



Mid-Missouri Internet Crimes Task Force

Request for Cellular Telephone Examination

Date Submitted:		Submitting Agency Case #:		MMIC-TF Case #:	
Submitting Agency:			Address:		
Submitting Officer:		DSN:	Telephone:		
Location Seized:				Date Seized:	
Suspect Name		DOB:	Sex:		
Offense:		Date of Crime:		Court Date:	
Type of Seizure: (Circle one) Search Warrant Consent Administrative Federal Grand Jury Other					
Number of Cell Phones:		Other Media to be Examined:			
Has the evidence been previously viewed, accessed, and/or examined by anyone?					YES / NO
Are you aware of any privileged information within the evidence submitted?					YES / NO
Are you aware of any keywords or related information relevant to the evidence submitted?					YES / NO
Synopsis of case:					

Service Requested:

Date Case Received:	
Received By:	