

**INTERLOCAL AGREEMENT**  
**FOR PERFORMANCE OF POSTMORTEM EXAMINATIONS**  
**BY HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES**

THE STATE OF TEXAS     §  
                                     §  
COUNTY OF HARRIS     §

THIS INTERLOCAL AGREEMENT (the "Agreement") is made pursuant to chapter 791 of the Texas Government Code (the Interlocal Cooperation Act) and chapter 49 of the Texas Code of Criminal Procedure, and entered into by and between **Harris County**, acting by and through its governing body, the Harris County Commissioners Court, and **Fort Bend County** (the "Requesting County"), acting by and through its governing body, the Fort Bend County Commissioners Court.

**R E C I T A L S:**

Pursuant to article 49.25 of the Texas Code of Criminal Procedure, Harris County has established and maintains the Harris County Institute of Forensic Sciences which includes the Office of Medical Examiner;

The Requesting County does not have a medical examiner, and a justice of the peace is required to conduct an inquest into the death of a person who dies in the county under certain circumstances;

If the justice of the peace determines that a postmortem examination is necessary, the justice of the peace may order that a postmortem examination of the body be performed by a physician; and

The Requesting County desires to obtain the services of the Harris County Institute of Forensic Sciences (the "Medical Examiner") to perform postmortem examinations on persons who died in the Requesting County and to provide sworn testimony in connection with any inquest by a justice of the peace or any criminal investigation or prosecution conducted by a prosecuting attorney.

**NOW, THEREFORE**, Harris County and the Requesting County, in consideration of the mutual covenants and agreements herein contained, do mutually agree as follows:

**T E R M S:**

I.  
TERM

The term of this Agreement shall begin on June 1, 2014 and end on December 31, 2014, unless terminated in accordance with the provisions contained herein.

## II. SERVICES

A. Postmortem Examinations. Postmortem examinations will be performed by the Medical Examiner pursuant to chapter 49 of the Texas Code of Criminal Procedure at the Joseph A. Jachimczyk Forensic Center ("Forensic Center") in Houston, Texas. In those cases where a complete autopsy is deemed unnecessary by the Medical Examiner to ascertain the cause and manner of death, the Medical Examiner may perform an external examination of the body, which may include taking x-rays of the body and extracting bodily fluids for laboratory analysis.

1. *Written Request*. When a justice of the peace in the Requesting County determines pursuant to article 49.10 of the Code of Criminal Procedure, that a postmortem examination is necessary on the body of a deceased person who died within their jurisdiction, the justice of the peace may request that the Medical Examiner perform an autopsy. Each request for a postmortem examination shall be in writing, accompanied by an order signed by the justice of the peace. However, the Medical Examiner shall have the discretion to decline any specific request for autopsy for any reason or perform an external examination of the body.
2. *Written Records*. The following records shall accompany the body: (1) the completed form titled "Harris County Medical Examiner Out of County Investigator's Report" (attached hereto and incorporated herein); (2) the entire police report, including scene photographs and; (3) all relevant medical records, including hospital admission and emergency room records, if applicable. Failure to provide all necessary records may result in the Medical Examiner refusing to accept the body for a postmortem examination.
3. *Body Bag*. Each body transported to the Medical Examiner for a postmortem examination must be enclosed inside a zippered body bag. The body bag shall have the deceased's name affixed to the outside.
4. *Limitation*. For the term of this Agreement, the services of the Medical Examiner shall be limited to twenty-five (25) cases. The Medical Examiner maintains the right to decline any autopsy request.

B. Laboratory Analyses. The Medical Examiner shall conduct a postmortem toxicological analysis, if appropriate, and any other tests considered necessary to assist in determining the cause and manner of death and identification.

C. Testimony. Medical Examiner personnel performing services pursuant to this agreement shall appear as reasonably necessary to provide testimony in a criminal case before a district court of the Requesting County. The Requesting County agrees to use its best efforts to schedule the testimony of the Medical Examiner's personnel in such a manner to cause the least amount of disruption in their work schedule.

D. Reports. Within a reasonable time after the completion of a postmortem examination, the Medical Examiner will provide a written copy of the autopsy report to the justice of the peace who requested the autopsy.

E. Transportation. The Requesting County shall have the sole responsibility for transporting the deceased to the Forensic Center. Upon notification by the Medical Examiner that the autopsy has been completed, the Requesting County shall make arrangements for the deceased to be transported immediately to a funeral home.

F. Training. The Medical Examiner will conduct an annual training seminar at the Forensic Center in Houston for justices of the peace, their court personnel and other criminal justice officials, including investigators.

G. No Interment. Harris County shall have no responsibility for burying the remains of the deceased. Consistent with TEX. HEALTH & SAFETY CODE ANN. § 711.002(e), the Requesting County shall have sole responsibility for interment of the body.

### III.

#### CONSIDERATION FOR SERVICES

A. Autopsy Fees. In consideration for the services provided by the Medical Examiner, the Requesting County agrees to pay Harris County all costs and expenses associated with performing the autopsy in accordance with the following schedule:

- |                                  |                  |
|----------------------------------|------------------|
| (a) Standard Autopsy Examination | \$2,250 per body |
| (b) External Examination         | \$1,000 per body |

B. Special Tests. In addition to the autopsy fee, the Requesting County agrees to pay Harris County for any special tests requested by the Requesting County or deemed appropriate by the Medical Examiner, that are performed by the Harris County Forensic Laboratory or an independent laboratory. These additional charges may include DNA analyses, GSR analysis and trace evidence collection, if required, in accordance with the Fee Schedule attached hereto and incorporated herein as Exhibit "A."

C. Testimony. The Requesting County shall additionally pay Harris County for the time spent by the Medical Examiner's pathologists, the Chief Toxicologist, or other personnel providing sworn testimony in connection with a postmortem examination requested by the Requesting County. Testimony fee are in accordance with the Harris County Medical Examiner's Fee Schedule, attached hereto and incorporated herein. These rates shall apply also to pretrial preparation, attendance at pretrial conferences, travel time and any time spent waiting to provide testimony.

D. Storage of Bodies. The Requesting County shall pay Harris County the additional sum of Forty Five Dollars (\$45) per day for each body that remains at the Forensic Center beyond forty-eight hours after notification by the Medical Examiner that the body is ready to be released to the Requesting County. This provision shall survive termination of this Agreement and shall apply to any bodies currently remaining at the Forensic Center.

E. Invoice. Harris County shall submit an invoice to the Requesting County for post mortem services performed under this Agreement thirty (30) days after the service is completed. The Requesting County shall pay the total amount of the invoice within thirty (30) days of the date of receipt of the invoice by the Requesting County. If the Requesting County fails to pay any invoice within sixty (60) days after receipt, the Medical Examiner may refuse to accept any additional bodies for autopsy.

F. Fair Compensation. Harris County and the Requesting County agree and acknowledge that the contractual payments contemplated by this agreement are reasonable and fairly compensate Harris County for the services or functions performed under this Agreement.

G. Death Certificates. The justice of the peace who requested the postmortem examination be performed shall provide the Medical Examiner with a copy of the signed Certificate of Death no later than fourteen (14) days after receipt of the autopsy report. Failure to comply with this provision may result in termination of the contract by Harris County.

#### IV. FUNDS

A. Current Funds. The Requesting County agrees and acknowledges that the contractual payments in this Agreement shall be made to Harris County from current revenues available to the Requesting County.

B. Certified Availability. The Requesting County has available and has specifically allocated \$56,250, as evidenced by a certification of funds by the Requesting County's County Auditor. In the event funds certified available by the Requesting County's County Auditor are no longer sufficient to compensate Harris County for the services provided under this Agreement, Harris County shall have no further obligation to complete the performance of any services until the Requesting County certifies sufficient additional current funds. The Requesting County agrees to immediately notify Harris County regarding any additional certification of funds for this Agreement.

C. Other Statutory Liability. This Agreement is not intended to limit any statutory liability of the Requesting County to pay for services provided by Harris County when the funds certified by the Requesting County are no longer sufficient to compensate Harris County for the services provided under this Agreement.

D. Overdue Payments. It is understood and agreed that chapter 2251 of the Texas Government Code applies to late payments.

#### V. TERMINATION

A. Without Notice. If the Requesting County defaults in the payment of any obligation in this Agreement, Harris County is authorized to terminate this Agreement immediately without notice.

B. With Notice. It is understood and agreed that either party may terminate this Agreement prior to the expiration of the term set forth above, with or without cause, upon thirty (30) days prior written notice to the other party. By the next business day following the first ten (10) days of the subsequent calendar month after the effective date of such termination, Harris County will submit an invoice showing the amounts due for the month in which termination occurs in the manner set out above for submitting monthly invoices.

