



REQUEST FOR **SERVICE**  
**DIGITAL FORENSIC EXAMINATION**

Submitting Agency:	Case No.:
Agent Name:	Phone No.:
Email Address:	

Suspect(s) Name & DOB:	
Offense Type:	
Date(s) of Offense:	Date Seized:
Has Anyone Else Viewed the Evidence? (detail):	
<u>Exigent Circumstances</u>	
Suspect in Custody: Y   N    Suspect Been Charged: Y   N    Pending Court Date:	
Other (detail):	

<u>Items Submitted - Provide QUANTITY of each</u>				
Computer:	Phone:	Tablet:	External Drive:	Other (detail):

<u>Legal Authority for Examination</u>				
Search Warrant	Written Consent	Implied Consent	Found Property	Court Order

Known Passwords, User Names, Email Addresses, etc.:
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Type of Service or Specific Information Requested:
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Submit copies of both the legal authority and the initial police report with this Request for Service. Documents may be emailed to [CyberCrime@sccmo.org](mailto:CyberCrime@sccmo.org). Examinations may be delayed until paperwork is received.

Date Received:	Received By:
Date Assigned:	Examiner Assigned:
Date Completed:	Cyber Case No.: