

INTAKE CHECKLIST FOR NARCOTICS CASES

Defendant: _____

Offense: _____

Offense No.: _____

Offense Date: _____

INFORMATION INCLUDED IN REPORT

CHECK YES OR NO

(All boxes must be checked)

YES NO

___ ___ Weight of controlled substance with packaging

___ ___ Weight of controlled substance without packaging

___ ___ Field Test

___ ___ Copy of Lab Submission Form

___ ___ Copy of Search Warrant, Affidavit, and Return

Submitted or Reviewed by Officer:
