FSD-090 (03/2012)
MICHIGAN STATE POLICE
Forensic Science Division
Page of

REQUEST FOR FORENSIC SERVICE REVIEW

AUTHORITY: 1935 PA 59; **COMPLIANCE:** VOLUNTARY

I am requesting a Forensic Service Review be authorized and initiated by the Forensic Science Division Director of the Michigan State Police. The reason for this request is that I either: (1) require the Forensic Science Division to deviate from standing policies or guidelines, or (2) am concerned about a matter or situation that may affect the quality or timeliness of your services. The following information is provided for your convenience:

Send Completed Hard-Copy Form To:	**For Additional Information / Questions:**
Michigan Department of State Police, ATTN: Director, Forensic Science 7320 N. Canal Rd., Lansing, MI 48913	Web: http://www.michigan.gov/msp/0,4643,7-123-1593_3800-15901--,00.html Phone: (517) 322 - 6100

I. Requestor Information

Requested By (First Name, Last Name)		Agency	Date of Request
Contact Phone Number	Email Address	Case or Matter	
Desired Turnaround Time	List Any Attachments Included:		

Please provide a brief description of the reason for your request. You may include supporting documentation

To protect the interests of the Michigan Courts, Prosecuting Attorneys, Chiefs of Police, and Sheriffs, please check the boxes below to acknowledge the following:

- ☐ I understand that this form is **NOT** a request for forensic science services. It is a request for a *review* of a service related issue and will not, at any time, represent or create a contractual obligation on the part of the Forensic Science Division.
- ☐ I understand that Forensic Service Reviews are initiated and authorized by the Director of the Forensic Science Division when a request (expressed or implied) is made to deviate from standing policies or guidelines, or when a potential problem emerges related to or potentially affecting the quality and timeliness of forensic science services. Forensic Service Reviews may be either discretionary or mandated by division policy.
- ☐ I understand that the Forensic Science Division Director reserves the right to make only appropriate information about reviews known to parties having a legitimate interest in the matters at hand. This may include, but is not limited to, Michigan State Police command, the Michigan Courts, the Prosecuting Attorneys Association of Michigan, Michigan Association of Chiefs of Police, Michigan Sheriff's Association, State Appellate Defender's Office, academicians, legislators, or other public policy representatives. No identifying information for the case, defendant, victims, or witnesses will be published or released.
- ☐ I understand that the Forensic Science Division conforms to the *ISO/IEC International Standard for Calibration and Testing Laboratories*, the supplemental accreditation requirements of *ASCLD/LAB International*, the *DNA Quality Assurance Standards* of the Federal Bureau of Investigation, and the *ASCLD/LAB Guiding Principles of Professional Responsibility for Crime Laboratories*.
- ☐ If my request has a public policy or research significance, I authorize the Forensic Service Division to share and/or publish appropriate information about my request. My reasonable requests for specific confidentiality will be considered during this review.
- ☐ I understand that, when applicable, requests to deviate from documented policies and guidelines may create a hardship or delay services delivered to other law enforcement agencies.

SIGNATURE OF REQUESTING OFFICIAL Date

DIVISION ADMINISTRATIVE USE ONLY:	GRANTED ☐	DENIED ☐