Intake Request

Agency-adaptable template for requesting digital forensic services

01 REQUEST AND CASE INFORMATION

REQUESTING AGENCY / UNIT	DATE SUBMITTED	REQUESTED COMPLETION DATE
REQUESTOR NAME AND TITLE	BADGE / EMPLOYEE ID	PHONE
EMAIL	CASE / INCIDENT NUMBER	EVIDENCE SYSTEM NUMBER
INCIDENT / OFFENSE TYPE	LEAD INVESTIGATOR	PROSECUTOR / LEGAL CONTACT, IF APPLICABLE

[ ] Routine [ ] Expedited [ ] Emergency Priority justification: _____

02 AUTHORITY, SCOPE, AND INVESTIGATIVE NEED

Authority: [ ] Search warrant [ ] Consent [ ] Exigent circumstances [ ] Agency-owned system or device [ ] Other: _____

Authority documentation: [ ] Attached [ ] Available in case file [ ] Not applicable Date / expiration: _____

SCOPE OF EXAMINATION *State the authorized devices, accounts, date range, data types, and any express limitations.*

QUESTION THE EXAMINATION SHOULD HELP ANSWER *Describe the investigative objective, not only the tool action requested.*

KNOWN FACTS AND TIME-SENSITIVE CONCERNS *Include remote-wipe risk, disappearing data, upcoming hearings, victim safety, or operational deadlines.*

03 SUBMITTED DEVICES AND MEDIA

Item / Evidence ID	Device or media	Make / model	Serial / IMEI / service ID	Power / condition	Owner or primary user

Packaging / seal condition: [ ] Intact [ ] Opened for safety or preservation [ ] Unsealed [ ] Other: _____

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04 REQUESTED SERVICES AND DATA TARGETS

[ ] Preservation / isolation [ ] Mobile acquisition [ ] Computer or drive image [ ] Removable media acquisition
[ ] Targeted extraction [ ] File-system or full extraction [ ] Cloud / account collection [ ] Password recovery attempt
[ ] Malware / incident triage [ ] Data review / analysis [ ] Technical report [ ] Other: _____

REQUESTED DATE RANGE

KNOWN ACCOUNTS / USERNAMES / PHONE NUMBERS

KNOWN CONTACTS / IDENTIFIERS

KNOWN KEYWORDS, FILENAMES, OR APPLICATIONS

SPECIFIC DATA REQUESTED *Examples: messages, images, location data, browser history, documents, deleted data, application records.*

RELEVANT CONTEXT FOR THE EXAMINER *Explain aliases, relationships, expected activity, device use, or facts that may change how the request is approached.*

05 ACCESS, HANDLING, AND SUBMISSION NOTES

Known passcode / password: [ ] Yes, provided through approved method [ ] No [ ] Unknown Do not place sensitive credentials on this form.

Device state at submission: [ ] On [ ] Off [ ] Unknown Network state: [ ] Isolated [ ] Connected [ ] Unknown

Accessories submitted: [ ] Charger [ ] Cable [ ] SIM / memory card [ ] External storage [ ] Other: _____

HANDLING HISTORY, PRESERVATION STEPS, AND UNUSUAL CONDITIONS *Note charging, isolation, unlock attempts, damage, wet devices, prior access, or changes made after seizure.*

ADDITIONAL INSTRUCTIONS OR LIMITATIONS

06 SUBMISSION AND FORENSIC UNIT ACCEPTANCE

REQUESTOR SIGNATURE

DATE / TIME

RECEIVED BY

DATE / TIME RECEIVED

EVIDENCE LOCATION / TRANSFER RECORD

FORENSIC REQUEST OR QUEUE NUMBER

Initial scope confirmed with requestor: [ ] Yes [ ] No Clarification needed: _____

Forensic unit intake notes: _____