VI.  
NOTICE

Any notice required to be given under the provisions of this Agreement shall be in writing and shall be duly served when it shall have been deposited, enclosed in a wrapper with the proper postage prepaid thereon, and duly registered or certified, return receipt requested, in a United States Post Office, addressed to the parties at the following addresses:

To Harris County:     Harris County  
                              Harris County Administration Building  
                              1001 Preston, Suite 911  
                              Houston, Texas 77002-1896  
                              Attn: County Judge

with a copy to:         Harris County Institute of Forensic Sciences  
                              1885 Old Spanish Trail  
                              Houston, Texas 77054-2098  
                              Attn: Chief Medical Examiner

Fort Bend County:     Fort Bend County Judge, Robert E. Hebert  
                              401 Jackson  
                              Richmond, Texas 77469

with a copy to:         Director of Health and Human Services  
                              4520 Reading Rd., Suite A-900  
                              Rosenberg, TX 77471

Either party may designate a different address by giving the other party ten days' written notice.

VII.  
MERGER

The parties agree that this Agreement contains all of the terms and conditions of the understanding of the parties relating to the subject matter hereof. All prior negotiations, discussions, correspondence and preliminary understandings between the parties and others relating hereto are superseded by this Agreement.

VIII.  
VENUE

Exclusive venue for any action arising out of or related to this Agreement shall be in Harris County, Texas.

IX.  
MISCELLANEOUS

This instrument contains the entire Agreement between the parties relating to the rights granted and the obligations assumed. Any oral or written representations or modifications concerning this instrument shall be of no force and effect excepting a subsequent modification in writing signed by both parties. This Agreement may be executed in duplicate counterparts, each having equal force and effect of an original. This Agreement shall become binding and effective only after it has been authorized and approved by both counties, as evidenced by the signature of the appropriate authority pursuant to an order of the Commissioners Court of the respective County authorizing such execution.

APPROVED AS TO FORM:  
VINCE RYAN  
County Attorney

**HARRIS COUNTY**

By \_\_\_\_\_  
LINDSEY K. RUTHERFORD  
Assistant County Attorney

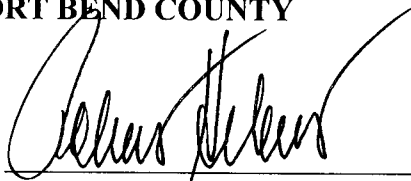
By \_\_\_\_\_  
ED EMMETT  
County Judge

Date Signed: \_\_\_\_\_

APPROVED:

**FORT BEND COUNTY**

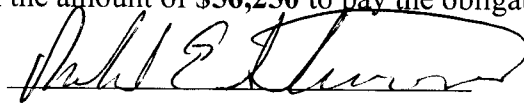
\_\_\_\_\_  
LUIS A. SANCHEZ, M.D.  
Harris County Institute of Forensic Sciences  
Executive Director & Chief Medical Examiner

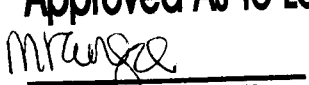
By   
ROBERT E. HEBERT  
County Judge

Date Signed: 5-27-14

CERTIFICATION OF FUNDS

Pursuant to section 111.093 of the Texas Local Government Code, I certify that the county budget contains an ample provision for the obligations of **Fort Bend County** under this Agreement and that funds are or will be available in the amount of **\$56,250** to pay the obligations when due.

  
Date Signed: 5/28/2014

**Approved As To Legal Form**  
  
**Asst. County Atty.** 5/15/14  
**Date**

**Luis A. Sanchez, M.D.**  
Chief Medical Examiner



(713) 796-9292  
FAX : (713) 796-6844

**JOSEPH A. JACHIMCZYK FORENSIC CENTER**

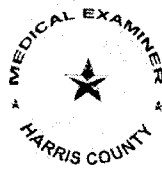
**FEE SCHEDULE**  
**Effective May 1, 2006**

