



Department of Forensic Biology
 421 East 26th Street, New York, NY 10016
 Telephone: 212-323-1200
 Email: DNALab@ocme.nyc.gov
 Official Web site: www.nyc.gov/ocme

Request for Forensic Biology Case File Certification Form

Please enter all fields within this form.

Case file certifications will be processed in the order received and will be completed within 10 business days. Each unique evidence case file requires a **separate** certification form. Only the corresponding/associated suspect files can be requested along with the evidence file. Electronic case files will be sent via email. All submitted forms must be typed, complete and correctly filled out. Forms with incorrect/missing information will be rejected.

FB Number: _____

Date of Request: _____

Complainant's Name: _____

Trial Start Date (if applicable): _____

NYPD 61#: _____

Total # of Cases Requested _____

Associated Suspect File(s) to Above Evidence Case:

FBS Number: _____

FBS Number: _____

Suspect/Respondent: _____

Suspect/Respondent: _____

FBS Number: _____

FBS Number: _____

Suspect/Respondent: _____

Suspect/Respondent: _____

Comments/
Additional
Information

Contact Information:

Paralegal/Other Contact Information:

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Borough/District: _____

Office Requesting Certification: