SC Attorney General's Evidence & Inventory

Submittal Form and Receipt

SUBMITTING AGENCY: Please submit this form back through e-mail with only A thru D filled out.

SC Attorney General's Office

ICAC Forensic Lab (701)
1000 Assembly
P.O. Box 11549 Columbia, SC 29211-1549

(803) 734-0916 Lab (803) 734-0917 Fax

FOR LAB USE ONLY

Forensic Examiner:

DATE:

LAB NO.:

A

INVESTIGATING OFFICER:	BADGE:	AGENCY	PHONE:
ADDRESS:	CITY, STATE:	ZIP CODE:	EMAIL:

REPORTS TO BE SENT TO INVESTIGATING OFFICER AND ANY INDIVIDUAL OR AGENCY SPECIFIED BELOW

NAME:		ADDRESS:		ZIP CODE:	
NAME:		ADDRESS:		ZIP CODE:	

B

SUSPECTED OFFENSE: (required)

DATE CRIME OCCURRED or REPORTED DATE: (required)

COUNTY:

AGENCY CASE NO.: (required)

SC AG's NO.: (only for AG's Office)

	NAME	SEX	RACE	DOB
VICTIM(S)				
SUSPECT(S)				
ELIMINATION OR OTHER				

C

EXPLAIN WHAT TO LOOK FOR IN THE EVIDENCE SUBMITTED:

INVENTORY OF EVIDENCE SUBMITTED

D

NO.	DESCRIPTION	MODEL AND/OR SERIAL NUMBER

Lab No.

INVENTORY OF EVIDENCE SUBMITTED (continued)

	NO.	DESCRIPTION	MODEL AND/OR SERIAL NUMBER
D			

Please submit with this form a copy of the **SearchWarrant**, **Incident Report, & Evidence Form** from your Agency.

E

EVIDENCE CHAIN OF CUSTODY

ITEM NO.	EVIDENCE COMING FROM or GOING TO	IN	OUT	DATE/TIME	RECEIVED BY	RELEASED BY

COMMENTS OR OTHER NOTES ABOUT EVIDENCE:

Please submit with this form a copy of the **SearchWarrant**, **Incident Report, & Evidence Form** from your Agency.