



**REQUEST FOR SERVICE  
DIGITAL FORENSIC EXAMINATION**

08/2017

<b>Submitting Agency:</b>	<b>Case No.:</b>
<b>Agent Name:</b>	<b>Phone No.:</b>
<b>Email Address:</b>	

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

<b><u>Number of Items Submitted for Examination:</u></b>				
<b>Computer:</b>	<b>Phone:</b>	<b>Tablet:</b>	<b>External Drive:</b>	<b>Other (detail):</b>

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

<b>Known Passwords, User Names, Email Addresses, etc.:</b>
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<b>Type of Service or Specific Information Requested:</b>
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*Please submit copies of both the legal authority and the initial police report along with this Request for Service*

<b>Date Received:</b>	<b>Received By:</b>
<b>Date Assigned:</b>	<b>Examiner Assigned:</b>
<b>Date Completed:</b>	<b>Cyber Case No.:</b>