



Monroe County Office of the District Attorney

Criminal Investigations Division | Digital Forensics

Digital Evidence Examination Request

Requester Information:

Name of Requester:	Agency / Station:	Email Address:
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Case File Information:

Your Report Number:	Case Description / Type:	Defendant's / Subject's Name:	DOB:
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Please use a different form for each distinct case / report number. For additional defendants / subjects, list names in comments.

Device Information:

Item #:	Make / Model of device:	Unlock password: ¹	Is device on?: ²	Biohazard?	Evidence number:
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

¹ If the password to unlock a phone is not provided, we may not be able to examine it. If pattern, draw pattern in comments.

² If device is currently powered on, it must be plugged in upon submission and remain powered on.

Comments / Notes (if any):

Instructions:

1. Ensure that you have a search warrant, consent, or other legal authority to conduct a search of the device(s).
2. Bring the device(s) and this completed form to the Monroe County Office of the District Attorney, Criminal Investigations Division.
3. If the device was recovered while powered on, and it's remained on since obtained, ensure it stays power on when submitted. Advise the individual who is accepting the submission that the device is currently powered on.
4. You will need to supply a media device (e.g., portable hard drive, USB thumb drive) on which to receive the reports.
5. Upon submission, please complete and sign the below chain of custody information.

Chain of Custody:

Date submitted:	Time submitted:	Submitting officer:	Received by:
		Signature:	Signature:

Date returned:	Time returned:	Returned to:	Returned by:
		Signature:	Signature: