



# Digital Evidence Submission Form

Digital Forensics Lab at  
Dakota State University  
820 N Washington Avenue  
Madison, SD 57042  
madlabs.dsu.edu/digforce/  
605-256-5148  
[digforce@dsu.edu](mailto:digforce@dsu.edu)

**\*\* PLEASE CALL, TEXT OR EMAIL TO LET US KNOW WHEN YOU ARE SHIPPING EVIDENCE - CONTACT INFORMATION ON PAGE 2**

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? ( <i>Required for Full Exam requests</i> )		<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
Does this case involve a juvenile?		<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 Submitted:	This examination request:	
<input type="checkbox"/> Powered On <input type="checkbox"/> Powered Off	<input type="checkbox"/> Computer Forensics <input type="checkbox"/> Mobile Device <input type="checkbox"/> Other _____	

**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 4 5 6 7 8 9	
2.				1 2 3 4 5 6 7 8 9	
3.				1 2 3 4 5 6 7 8 9	
4.				1 2 3 4 5 6 7 8 9	
5.				1 2 3 4 5 6 7 8 9	

Digital Evidence  
Submission Form

**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



Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

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