



Forensic Consulting  
Services, LLC

# Service Request Form

827 Arnold Drive Suite 230  
Martinez, CA 94553  
Phone: (888) 659-7447  
E-mail: ckhullforensics@gmail.com  
Web: www.ckhullforensics.com

**Instructions:** Completely fill out the form fields, except for the shaded areas (reserved for office use). Submit a separate request form for each agency case. The agency is financially responsible for the service(s) provided.

<b>Agency:</b>	<b>Case #:</b>	<b>Victim:</b>	<b>Offense Code:</b>
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<b>Requestor:</b>	<b>Phone:</b>	<b>E-mail:</b>
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**Person(s) to be compared:** If available, provide the AFIS or CII #.

Last Name	First Name	Date of Birth	AFIS or CII # (optional)

**Evidence:** Describe each item of evidence. Indicate if DNA is to be collected. All packages must be tape sealed and initialed.

Agency Item #	Description

**For Office Use:**

<b>Delivered by (print name):</b>	<b>Received by:</b>
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<b>Signature:</b>	<b>Date Received:</b>
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<b>Disposition:</b>
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