



NYC
**Office of Chief
 Medical Examiner**

Department of Forensic Biology
 421 East 26th street, New York, NY 10016
 Telephone: 212-323-1454
 Email: knori@ocme.nyc.gov
 Email: jrenta@ocme.nyc.gov
 Email: DNASigninTeam@ocme.nyc.gov
 Official Web site: www.nyc.gov/ocme

Request for CPW Deconvolution Form

Please enter all fields within this form.

The request for CPW deconvolution form is used in cases where no abandonment sample or true exemplar has been collected, a DNA comparison is needed for Grand Jury presentation, and a deconvolution is being requested up front. These forms will not be accepted without an FB number. Evidence must have been delivered to the OCME and a testing request email sent prior to the submission of this form. All submitted forms must be typed and complete. OCME will not accept handwritten or incorrect forms.

Crime Type: **Criminal Possession of a Weapon**

Forensic Biology Case Number: _____

Date of Request: _____

Complaint Number: _____

Voucher Number(s): _____

The following criteria must all be met (mark the following as confirmed):

- Firearm operable**
- Firearm associated with a Felony charge**
- Evidence collected within 5 weeks**
- Confirmation of defendant(s) in SDIS:**

Name of Suspect(s): _____

- DNA to indict and an SDIS hit are enough for a Grand Jury presentation**

List the voucher and item number of the operable gun with a felony charge being requested. If multiple guns, choose two guns per defendant and a total of three swabs per gun.

Contact Information:

Name: _____

Email: _____

Phone: _____

Requesting Office: _____

Approved By: Customer Liaison
 Date effective: 04/08/2024