



NYC
Office of Chief
Medical Examiner

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

Request for Testifying Forensic Biology Criminalist Non-Conformities

Please enter all fields within this form.

Requests for the non-conformities of the testifying Criminalist will be processed in the order they are received and completed within approximately 10 business days. Each request requires a separate form. Non-conformities will be sent to the email address provided on this form. Any forms filled out incorrectly will be rejected and emailed back to the requestor.

Date of Request: _____ **Indictment No:** _____
Name of the Case: _____ **NYPD 61 #:** _____
FB Number _____ **FBS Number:** _____
Testifying Criminalist: _____ **Trial Date:** _____

**Comments /
Additional
Information:**

Contact Information:

Attorney Name: _____
Phone Number: _____
Email: _____
Borough / District: _____

Paralegal / Other Contact Information:

Name: _____
Phone Number: _____
Email: _____

Please email this form to: nonconformities@ocme.nyc.gov

Legal Approved by:

Approved By: Quality Assurance Manager
Date Effective: 06/07/2023