



**OKLAHOMA STATE BUREAU OF INVESTIGATION**  
**REQUEST FOR DIGITAL EXAMINATION**

Requesting Officer: _____ (TYPE/PRINT – OFFICER’S NAME)	Badge #: _____	Requesting Agency: _____
Requesting Officer’s e-mail: _____	Phone No: _____	

Submitting Officer: (Person delivering evidence to the OSBI Facility) \_\_\_\_\_ Evidence Delivered:  In Person

\_\_\_\_\_  
 (TYPE / PRINT - OFFICER’S NAME & BADGE #) (OFFICER’S SIGNATURE) (SUBMITTING AGENCY)

Requesting Agency Case #: \_\_\_\_\_  
 Type of Offense: \_\_\_\_\_  
 County of Offense: \_\_\_\_\_  
 Date of Offense: \_\_\_\_\_  
 Court Date, If Known: \_\_\_\_\_

_____ <b>OSBI Case Number</b>
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Has evidence been previously submitted on this case?  Yes  No  
 If yes, please provide the OSBI Case #: \_\_\_\_\_

**SUBJECT/SUSPECT(S):**

NAME (Last, First Middle)	Race	Sex	DOB	SSN

**VICTIM(S):**

NAME (Last, First Middle)	Race	Sex	DOB

**EVIDENCE SUBMITTED:**

Itemized Description of Evidence (Attach additional pages if necessary)	Type of Exam Requested*** (per item)	Biohazard? Y/N
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

**THE REQUESTING AGENCY IS RESPONSIBLE FOR DISSEMINATING COPIES OF ALL REPORTS RELATED TO THIS REQUEST TO THE PROSECUTING ATTORNEYS’ OFFICE.**

I understand evidence may be subjected to methods which are destructive and may damage the evidence.