REQUEST FOR SERVICE
Boone County Sheriff's Office
Cyber Crimes Task Force

Email Completed Form To: CyberCrimes@boonemo.gov

Task Force case # (CCTF use only):			
Submitting agency:		Agency Case #:	
Lead investigator:		Suspect(s):	
Investigator phone #:		Suspect address:	
Investigator email:		DOB:	SSN:
Type of case:		Victim (s):	
Date of offense:	Date seized:	Victim address:	
Evidence submitted belongs to: ☐ SUSPECT ☐ VICTIM		DOB:	SSN:
☐ Check if suspect is in custody	☐ Check if suspect has been charged	☐ Pending court dates:	

Legal Authority for Search

☐ Search Warrant ☐ Consent ☐ Other

Please attach a copy of the search warrant or consent form

☐ Check if evidence has been previously viewed or accessed by anyone (explain below with dates/time):

☐ Check if you are aware of any privileged information contained within the evidence (explain below):

☐ Check if device was able to be placed into **AIRLANE MODE**

It is important that you attempt to obtain passwords / passcodes, as these security measures can NOT always be bypassed.

Provide known passwords or passcodes:	
Service Requested:	
Summary of Incident:	

Please attach a copy of your report and other supporting documents.

Task Force Use only

Date/Time received:	Received by:
Examiner assigned:	Date case assigned to examiner: