STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF SCIENTIFIC SERVICES

Confirmation of an Offender's DNA Profile in the DNA Databank

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.

Criminal Case Being Investigated
Laboratory Case Number (Connecticut or other laboratory):
Contact Information if not Connecticut Laboratory Case:

Suspects Identifying information			
Name: (Last and First)			
Middle Initial:	☐ Unk-N/A	Suffix:	☐ None
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

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

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:_____

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