

Device Owner Info:	SSN: <input type="text"/>	Name: <u>Robert Perkins.</u>
Evidence Item(s) #:	DOB: <u>4/6/1987</u>	Other Dates Possible PIN/Passwords: <input type="text"/>
Device Owner Info:	SSN: <input type="text"/>	Name: <input type="text"/>
Evidence Item(s) #:	DOB: <input type="text"/>	Other Dates Possible PIN/Passwords: <input type="text"/>
Device Owner Info:	SSN: <input type="text"/>	Name: <input type="text"/>
Evidence Item(s) #:	DOB: <input type="text"/>	Other Dates Possible PIN/Passwords: <input type="text"/>
Device Owner Info:	SSN: <input type="text"/>	Name: <input type="text"/>
Evidence Item(s) #:	DOB: <input type="text"/>	Other Dates Possible PIN/Passwords: <input type="text"/>
Device Owner Info:	SSN: <input type="text"/>	Name: <input type="text"/>
Evidence Item(s) #:	DOB: <input type="text"/>	Other Dates Possible PIN/Passwords: <input type="text"/>

Chain of Custody

Evidence Item #	Date	Relinquished By:	Received By:	Action
<u>A11</u>	<u>1/22/24</u>		<u>M. Braun</u>	<u>Rec'd</u>
<u>A11</u>	<u>2/2/24</u>	<u>M. Braun</u>		<u>Return</u>

DEFL USE ONLY:	Date Received: <u>1/22/24</u>	DEFL Case Number: <u>203-866-51642</u>
	Date Exam Began: <input type="text"/>	Date Imaging Began: <input type="text"/>
	Date Exam Ended: <input type="text"/>	Software Used: <input type="text"/>
	Software Used: <input type="text"/>	Software Used: <input type="text"/>

Exam Urgency: EMERGENCY (10 Days or Less) ROUTINE (10 - 30 Days) LOW (30 - 60 Days)