



Familial Search Request Renewal Form

Please sign and submit electronically - call (518) 457-1901 for assistance.

Section A – To be completed by Requestors

Familial Search Application Number:

By submitting this form, the Requestors adopt herein as part of this request renewal all corresponding documents and forms related to the previously approved application. Including but not limited to - the approved application, any supplemental information forms, and any previous request renewal forms.

Request Renewal Number: R (EX: 1, 2, 3, ...) Date of Search Results Release:

Law Enforcement Agency Contact Information

Agency:

Chief Executive Name:

Official Title:

Phone:

Fax:

E-mail:

Designated Representative Name:

Phone:

Fax:

E-mail:

Prosecutor Contact Information

Agency:

Chief Executive Name:

Official Title:

Phone:

Fax:

E-mail:

Designated Representative Name:

Phone:

Fax:

E-mail:



Provide material updates to the case and/or additional investigative efforts taken since the last request. *(Form field has no character limit. Enter "No updates" if there are none.)*

CODIS Specimen ID Number of Forensic/UHR DNA Sample:
Please confirm and provide the specimen number.

By signing, I certify that, to my knowledge and in my professional judgement, the above information is true and accurate;

Date:

Date:

Signature:

Signature:



Section B – To be completed by the State CODIS Administrator

I confirm that the forensic/UHR DNA profile continues to meet the sample requirements of the Familial Search Policy, and is searchable within current NYSP validated parameters.

Name:

Date:

Signature:

Section C – To be completed by DCJS

I confirm that the Requestors previously submitted the referenced application, which was approved and a familial search performed. Either a) this search did not result in the release of any candidate offenders, or b) the investigation of released candidate offender(s) has come to an end without closing the case. At this time, this familial search request renewal is approved.

Name:

Date:

Signature: