Missouri State Technical Assistance Team
Digital Forensic Lab

FORENSIC SERVICE REQUEST – LAW ENFORCEMENT AGENCY

The customer agrees that by submitting this request, the laboratory will select the technical procedures needed to complete the request.

1. Submitting Agency:		2. Request Date:
3. Agency Case Report Number:	4. Case Type:	
5. Case Investigator:	6. Investigator's Phone Number:	7. Investigator's Email Address
8. Agency's Address:		
9. Jurisdiction: ☐ Military ☐ Federal ☐ State ☐ Local		
10. Name of Person(s) of Interest:	11. Address of Person(s) of Interest:	
12. Phone Number of Person(s) of Interest:	13. Email of Person(s) of Interest:	
14. Username/Password (if known):	15. Online Alias:	16. Other Computer Users:
17. Victim's Name:	18.Victim's Online Alias:	19. Victim's Email:
20. Victim's Phone:		
21. Has the evidence been examined by another agency prior to being submitted to the STAT Lab and if so which agency? ☐ Yes ☐ No Agency:		
22. Type of Search Authority: ☐ Search Warrant ☐ Other Consent/Permission ☐ Government Owned		

I have read and understand the terms of evidence submission. To the best of my knowledge the evidence is being submitted for digital analysis under proper legal authority.

Printed Name	Signature:

Please provide the listed items with the evidence:

1. Copies of Search Warrant or Written Consent Form
2. Copies of Search Warrant Affidavit
3. Copies of Incident Report
4. Pictures of Suspect(s) **and** Victim(s) include DOB and SSN if Possible

Office Use Only

STAT Case Report Number	Shelf Number(s)

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23. Service Requested: (Describe in detail what information you are looking for on the digital device. Please include any dates or times that are of particular importance.)
24. List of Passwords, Passcodes and Keywords relevant to the case:
25. Additional background information: (Additional information which is not contained in documents already being submitted such as incident reports or affidavits)