

# Tarrant County Medical Examiner District

200 Feliks Gwozdz Place  
Fort Worth, TX 76104  
817-920-5700 (main) • 817-920-5713 (fax)



## Retest by Court Order

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1. Submit paperwork to include:
  - A. Letter on company letterhead listing:
    1. Client's name (suspect/victim)
    2. Item description - (i.e. blood, two plastic baggies of white powder, etc)
    3. Service request or name of analysis – (i.e. "blood alcohol concentration")
    4. Name of submitting law enforcement agency
    5. Preferred method for receiving invoice and test results (i.e. email address or fax number)
  - B. Copy of court order
  - C. Acknowledgement of Shipping Fee Form
  - D. Email: **klclark@tarrantcounty.com** or fax: 817-920-5713
2. Receipt of specimen
3. Analysis of evidence
4. Generate Invoice to requesting agency.

NOTE: Our office does not third-party bill. The invoice is the financial responsibility of the requesting agency including private defense or court appointed attorneys. The requesting agency will need to seek reimbursement from any responsible third party. Lab reports are released upon receipt of payment.
5. Receipt of payment

Our office accepts business checks, money orders, or credit cards. Personal checks from victims or suspects are not accepted.

Note: Both the Bureau # and Invoice # are required for credit card payments.

Credit card payments: 

*3% convenience fee applied*

Call: 1-866-549-1010 (automated system)

Online: [Certifiedpayments.net](http://Certifiedpayments.net)

**Bureau # 3144964**

6. Report released

Court Orders are honored for ninety (90) days from execution date. It is the responsibility of the requesting agency to ensure tracking and delivery of evidence from the law enforcement agency listed in the court order to Tarrant County Medical Examiner's Office. If you have any questions regarding the retest procedure, please contact our Business Office at 817-920-5700 x 8331.

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## Acknowledgement of Shipping Fees

I accept TCME current shipping fee in the amount of \$165 for the return of evidence to the submitting agency.

I decline the shipping fee and authorize the Tarrant County Medical Examiner's Evidence section to return the evidence using the following account information:

FED EX Express Account # \_\_\_\_\_

Note: 3-day Express Saver is used for returning biological evidence in a shipping kit and cold pack. 3-day Express Saver average cost is \$25 billed to your agency by Federal Express.

Due to the heat-sensitive nature of biological specimens, Fed Ex Ground is not recommended.

Prearrangements are made on behalf of my client for the law enforcement agency to pick up the evidence in person upon completion of service request.

Submitting Law Enforcement Agency:	
Law Enforcement Contact Name:	
Law Enforcement Phone Number:	

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature