State of Maine Department of Health & Human Services
Health & Environmental Testing Laboratory
Forensic Chemistry
47 Independence Drive Augusta ME 04330
(207)287-1712

Seized Drug Case Activation Form

For Laboratory Use Only
(Identification Number)

Form to be completed by the prosecuting agency responsible for the case.
Upon receipt of completed form, standard turnaround time of 4 weeks* will be assigned.

Classification: ☐ **A** ☐ **B** ☐ **C** ☐ **D** ☐ **E** **Subject In Custody:** ☐ **Yes** ☐ **No**

Incident Date: **Court / Event Date (if known):**

Priority/Rush Request (1-4 weeks*): Requires Completion of Expedited Analysis Request Form

Subject's Name (Last, First): *BLOCK LETTERS

Co-Subject's Name (Last, First): *BLOCK LETTERS

DA Office and phone number:

Investigating Officer & Dept.:

Agency Case Number:

DA email address:

Testing Request for Submitted Evidence (MUST be completed to activate case)

Item Number	Description	Specific Testing Instructions (ex: test up to 6g/test largest bag)

PROSECUTOR SIGNATURE:

Name (print) *Signature* *Date*

Forms received without a prosecutor's signature will not be approved for activation of a case.
turnaround times based on resource availability

Please submit forms via ShareFile, in person or securely emailed to: ActivationForm.HETLForensics@maine.gov