

[illegible]

Device Owner Info:	SSN:	Name:
Evidence Item(s) #:	DOB:	Other Dates Possible PIN/Passwords:
Device Owner Info:	SSN: --	Name:
Evidence Item(s) #:	DOB:	Other Dates Possible PIN/Passwords:
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Evidence Item(s) #:	DOB:	Other Dates Possible PIN/Passwords:
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Evidence Item(s) #:	DOB:	Other Dates Possible PIN/Passwords:

Chain of Custody				
Evidence Item #	Date	Relinquished By:	Received By:	Action

TCSU USE ONLY:	Date Received:	DEFL Case Number:
	Date Exam Began:	Date Imaging Began:
	Date Exam Ended:	Software Used:
	Software Used:	Software Used:
Exam Urgency:	☐ EMERGENCY (10 Days or Less) ☐ ROUTINE (10 - 30 Days) ☐ LOW (30 - 60 Days)	