

**Virginia Department of Forensic Science  
DUI/DUID Submission Information Sheet**

Investigating Officer(s): \_\_\_\_\_

Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Agency Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Agency Case Number: \_\_\_\_\_

Drug Recognition Evaluation Officer: \_\_\_\_\_

Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Agency Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Suspect: \_\_\_\_\_

Jurisdiction (Court): \_\_\_\_\_

Brief Statement of Facts: \_\_\_\_\_  
\_\_\_\_\_  
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