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| Your Logo Here |  | Your Address Here |

**MEMO**

**To:**

**From:**

**CC:** Master Case Files

**Date:** May 10, 2015

**Re:** Case Disposition Status Request

On       the [Agency Name] was requested to perform a forensic examination regarding the following case:

Submitting Agency:  Click to enter the submitting agency

Case Agent:  Click to enter the case agent

Agency Case Number: Enter the original agency case number

Type of Case:  Enter the type of case

Subject Name:  Enter the suspect name if known

On Enter date the exam was done, the forensic examination was completed on your case by      . It is requested that the above case agent complete and return this case disposition information no later than Provide date two weeks from now.

Case still open

Case Being Appealed

Case Closed\* Date Closed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Note: By indicating the case is closed, it means that all appeals have also been exhausted.

This case disposition status report is only for our laboratory use. Any evidence disposition forms or procedures mandated by your department/agency must still be completed by you.

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| --- | --- | --- |
|  |  |  |
| Case disposition Prepared by: |  | Date |

CIRT Case #: