

General Case Submission Form

Submitting Agency	Agency Case #	Date

Instructions

1. Contact Signature Science for a quote at Quotes@signaturescience.com.
2. Complete this Case Submission Form.
3. Print the form and sign it to authorize the work.
4. Submit evidence (with the completed Case Submission Form inside) to:
SigSci Forensics, 8501 N. Mopac Expressway, Suite 100, Austin, TX 78759

Download applicable Terms & Conditions: www.signaturescience.com/terms-and-conditions

All laboratory services are governed by the Conditions of Sale and Additional Terms and Conditions.

Case Information

Case Type ☐ New Case ☐ Supplemental Testing for Existing Signature Science Case

If supplemental, list SigSci case # LSS _____

Victim(s)

Defendant(s)

Elimination(s)

Offense

Case Scenario

Include how the submitted items are associated with the case—attach additional pages, if necessary

Additional Directions for Testing

(if needed)

Turn-Around Time Requested

☐ Standard

☐ Rush Service *(Subject to availability, additional charges will apply)*

Anticipated Evidence Submission Date

Is CODIS Entry Requested? *Reach out to Signature Science to discuss prior to evidence submission. (If left blank the default will be assumed as "No")*
☐ Yes ☐ No

☐ GlobalFiler ☐ 24plex ☐ Yfiler Plus[illegible]

General Case Submission Form

Point of Contact (Will Receive Report)

Name _____

Agency _____

Address _____

Phone _____

Email _____

Billing Information

☐ **Account Sale** Account # _____ PO # (If Required) _____

To obtain a credit account, contact LParke@signaturescience.com
☐ **Credit Card Sale** ☐ VISA ☐ MasterCard ☐ American Express

Name _____

Credit Card # _____

Expiration _____ CVV _____ Email _____

Billing Address _____

Evidence Return

☐ **Return to Submitting Agency**
☐ **Return to Other Agency**

Agency _____

Name _____

Address _____

Phone _____ Email _____

Certification and Signature

I certify the information provided on this Case Submission Form is accurate to the best of my knowledge. I confirm that I authorize Signature Science to perform the above-requested work on the samples described on this form at the listed fees (plus tax, if applicable) and agree to the associated terms and conditions. Furthermore, I certify that I am a duly authorized representative of the Submitting Agency indicated above and have the authority to sign this on behalf of my agency and obligate it accordingly.

SIGNATURE _____ Date _____

Printed Name _____ Title _____