



Familial Search Application Supplemental Information

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

Section A – To be completed by DCJS Representative

Your familial search request has been received.

In order to further process we require supplemental information regarding the following:

Case Description Updated CODIS Specimen ID Number

Investigative Efforts/Exigent Circumstances

DCJS Representative

Name: Date: Signature:

Section B – To be completed by Requestors

Response to Request for Supplemental Information:

District Attorney Chief Executive (or Designated Representative)

Name: Date: Signature:

Law Enforcement Agency Chief Executive (or Designated Representative)

Name: Date: Signature: