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:**