

STIMS # \_\_\_\_\_

**PART A: TO BE COMPLETED BY LAW ENFORCEMENT AGENCY**  
*(Please fill out as accurately as possible.)*

By marking the check box, I acknowledge evidence was collected in connection with a criminal investigation and (**select one**):

- I acknowledge there is clear and convincing evidence a crime **DID NOT** occur.
- I acknowledge that a crime **DID** occur AND/OR further investigation is required.

Has the crime already been prosecuted?  Yes  No

If yes, did the prosecution result in a conviction?  Yes  No

Does the submission include DNA standards from the victim?  Yes  No

Does the submission include DNA standards from the suspect?  Yes  No

If no, is there probable cause to collect the suspect standard(s)?  Yes  No

Does the submission include DNA standards from all the consensual partners (within 120 hrs)?  Yes  No

If no, have those DNA standards been requested?  Yes  No

**FOR UNREPORTED OR ANONYMOUS KITS COLLECTED:**

Under state law, if the victim consented to the collection of the sexual assault examination kit, but the victim has not consented to participate in the criminal justice process by reporting the crime to a law enforcement agency send kits to the Department of Public Safety Law Enforcement Support Services (LESS) warehouse for storage, instead of sending them to the Crime Lab. N.C.G.S. 15A-266.5A.

**FOR KITS COLLECTED ON OR PRIOR TO JANUARY 1, 2018 AND DETERMINED THROUGH MULTI-DISCIPLINARY TEAM REVIEW AT A LAW ENFORCEMENT AGENCY TO BE "UNFOUNDED":**

For kits collected on or before January 1, 2018, the law enforcement agency may determine - after a comprehensive case review and after complete review by the multi-disciplinary review team (MDT) established under the Survivor Act - that based on clear and convincing evidence, a crime did not occur. Any such kits should not be sent to the Crime Lab, but instead should be stored by the law enforcement agency along with a brief summary indicating the information and evidence supporting the determination. If, after this determination, the law enforcement agency receives any information or evidence that creates value for testing the kit, it shall send it to the Crime Lab as soon as possible. N.C.G.S. 15A-266.5A(d)(3)(b).

**ATTENTION:**

*If at any time it is determined that a crime has not been committed for any kit previously submitted for testing, please contact the State Crime Laboratory.*

**For Sexual Assault Kits collected on OR before January 1, 2018 for OUTSOURCING (please continue to Part B on page 2)**



**PART B: TO BE COMPLETED BY LAW ENFORCEMENT AGENCY (For OUTSOURCING ONLY)**

Requesting Officer: \_\_\_\_\_ County of Offense: \_\_\_\_\_  
 (Print Name)

Requesting Agency: \_\_\_\_\_ ORI #: \_\_\_\_\_

Agency Address, City and Zip: \_\_\_\_\_ Agency File #: \_\_\_\_\_  
 \_\_\_\_\_ Type of Case: \_\_\_\_\_

Investigating Officer Name: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Contact Number and Email: \_\_\_\_\_ **STIMS**  
**Number:** \_\_\_\_\_

VICTIM(S)	Race/Sex	DOB	SUSPECT(S)	Race/Sex	DOB	ID #

*Has any evidence in this case been submitted to the NCSCCL laboratory previously?* \_\_\_\_\_ *If yes, to which section(s)?* \_\_\_\_\_

Agency Item #	Description of Evidence	Exact Location Found (Use names for body fluid/DNA Evidence)

**NOTES: To Be Filled Out by North Carolina State Crime Laboratory Employees ONLY:**

Please contact Forensic Biology at [SAK@ncdoj.gov](mailto:SAK@ncdoj.gov) with any questions.

Form approved for use by: Forensic Biology FSM 