

BOONE COUNTY SHERIFF'S OFFICE CYBER CRIMES TASK FORCE

REQUEST FOR SERVICE

[FAX TO: (573) 442-5672] | [E-MAIL TO: cybercrimes@boonecountymo.org]

TASK FORCE CASE NO (CCTF USE ONLY):			
Submitting Agency:		Agency Case #:	
Lead Officer/Detective:		Suspect(s):	
Lead Officer/Detective Phone #:		Address (DOB / SSN)	
Lead Officer/Detective Email:		Evidence submitted belongs to SUSPECT: <input type="checkbox"/> VICTIM: <input type="checkbox"/>	
Type of Case:		Victim(s):	
Date of Offense:	Date Seized:	Address (DOB / SSN.)	
Check if suspect is in custody: <input type="checkbox"/>		Check if suspect has been charged: <input type="checkbox"/>	
Pending court dates:			
Legal Authority for Search:			
<input type="checkbox"/> Search Warrant <input type="checkbox"/> Consent <input type="checkbox"/> Other:			
(Please attach a copy of the search warrant or consent form)			
<input type="checkbox"/> Check if evidence has been previously viewed or accessed by anyone (explain what was accessed & date/time):			
<input type="checkbox"/> Check if you are aware of any privileged information contained within evidence (explain):			
Please provide known passwords / passcodes: It is important that you attempt to obtain passwords / passcodes, as these security measures can NOT always be bypassed.			

Service Requested:

Brief Summary of Incident:

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

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