



HARRIS COUNTY DISTRICT ATTORNEY'S OFFICE
DIGITAL FORENSICS INVESTIGATIONS UNIT

SUBMISSION FORM

713-274-5920 dfi@dao.hctx.net

<https://dfiunit.net>

DFI CONTROL NUMBER

Retain this number to inquire
on case status

Requesting Agency:	Harris County Cause Number:
Agency Case Number:	ADA Name:
Requestor's Name:	Address of Seizure:
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

Submitting Signature

Receiving DFI Signature

Date

Time

Printed Name

Received by (Printed Name)