



Anoka County Sheriff's Office

FORENSIC SERVICE REQUEST

- Computer/Cell Phone Analysis
- Forensic Video Analysis

AGENCY INFORMATION	Submitting Agency:		Request Date:	
	Agency Case #:		Type of Crime:	
	Submitting Person:			
	Case Agent: <input type="checkbox"/> Same		Office Phone:	
	Case Agent E-mail:		Cell/Pager:	
	Alternate Contact:		Phone:	
EVIDENCE INFORMATION	Has anyone viewed/examined/accessed this evidence prior to submission? YES* <input type="checkbox"/> NO <input type="checkbox"/>			
	Seizure Date:	Item(s) submitted for Analysis (i.e. 2 DVD's , 1 Video Tape, 1 Laptop, 2 Cell Phones):		
	Seizure Location:			
	Type of Search Authority: <input type="checkbox"/> Search Warrant <input type="checkbox"/> Gov't Property <input type="checkbox"/> Verbal Consent <input type="checkbox"/> Probation <input type="checkbox"/> Written Consent <input type="checkbox"/> Not Applicable			
	* Provide a copy of the Search Warrant, Written Consent, Consent Acknowledgement Form, or other Documentation.			
COURT/SUSPECT	Suspect Name (first, middle, last):			
	Suspect DOB:			
	In Custody? Yes <input type="checkbox"/> No <input type="checkbox"/>			

SERVICE REQUESTED: * Don't just say give me everything. Examples; Extract sexually explicit images, Identify users, Search for specific files, or other.

SYNOPSIS OF THE CASE FACTS: The more detail you provide will greatly speed up the time required to complete the examination. ADD PAGE IF NEEDED.