Alabama Department of
Public Safety

BUREAU OF INVESTIGATION

FINGERPRINT EXAMINATION REQUEST
ABI-28 (2-95)

RETURN TO: **LATENT PRINT UNIT**
P.0. BOX 1511
Montgomery AL 36102-1511
Phone- (334) 353-4320

TYPE OR PRINT CLEARLY (USE BLACK INK) AND SUBMIT IN TRIPLICATE

1. CONTRIBUTOR TITLE:	6. CONTRIBUTOR CASE NO:
2. NAME	7. TYPE OF CRIME:
3. AGENCY	8. DATE OF CRIME:
ADDRESS P. 0. BOX	9. VICTIM OF CRIME:
CITY STATE ZIP	10. DPS LATENT CASE NO:
4. PHONE NO:	11, NEW CASE: / 12. ADDITIONAL EVIDENCE OR SUSPECT
5. REPORT TO:	13. SPECIAL INSTRUCTIONS:

14. SUBMITTED BY:	15. SIGNATURE	16. AGENCY	17. DATE/TIME

18. DETAILED LIST OF ITEMS SUBMITTED: INCLUDE NAME, RACE, SEX, DOB, OF ALL SUSPECTS. USE EXTRA SHEETS IF NECESSARY

19. **FOR DIPS USE ONLY**

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EVIDENCE RETURNED TO:	SIGNATURE	AGENCY	DATE/TIME
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