

Rush Request Form ‡ \

Name of District Attorney or ADA:	
DA's Office Point of Contact and Phone #	
Date Requested for Case Completion:	
Trial Date (if confirmed):	
For DWI/DUI Cases	
Statute of Limitation:	
Habitual	Fatality      Personal Injury to Another

Reason for Rush Request\*:

I, the undersigned District Attorney or Assistant District Attorney, am requesting that the North Carolina State Crime Laboratory complete the examination of the evidence submitted in the above reference case as quickly as possible.

DA or ADA: \_\_\_\_\_

Please attach this request to your Forensic Advantage Web message. This information can be located by your Agency's FA Administrator. \*Rush requests without adequate justification may not be honored.