Service Description	Pricing Unit	Price
<b>Autopsy Services (Analysis/Examination/Service)</b>		
<b>Autopsy – Non-Harris County Cases</b>		
Autopsy	Case	\$2,250
External Exam	Case	\$1,000
Decedent Storage Fee	Day	\$45
<b>Histology Slides</b>		
Standard Stains (Per Slide)	Slide	\$11
Special Stains (Per Slide)	Slide	\$15
<b>Documents: Reports, Permits &amp; Photo Reprints:</b>		
Copy Charge per Open Records	Page	\$0.10
Images on CD (plus copy charge)	Each	\$11
Notarization of Document (plus copy charge)	Document	\$7
Photo Reprints (3 ½ x 5)	Print	\$3
Photo Reprints (8 x 10)	Print	\$5
X-Ray Copy (per film)	Film	\$6
Subpoena/Court Order Documents (plus copy charge)	Hour	\$55
<b>Professional Time</b>		
Expert Witness/Consultation – Lab & Other ME Staff (fixed fee for preparation time plus an hourly rate for travel & witness/consult time)	Fixed Fee:	\$180
	Hourly	\$90
Expert Witness/Consultation – Pathologist / Chief Toxicologist (fixed fee for preparation time plus an hourly rate for travel & witness/consult time)	Fixed Fee:	\$380
	Hourly	\$190
<b>On Site Physical Assessment prior to Organ Procurement (Total cost of an assessment is not to exceed \$1,000)</b>		
Lab & Other ME Staff (Hourly rate per staff member)	Hourly	\$90
Pathologist / Chief Toxicologist (Hourly rate per Doctor)	Hourly	\$190
<b>Forensic Lab Fees:</b>		
<b>Toxicology</b>		
Carbon Monoxide by CO-oximetry	Test	\$110
Carbon Monoxide by Ultraviolet Spectroscopy	Test	\$115
Electrolytes & Chemicals	Test	\$35
BUN / Creatinine	Test	\$45
Glucose / Ketone	Test	\$40
Toxi. Lab – Thin Layer Chromatography	Test	\$95
Urine Drug Test (EMIT) Screen	Test	\$13

1885 Old Spanish Trail, Houston, Texas 77054

Prepared by OBM  
Approved **04/04/06**  
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[www.co.harris.tx.us/me](http://www.co.harris.tx.us/me)



**JOSEPH A. JACHIMCZYK FORENSIC CENTER**

**FEE SCHEDULE**

**Effective May 1, 2006**

Service Description	Pricing Unit	Price
Headspace (Screen + Confirm)	Test	\$110
GCMS	Test	\$70
ELISA	Test	\$25
LC/MS/MS	Test	\$165
HPLC	Test	\$100
Drug Facilitated Sexual Assault	Case	\$540
SIDS	Case	\$585
DUI – Urine	Case	\$300
DUI – Blood	Case	\$350
Forensic Urine Drug Testing	Case	\$85
Post Mortem	Case	\$350
<b>Trace Evidence</b>		
Gun Shot Residue (Scanning Electron Microscope) Analysis	Stub	\$195
Hair Comparison	Hour	\$175
Trace Evidence Collection (Morgue)	Case	\$310
Trace Evidence Collection (at Crime Scene)	Case	\$620
<b>Controlled Substance</b>		
Marijuana Exhibit	Exhibit	\$90
Chemical Exhibit	Exhibit	\$115
<b>DNA</b>		
Serology – Sexual Assault Kits	Kit	\$790
Serology – Small Items (ex: individual article of clothing)	Exhibit	\$235
Serology – Large Items > 15 sq. ft. (ex: bedding)	Exhibit	\$1,175
DNA Processing (Exemplars)	Swab	\$60
DNA Processing	Test	\$740
Paternity Test	Case	\$740
Stain Cards	Card	\$20
<b>Other Fees</b>		
Lab Specimen Holding Fee	Month	\$35
Shipping & Handling Fee (Express delivery, USA)	Case	\$80
Administrative Fee	Hour	\$55
Sudden Infant Death Syndrome (State Health Dept)	Case	\$500

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COUNTY: \_\_\_\_\_ O.C. CASE # \_\_\_\_\_

JUSTICE OF THE PEACE: \_\_\_\_\_ PRECINCT No. \_\_\_\_\_

PHONE: \_\_\_\_\_ ATTACHMENTS:        Order for Autopsy            Police Report    

Scene Photos                  Medical Records (If applicable)

