



**WISCONSIN DNABANK
BUCCAL SWAB COLLECTION KIT
SUBMISSION FORM**

Please direct all questions to the DNA Databank at the Wisconsin State Crime Laboratory.

Place Barcode Here

DJ-LE-106 Rev.
11/10/2016

Phone: 608-266-2031
Email: DNADatabank@doj.state.wi.us

SUBJECT IDENTIFIERS **IF THE SUBMISSION IS NOT COMPLETED CORRECTLY IT MAY BE REJECTED.**

STATE IDENTIFICATION NUMBER (SID):			
LAST:	FIRST :	MIDDLE :	
DATE OF BIRTH : ___ / ___ / _____	RACE:	GENDER:	

QUALIFYING EVENT Only complete **ONE** section (Arrest, Conviction, or DNA Needed)
CHECK CRIMINAL HISTORY FOR DNA FLAG: IF CONVICTION DNA IS ON FILE DO NOT COLLECT ANOTHER SAMPLE.

ARREST (Check all that apply)

Warrant Issued **ARREST TRACKING NUMBER (ATN):** _____

Juvenile **Arrest Date:** ___ / ___ / _____ **Statute :** _____

Adult

CONVICTION (Check all that apply)

Juvenile Misdemeanor **CCAP Case Number :** _____

Adult Felony

Interstate Compact

"DNA COLLECTION NEEDED"

SAFE Team Crime Laboratory Recollect List Missed Collection Event

COLLECTION AGENCY INFORMATION **PLEASE MAIL OUT WITHIN 24 HOURS.**

AGENCY NAME:	COLLECTION DATE : ___ / ___ / _____
COLLECTED BY:	AGENCY CONTACT:

FINGERPRINTS **COLLECT A SIMULTANEOUS FOUR FINGER PLAIN / SLAP PRINT (LEFT OR RIGHT) BELOW.**