

Nebraska State Patrol

MANUAL DNA DATABASE COLLECTION CARD

For Crime Lab Use Only

The NSP Crime Laboratory asks that collectors create a CODIS Prelog Account through NCJIS to electronically submit Offender Information.

The CODIS Prelog Collection Card **REPLACES** the need for this manual Collection Card.

Please contact the Nebraska State Patrol Crime Laboratory at nsp.codishelpdesk@nebraska.gov for further information.

(1) Date Sample Collected					
(2) Subject's Name FIRST _____ MIDDLE _____ LAST _____ SUFFIX _____		(3) Date of Birth	(4) Social Security Number		
		(5) SID Number	(6) FBI Number		
		(7) AFIS Number	(8) Subject Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
(9) Race of Subject <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other					
(10) Specify Offense Conviction (See NOTE below) <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Homicide (Murder - 1 & 2)/Manslaughter <input type="checkbox"/> Felony Motor Vehicle Homicide/DUI-Serious Bodily Injury/Felony DUI/Felony DUS or DUR <input type="checkbox"/> Kidnapping/False Imprisonment (1 & 2)/Strangulation/Stalking/Terroristic Threats <input type="checkbox"/> Assault (1 & 2)/Assault Officer (1, 2, 3, M/V & body fluid)/Assault by Confined Person <input type="checkbox"/> Sexual Assault Child (1, 2, & 3)/Pandering/Indecent Exposure <input type="checkbox"/> Sexual Assault Adult (1,2,&3)/Sexual Abuse Vulnerable Adult or Inmate/Pandering/Indecent Exposure <input type="checkbox"/> Robbery <input type="checkbox"/> Burglary/Possession Burglar Tools <input type="checkbox"/> Felony-Other (Must Specify) _____ </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Felony Drug Offense <input type="checkbox"/> Felony Theft Offense <input type="checkbox"/> Criminal Mischief/Computer Hacking <input type="checkbox"/> Arson (1, 2, and 3) <input type="checkbox"/> Felony Fraud Offense <input type="checkbox"/> Child Pornography Offense/Computer Enticement or Harassment of Child <input type="checkbox"/> Felony Firearm or Explosive Offense <input type="checkbox"/> Sex Offender Registration Violation <input type="checkbox"/> Felony Offenses to Government Operations <input type="checkbox"/> Felony Child Abuse / Abuse of Vulnerable Adult </td> </tr> </table> <p><small>NOTE: If the individual was convicted of multiple qualifying offenses, select the one that best represents the most serious offense based on Class. Disregard consideration of whether the offender was convicted of criminal attempt, conspiracy, or aiding and abetting, unless these convictions converted the underlying offense to a Class I misdemeanor that is not eligible per Nebraska Revised Statute §29-4103.</small></p>				<input type="checkbox"/> Homicide (Murder - 1 & 2)/Manslaughter <input type="checkbox"/> Felony Motor Vehicle Homicide/DUI-Serious Bodily Injury/Felony DUI/Felony DUS or DUR <input type="checkbox"/> Kidnapping/False Imprisonment (1 & 2)/Strangulation/Stalking/Terroristic Threats <input type="checkbox"/> Assault (1 & 2)/Assault Officer (1, 2, 3, M/V & body fluid)/Assault by Confined Person <input type="checkbox"/> Sexual Assault Child (1, 2, & 3)/Pandering/Indecent Exposure <input type="checkbox"/> Sexual Assault Adult (1,2,&3)/Sexual Abuse Vulnerable Adult or Inmate/Pandering/Indecent Exposure <input type="checkbox"/> Robbery <input type="checkbox"/> Burglary/Possession Burglar Tools <input type="checkbox"/> Felony-Other (Must Specify) _____	<input type="checkbox"/> Felony Drug Offense <input type="checkbox"/> Felony Theft Offense <input type="checkbox"/> Criminal Mischief/Computer Hacking <input type="checkbox"/> Arson (1, 2, and 3) <input type="checkbox"/> Felony Fraud Offense <input type="checkbox"/> Child Pornography Offense/Computer Enticement or Harassment of Child <input type="checkbox"/> Felony Firearm or Explosive Offense <input type="checkbox"/> Sex Offender Registration Violation <input type="checkbox"/> Felony Offenses to Government Operations <input type="checkbox"/> Felony Child Abuse / Abuse of Vulnerable Adult
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(11) Check all that apply <input type="checkbox"/> Sex Offender Registry <input type="checkbox"/> Incarceration <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Interstate Compact					
(12) Submitting Agency NOTE: Please specify your Troop Area, District Number etc. as appropriate. Please do not use ambiguous abbreviations		The individual(s) listed below certify that the information provided on this card is accurate and that the identity of the subject whose DNA sample was collected in this kit was confirmed by the examination of official identification or by personal recognition. (14) Card Prepared By Print Name: _____ Signature: _____			
(13) Agency Phone and/or Email		(15) Person Collecting Sample NOTE: The name/signature of the Person Collecting is not needed if it is the same individual as the Card Preparer in Step (14). Print Name: _____ Signature: _____			