**LAW ENFORCEMENT AGENCY:** \_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_ PAGER: \_\_\_\_\_

WISH TO BE PRESENT FOR THE AUTOPSY:    YES    NO            If yes, LEAD TIME: \_\_\_\_\_

**DECEASED:** \_\_\_\_\_

**RACE:**            **WHITE**            **BLACK**            **HISPANIC**            **OTHER:** \_\_\_\_\_

**SEX:**            **MALE**            **FEMALE**            **AGE:** \_\_\_\_\_            **DOB:** \_\_\_\_\_

**CHILD / INFANT AGE:** \_\_\_\_\_ Months    Weeks    Days    Hours            **STILLBORN/GESTATION:** \_\_\_\_\_ Weeks

**HOME ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_            **STATE:** \_\_\_\_\_            **ZIP:** \_\_\_\_\_

**PHONE:**            **HOME :** \_\_\_\_\_            **WORK:** \_\_\_\_\_            **OTHER:** \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ TIME OF DEATH: \_\_\_\_\_ AM PM

FOUND BY: \_\_\_\_\_ (or) PRONOUNCED DEAD BY: \_\_\_\_\_ MD RN EMS

LAST KNOWN ALIVE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM PM

LAST SEEN ALIVE BY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

<b>PLACE OF DEATH:</b>	<b>HOME</b>	<b>SCENE</b>	<b>HOSPITAL</b>	<b>OTHER:</b> _____
<b>PLACE OF INJURY:</b>	<b>HOME</b>	<b>SCENE</b>	<b>HOSPITAL</b>	<b>OTHER:</b> _____

(If Place of Injury is different from Place of Death, complete scene location - required for death certificate.)

**SCENE:** HOUSE BUSINESS WORK FIELD WOODED AREA OTHER: \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**COUNTY:** \_\_\_\_\_ **PRECINCT No.:** \_\_\_\_\_

**BODY:** POSITION: LYING ON BACK LYING ON STOMACH LYING ON RIGHT / LEFT SIDE  
 (Supine) (Prone) (R / L Recumbent)  
 OTHER: \_\_\_\_\_

**TEMPERATURE:** WARM COOL AXILLARY: \_\_\_\_\_ RECTAL: \_\_\_\_\_  
 ⇨ Temperature taken: Date/Time: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 ⇨ Location temp taken: HOSPITAL SCENE HOSPITAL SCENE

**LIVIDITY PRESENT?** YES NO

⇨ FRONT BACK Right / Left SIDE OTHER: \_\_\_\_\_  
 (Anterior) (Posterior) (R/L Lateral)  
 ⇨ CONSISTENT WITH BODY POSITION? YES NO  
 ⇨ COLOR: RED-PURPLE BRIGHT RED GREEN BLACK OTHER: \_\_\_\_\_  
 ⇨ BLANCHING: (When skin is pressed, does depression remain white?) YES NO  
 ⇨ NON-BLANCHING: (When skin is pressed, does depression return to lividity color?) YES NO

**RIGIDITY:** SLIGHTLY RIGID? EXTREMELY RIGID? CONSISTENT WITH EASILY BREAKABLE?  
 BODY POSITION?  
 ⇨ JAW: YES NO YES NO YES NO YES NO  
 ⇨ NECK: YES NO YES NO YES NO YES NO  
 ⇨ ARMS: YES NO YES NO YES NO YES NO  
 ⇨ TORSO: YES NO YES NO YES NO YES NO  
 ⇨ LEGS: YES NO YES NO YES NO YES NO

**DECOMPOSITION:** (check all that apply)

\_\_\_ dark red discoloration of the lips  
 \_\_\_ dry, may include shrinkage of the: fingertips toes  
 \_\_\_ green discoloration of abdomen  
 \_\_\_ marbling or reddish-purple discoloration of the: face torso extremities entire body  
 \_\_\_ marbling or purple-green or blue-green discoloration of the: face torso extremities entire body  
 \_\_\_ marbling or green-black discoloration of the: face torso extremities entire body  
 \_\_\_ distended abdomen  
 \_\_\_ facial distention  
 \_\_\_ bloating over the entire body  
 \_\_\_ skin slippage  
 \_\_\_ larvae deposits on the: eyes mouth nose open wounds other: \_\_\_\_\_  
 \_\_\_ presence of maggots, ants, beetles, flies on the: eyes mouth nose open wounds other: \_\_\_\_\_  
 \_\_\_ adipocere or saponification - (tissues transform into fatty acids and appear as white, curdy, greasy substance)  
 \_\_\_ tache noire - (drying of the eyes)  
 \_\_\_ dried or mummified hands  
 \_\_\_ mummification of entire body  
 \_\_\_ skeleton

<b>HOSPITAL:</b>	ER	ICU	MICU	CCU	PICU	Room#:	_____
DATE OF ARRIVAL: _____				TIME OF ARRIVAL: _____			
ADMITTING DIAGNOSIS: _____							
TRANSPORTED FROM:		RESIDENCE	SCENE	HOSPITAL: _____			
TRANSPORTED BY:		EMS: _____	POLICE	PRIVATE AUTO	WALK-IN		
CPR IN PROGRESS:		YES	NO				
CHIEF COMPLAINT FOR EMS:		<input type="checkbox"/> COLLAPSED <input type="checkbox"/> NAUSEA/VOMITING <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> CHEST PAINS <input type="checkbox"/> SEIZURES	<input type="checkbox"/> SHORT OF BREATH <input type="checkbox"/> INDIGESTION			
MEDICAL RECORD # _____ (copies required by HCIFS - History/Physical, Transfer notes, Operative notes, CT/Radiology reports, initial Lab reports, Discharge/Death summary)							
_____ FIRST BLOOD (Required if suspected overdose)				_____ CORD/PLACENTA (Required if fetal death or newborn)			
REQUEST FOR ORGAN DONATION:		YES	NO	RELEASED	DECLINED		
REQUEST FOR TISSUE DONATION:		YES	NO	RELEASED	DECLINED		
Physician: _____		J.P.: _____	Date: _____	Time: _____			

**MEDICAL HISTORY:** (circle all that apply)

Heart Disease	Diabetes	COPD	Cirrhosis	Cancer – type: _____
Heart Attack	Renal Failure	Asthma	Hepatitis	HIV/AIDS – risk factor: _____
Coronary Artery Disease	Hypertension	Emphysema	Tuberculosis	Seizures – Type: _____
Congestive Heart Failure	Stroke	Alzheimer's Disease	Parkinson's Disease	Post-Trauma Seizures: YES NO

RECENT COMPLAINTS: \_\_\_\_\_

**SOCIAL HISTORY:** (circle all that apply)

☐ TOBACCO: YES NO # \_\_\_\_\_ per DAY WEEK MONTH Type: \_\_\_\_\_

☐ ALCOHOL: YES NO # \_\_\_\_\_ per DAY WEEK MONTH Type: \_\_\_\_\_

☐ DRUGS: YES NO # \_\_\_\_\_ per DAY WEEK MONTH Type: \_\_\_\_\_

PERSONAL PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**LEGAL NEXT OF KIN:** (in order of legal succession)

NAME: _____	___ WRITTEN DIRECTIVE
ADDRESS: _____	___ LEGAL SPOUSE
CITY/STATE/ZIP: _____	___ COMMON LAW SPOUSE
PHONE: _____	___ ADULT CHILD(REN)
	___ PARENT(S)
	___ ADULT SIBLING(S)
	___ OTHER RELATIVES
	___ NEXT OF FRIEND

NOTIFIED BY: \_\_\_\_\_

DATE NOTIFIED: \_\_\_\_\_ TIME: \_\_\_\_\_

<b>IDENTIFICATION:</b>	<b>POSITIVE</b>	<b>TENTATIVE ID</b>	<b>UNKNOWN</b>
BY: _____ COMPARISON OF PHOTO ID #:_____ by _____			
____ VIEWED PHOTOGRAPH			
____ VIEWED BODY AT SCENE / HOSPITAL			
____ SCIENTIFIC IDENTIFICATION REQUIRED (DNA, dentals or fingerprints comparison by HCIFS)			
 ⇨ PERSON MAKING IDENTIFICATION:			
NAME: _____		RELATIONSHIP: _____	
ADDRESS: _____			
PHONE: _____			
 ⇨ DNA SAMPLE PROVIDED BY:   (For scientific identification by DNA)			
NAME: _____		RELATIONSHIP: _____	
ADDRESS: _____			
PHONE: _____			

**NARRATIVE:**

**(ATTACH COPIES OF POLICE REPORTS, SUPPLEMENT REPORTS, AND SCENE PHOTOGRAPHS.)**