|  |
| --- |
|  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** |