



**HARRIS COUNTY DISTRICT ATTORNEY'S OFFICE
DIGITAL FORENSICS INVESTIGATIONS UNIT
SUBMISSION FORM**

CONTROL NUMBER: _____

Date of Request:	Harris County Cause Number:
Requesting Agency:	ADA Name:
Agency Case Number:	Address of Seizure:
Requestor's Name:	
Requestor contact No:	Requestor's Email Address:

Search Authority:	<input type="checkbox"/> Search Warrant	<input type="checkbox"/> Consent	<input type="checkbox"/> Other (please explain)
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Target/Defendant Last Name:	Target/Defendant First Name:	DOB:
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Offense:

Brief Synopsis of Case:

Evidence Submitted (Include make model and serial, continue on separate sheet if needed):

Password or Pin Number (if applicable):

Keywords or other specific search terms (ie. Names, account numbers, email addresses etc.) that would be helpful during analysis

Has this device been viewed or examined by anyone prior to submission? Yes No (If yes, explain below)

Type of data you are requesting to recover. Please be VERY specific; ie Word Documents, Graphics Files, Spreadsheets, Child Pornography, etc.)

Evidence will NOT be accepted without a copy of the legal authority

Person Submitting Evidence

Person Receiving Evidence