

**LEGALLY OBTAINED SUSPECT KNOWN FORM**

**Request for Entry of the DNA Record of Subject's Legally Obtained Sample into the Local DNA Index System of the Sacramento County DA's Laboratory of Forensic Services**

Subject's Name: \_\_\_\_\_  
Last First Mid. Init.

Subject's DOB: \_\_\_\_\_ (dd/mm/yyyy) Sex: [ ] Race: [ / / ]

Subject's CII: A[ / / / / / / / / ]

\*Identity should be confirmed wherever possible by Live Scan or print comparison.

Date of Collection: \_\_\_\_\_ (dd/mm/yyyy)

Type of Sample: [ ] Buccal [ ] Blood [ ] Tissue: (describe) \_\_\_\_\_

[ ] Other: (describe) \_\_\_\_\_

Submitting Agency Name: \_\_\_\_\_

The requesting Submitting Officer makes the following declarations:

1. The submitted reference sample from the above subject was lawfully taken (warrant, consent, or other legal means.)
2. The above-named person is qualified for entry into the CODIS database Legally Obtained Index based on one of the following:
  - Voluntary sample obtained with signed consent form
  - Other: (Explain.) \_\_\_\_\_
3. The Submitting Officer/Agency will notify the local laboratory CODIS Administrator of any change in the above information or if a court having jurisdiction may require expungement from CODIS. Such notification will be in written form on agency letterhead and accompanied by a copy of any relevant court order.

Submitting Officer's Name (Print): \_\_\_\_\_

Submitting Officer's Rank: \_\_\_\_\_ ID No.: \_\_\_\_\_

Submitting Officer's Signature: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of this Request: \_\_\_\_\_ (mm/dd/yyyy)

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Date profile entered into CODIS: \_\_\_\_\_ (mm/dd/yyyy)

Sample Specimen Identification Number: \_\_\_\_\_

Local CODIS Administrator's Name (Print) \_\_\_\_\_

Local CODIS Administrator's Signature: \_\_\_\_\_