

**BOONE COUNTY SHERIFF'S DEPARTMENT
CYBER CRIMES TASK FORCE
REQUEST FOR SERVICE (FAX TO: 573-442-4966)**

TASK FORCE CASE NO.			
Service Type: <input type="checkbox"/> Lab Image / Exam <input type="checkbox"/> Field Search <input type="checkbox"/> Technical Assist			
Submitting Agency:		Agency Case #:	
Lead Officer/Detective:		Suspect(s):	
Lead Officer/Detective Phone #:		<small>(Include DOB, SSN, etc.)</small>	
Type of Case:		Victim(s):	
Date of Offence:	Date Seized:	<small>(Include DOB, SSN, etc.)</small>	
Number Of Computers:			
Is the Suspect In Custody: Yes / No	Has the Suspect Been Charged: Yes / No	Pending Court Dates:	
<u>Legal Authority for Search: (circle)</u>			
Search Warrant Consent Other _____ (Please attach /fax a copy of the search warrant)			
Has this Evidence been previously viewed and/or accessed by anyone? (Explain) Yes / No			
Are you aware of any privileged information contained within evidence? (Explain) Yes / No			
Please provide: User Names, Screen Names, Passwords, and e-mail addresses.			

Service Requested: (Requests for field service must be received at least 2 business days prior to the search)

Brief Summary of Incident:

Please attach a copy of the police report.

TASK FORCE USE ONLY			
Date Case Received:		Received By:	
Examiner Assigned:		Date Case Assigned:	