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| HI-TECH INVESTIGATION | IDENTITY THEFT INVESTIGATION | OTHER |
| Agency and Case number # | Case Filed with DA? YES NO  DA File # | County: |

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| Requesting Officer: | ID# | Phone: | Ext: |
| E-mail Address: | | | |
| Crime code & description: | | | |

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| SUSPECT INFORMATION | | | | | |
|  | NAME: Last, First, Middle | DOB | SEX | ID# | ARREST (Y/N) |
| Suspect 1 |  |  |  |  |  |
| Suspect 2 |  |  |  |  |  |
| VICTIM INFORMATION | | | | | |
| # of victims: | | $ loss to victims: | | | |

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| DETAILS OF REQUEST (Attach Additional Sheet If Necessary) |
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| INVESTIGATIVE INFORMATION | |
| Date of seizure: | Type of seizure:   Search Warrant  Probation  Parole  Consent  Admin  Other |
| Consulted NC3TF Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes  No Re:  Case  Search Warrant | |
| Has the evidence been previously viewed and/or accessed by anyone?  Yes, Explain below  No | |
|  | |
| Are you aware of any privileged information contained within the evidence?  Yes  No | |

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| **FORENSIC EXAMS ONLY**  **PRIORITIZE EVIDENCE ITEMS BY ORDER OF IMPORTANCE** | | |
| ITEM # | DESCRIPTION | SERIAL # |
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| ***Please send this form along with the search warrant, affidavit and police report to:*** [***dhultquist@nc3tf.org***](mailto:dhultquist@nc3tf.org) ***or Fax: (707) 253-4664*** |

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| NC3TF Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |