

## Idaho State Police, Cyber Crime Unit Evidence Submission/Receipt Form

Submitting Agency (Do not abbreviate)			Date Submitted		Agency Case Number		
Person Submitting Evidence			Telephone		Email Address		
Case Officer Same As Submitter			Telephone	Email Addres		s	
Suspect  Victim [	_ Subject _	(Mark one)					
Last Name		First Name		DL#		Address	
DOB		SSN		City, State, ZIP			
Date Seized Type of Crime(s) (Please use plain language vs. criminal law code)							
Authority For Seizure and Examination (Check)							
Search Warrant Consent Prob/Parole Other  Has Evidence Been Viewed/Accessed Since Seizure? No Yes (If Yes, Explain including date and time of view/access)							
Has Evidence Been View	ved/Accessed Si	nce Seizure? 📋	No L Yes (If Yes, F	Explain	including date a	nd time of view/access)	
Service Requested							
Any known Username/Password:							
ISP Exhibit # Exhibit Description							
Please prepare one fo	orm for each	search site (ad	dress)				
	CCU USE	ONLY					
ISP Case Number							
How Received:	In Person	VIA:					
Received By:		Date:			Submittir	ng Officer	Date

EH 06 09-13 2/11