

Connecticut Department of Emergency Services and Public Protection

Division of Scientific Services

COMPUTER CRIMES & ELECTRONIC EVIDENCE INCOMING EVIDENCE CHECKLIST

Examiner
Initials _____

Submitting Agency: _____

Section use only Start Date: _____

Agency Case #: _____

Division Case #: _____

1. Has the evidence being submitted been turned on or has any evidence been reviewed prior to submission?

No Yes – Please explain:

Was this examination performed by another forensic lab?

Yes (Cannot examine without approval.)

No

Provide the dates, times and by whom the evidence was accessed:

2. Are there any legal authority (warrant) restrictions? Please specify: _____

3. Is the submitting officer aware of any privileged information that may be contained on the evidence being submitted? (i.e. Attorney-client communication, published articles)

No Yes – Please explain:

4. Are there any specific words or phrases that would assist the examiner in the analysis of the evidence?

No Yes – Please list below:

5. Are there any specific e-mail addresses that would assist the examiner in the analysis of the evidence?

No Yes – Please list below:

6. _____

Is there any other information that would assist the examiner in the analysis of the evidence including passwords, pin codes or pattern locks?

No Yes – Please explain:

Section use only

Check here and initial to confirm that the Division barcode labels on all of the submitted evidence match with the Request for Analysis form and the Division Evidence Receipt.

Initials: _____

Check here and initial to confirm that this form has been filled out properly and all questions have been answered.

Initials: _____