidence Condition:**  **Dried**  **Undried (Wet)** | | | **Note: All weights must include packaging, estimate large quantities using weight** | | | | | | |