

MISSOURI STATE HIGHWAY PATROL Digital Forensic Investigative Unit Request for Service

DATE SUBMITTED		CONTROL / CASE / INCIDENT NUMBER	
SUBMITTING AGENCY	ADDRESS	COUNTY	TELEPHONE NUMBER
SUBMITTING OFFICER	BADGE NUMBER	E-MAIL ADDRESS	
LOCATION SEIZED		DATE SEIZED	
SUSPECT'S NAME		ADDRESS	
SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER
OFFENSE	DATE OF CRIME	TYPE OF SEIZURE (Check One) <input type="checkbox"/> Search Warrant <input type="checkbox"/> Consent <input type="checkbox"/> Other	
NUMBER OF COMPUTERS	NUMBER OF CELL PHONES	OTHER MEDIA TO BE EXAMINED	
HAS THE EVIDENCE BEEN PREVIOUSLY VIEWED, ACCESSED AND/OR EXAMINED BY ANYONE? IF SO, WHAT DATE? BY WHOM? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ARE YOU AWARE OF ANY PRIVILEGED INFORMATION WITHIN THE EVIDENCE SUBMITTED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PLEASE LIST ANY KEYWORDS OR RELATED INFORMATION RELEVANT TO THE EXAMINATION OF THE EVIDENCE.			
PLEASE GIVE A SYNOPSIS OF THE CASE.			
SERVICE REQUEST			
OTHER INFORMATION			
DATE CASE RECEIVED	RECEIVED BY		