Version 2

Effective Date: 7/10/2014

Rush Request Form

| Name of District | | | | |
|-------------------------|-----------------|----------------|----------|-----------|
| Attorney or ADA: | | | | |
| Contact number and | | | | |
| email address for DA or | | | | |
| ADA: | | | | |
| Name of Legal | | | | |
| Assistant: | | | | |
| Legal Assistant's | | | | |
| contact number and | | | | |
| email address: | | | | |
| | | | | |
| County: | | Age of Case: | | |
| Defendant / Subject | | | | |
| Name: | | | | |
| | | | | |
| Victim Name: | | | | |
| Date LE Agency | Laboratory File | | | |
| submitted case to Lab: | | Number*: | | |
| LEO Contact: Name / | | | | |
| Agency / File Number | | | | |
| Date requested for case | | Trial Date (if | | |
| completion: | | confirmed): | | |
| | | | | |
| Criminal Charges: | | | | |
| | | | | Personal |
| For DWI/DUI cases | | Habitual | Fatality | Injury to |
| Statute of Limitation: | | | | 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.

Signature:

Please attach this request to your Forensic Advantage Web message. *Paperwork without a laboratory case number may not be able to be processed. This information can be located by your Agency's FA Administrator. **Rush requests without adequate justification may not be honored.