



HOUSTON FORENSIC SCIENCE CENTER USE ONLY	
Received By:	
Date:	
Time:	

A. Case / Offense Information	B. Requestor Information
Agency:	First Name: _____ Last Name: _____
Case Number:	Agency:
Offense Type:	Address:
Offense Date:	City: _____ County: _____
Offense Location:	State: _____ Zip: _____
City: _____ County: _____	Office Phone: _____ Cell Phone: _____
State: _____ Zip: _____	Email: _____

C. Associated Individuals: Must indicate Suspect (S), Complainant (C), Involved Party (I), or Other (O). A State ID # or FBI ID # is required for latent print requests, if applicable. *Please use supplemental sheet for additional individuals

Last Name	First Name	MI	Date of Birth	Gender	Race	S/C/I/O	SID/FBI #

D. Evidence Submitted: Must include Manufacturer, Model and Serial/IMEI number for any applicable items. Warrants or Consent to Search forms must be provided with the submission of digital evidence unless the owner is deceased. *Please use supplemental sheet for additional evidence items.

Item #	Detailed Description of Item(s)	From Whom/Where Recovered

E. Analysis Requested: Provide a detailed statement regarding the type(s) of analysis needed. HFSC may conduct additional analysis not requested here if deemed useful/necessary.

F. Digital Evidence: Draw unlock pattern using arrows to indicate direction

[Blank area for analysis request and digital evidence details]	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">Item #:</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">3</td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;">4</td> <td style="border: 1px solid black; padding: 2px;">5</td> <td style="border: 1px solid black; padding: 2px;">6</td> </tr> <tr> <td style="padding: 5px;">Password:</td> <td style="border: 1px solid black; padding: 2px;">7</td> <td style="border: 1px solid black; padding: 2px;">8</td> <td style="border: 1px solid black; padding: 2px;">9</td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;">*</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">#</td> </tr> </table>	Item #:	1	2	3		4	5	6	Password:	7	8	9		*	0	#
Item #:	1	2	3														
	4	5	6														
Password:	7	8	9														
	*	0	#														

G. Submitter Information: Signature and Date should be completed at the time of submission.

Submitter Name:	Agency:
Email:	Phone:
Signature:	Date: