**Confirmation of an Offender’s DNA Profile in the DNA Databank**

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| 1. Type or print legibly / Incomplete forms will be returned.
2. Completed form should be faxed to: (203) 639-6485 or mailed to: Department of Emergency Services and Public Protection, Division of Scientific Services, 278 Colony Street, Meriden, Connecticut 06451-2053
3. Please direct questions to the DNA Section at the Forensic Science Laboratory at (203) 639-6400.
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| **Criminal Case Being Investigated** |
| Laboratory Case Number (Connecticut or other laboratory): |
| Contact Information if not Connecticut Laboratory Case: |

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| **Suspects Identifying information** |
| Name: (Last and First ) |
| Middle Initial:  | [ ] Unk-N/A | Suffix: | [ ]  None [ ]  N/A |
| Sex: [ ] Male [ ] Female | [ ] Unk-N/A |  |
| Date of Birth:  |  |  |
| Connecticut SPBI Number: | [ ] Unk-N/A | Connecticut Inmate Number: | [ ] Unk-N/A  |
| Social Security Number: | [ ] Unk-N/A | FBI Number: | [ ] Unk-N/A |
| Date Databank Sample was Collected: | [ ] Unk-N/A |

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| **Law Enforcement Officer Requesting Information** |
| Name: | Title: |
| Agency: | Phone Number:  |
| Agency Address**:** (number, street, city, zip code) |

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| *I hereby certify that I have reasonable and articulable suspicion that the individual whose DNA profile that I am requesting has committed the criminal offense being investigated by my agency. I understand that any false statement made herein which I do not believe to be true and which statement is intended to mislead a public servant in the performance of their official function is punishable pursuant to Connecticut General Statutes section 53a-157b.***Print/type Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| ***To be completed by the Forensic Science Laboratory*** |
| Sample or Specimen Number in CODIS: |
| Date Forensic Sample was entered into CODIS: |