

Digital Evidence  
Submission Form

**Any evidence submitted to the Digital Forensics Lab at DSU for digital evidence examination require completion of this form.**

**REQUIREMENTS OF THE SUBMITTING AGENCY:**

- 1) A copy of the Legal Authority ***MUST ACCOMPANY*** each request for examination.
- 2) Provide an external hard drive that will be used to store the acquired data and information.  
A written report will accompany each exam.

**CASE INFORMATION**

|  |  |  |
|--|--|--|
| Contributing Agency  | Agency Case #  | Digital Forensics Lab Case # (if known)                  |
| Investigating Officer  | Phone  | Email  |
| Has any evidence been previously submitted on this case by any agency?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is a synopsis included or investigative report attached?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your agency attempted an examination on any of these items previously?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the legal authority for this examination? <b>(MUST BE ATTACHED)</b>  |  |  |
| <input type="checkbox"/> Search Warrant <input type="checkbox"/> Consent <input type="checkbox"/> Abandoned Property <input type="checkbox"/> Other (describe below) |  |  |
| Device secured by?   |  |  |
| <input type="checkbox"/> Airplane Mode <input type="checkbox"/> Faraday Bag <input type="checkbox"/> Remove SIM <input type="checkbox"/> Other (describe below)      |  |  |
| Device Status When Seized:   | This examination request:  |  |
| <input type="checkbox"/> Powered On<br><input type="checkbox"/> Powered Off  | <input type="checkbox"/> Computer Forensics <input type="checkbox"/> Mobile Device <input type="checkbox"/> Other (describe below) |  |

**EVIDENCE**

Evidence will be analyzed using a priority-based system. List the priority of your evidence for analysis (1 = highest, 5 = lowest).

| Priority | Agency Item # | Evidence Description | Pin | Pattern (w/ direction)  | Examination Request   |
|----------|---------------|----------------------|-----|-------------------------|---|
|          |               |                      |     |                         | <i>(Ex. – Text messages for specific phone numbers, pictures, email between suspect and victim, internet history, etc.)</i> |
| 1.       |               |                      |     | 1 2 3<br>4 5 6<br>7 8 9 |   |
| 2.       |               |                      |     | 1 2 3<br>4 5 6<br>7 8 9 |   |
| 3.       |               |                      |     | 1 2 3<br>4 5 6<br>7 8 9 |   |
| 4.       |               |                      |     | 1 2 3<br>4 5 6<br>7 8 9 |   |
| 5.       |               |                      |     | 1 2 3<br>4 5 6<br>7 8 9 |   |



**Digital Evidence  
Submission Form**

Digital Forensics Lab at  
 Dakota State University  
**Madison Cyber Labs**  
 820 N Washington Avenue  
 Madison, SD 57042

**Evidence Submission:** Sign and date below for person submitting and person receiving evidence listed above.

| Date | Submitting Signature | Date | Receiving Signature |
|------|----------------------|------|---------------------|
|      |                      |      |                     |

**Delivered to Digital Forensics Lab @DSU:** Sign and date below for person submitting and person receiving evidence listed above.

| Date | Submitting Signature | Date | Receiving Signature |
|------|----------------------|------|---------------------|
|      |                      |      |                     |

| Examination Request (type of exam requested)   |  |   |
|--|--|---|
| Full Examination (Exam and report provided by DSU Analyst) <input type="checkbox"/>  | Extraction and create Portable Case (Exam conducted by Agent/Det./Inv.) <input type="checkbox"/> | Data Extraction Only <input type="checkbox"/> |
| <b>If the requested examination is for data extraction only or data extraction and portable case the Digital Forensics Lab at DSU will not store or maintain the data extractions and/or portable cases once they have been provided to the requesting agency. (Indicate acknowledgment by initialing box to the right.)</b> |  | <b>Initial Below</b>                          |
|  |  |   |

**Synopsis**

Please describe a brief synopsis of the investigation. Please include additional details for examination, such as time frames, date ranges, descriptions, keywords to search, known applications, known email addresses, passwords, etc. ***If there are known victims please provide photos that can be used for comparison during examination.***

**Evidence Release**

Complete below information for any evidence released from the Digital Forensics Lab at DSU.

| Date | Item # | Description | Digital Forensics Lab Releasing Signature | Receiving Agency Signature |
|------|--------|-------------|---|----------------------------|
|      |        |             |   |                            |
|      |        |             |   |                            |
|      |        |             |   |                            |
|      |        |             |   |                            |
|      |        |             |   |                            |
|      |        |             |   |                            |
|      |        |             |   |                            |