



**NYC**  
**Office of Chief  
 Medical Examiner**

**Department of Forensic Biology**  
 421 East 26<sup>th</sup> Street, New York, NY 10016  
 Telephone: 212-323-1200  
 Official Website: [www.nyc.gov/ocme](http://www.nyc.gov/ocme)

**Request for Forensic Biology Criminalist Non-Conformities**

Please enter all fields within this form.

Criminalist non-conformity requests will be processed in the order they are received and completed within approximately 10 business days. **Expedited requests will be accommodated when possible.** 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:**

**Paralegal / Other Contact Information:**

**Attorney Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Borough / District:** \_\_\_\_\_

Please email this form to: [nonconformities@ocme.nyc.gov](mailto:nonconformities@ocme.nyc.gov)

**Legal Approved by:**

Approved by:

Eff. 06-08-2021