|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact details |  | |  | |  |
| Counter fraud specialist: Name | | | Team: Team | | |
| Operation name: Op Name | Case ref: Unique case reference | | Mobile no: Mobile number | | Tel number: Phone number |
| Email address: Email address | Office address: Work address | | | | |
| Classification level: Choose an item. | | Crime type: Choose an item. | | Authority type: Choose an item. | |

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| --- |
| Case summary |
| Please provide an overview of the investigation. |
| Suspect 1: Name Suspect 2: Name Suspect 3: Name Suspect 4: Name Suspect 5: Name |

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| --- |
| Requested work |
| Please outline the objective of your examination. |

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| --- |
| Is this a request for a forensic computing specialist to attend a search? |
| Yes/No. |
| If you have answered yes above, please provide details here. |

|  |
| --- |
| Have you established if the subject(s) uses an NHSMail account? |
| Yes/No. |
| If you have answered yes above, please provide details here. |

|  |
| --- |
| Does the subject(s) have access to any network shares or personal drives? |
| Yes/No. |
| If you have answered yes above, please provide details here. |

|  |  |
| --- | --- |
| Are there any significant dates to be aware of? | |
| Yes/No. | |
| Reason: Choose an item. | Select a date. |
| Reason: Choose an item. | Select a date. |
| Reason: Choose an item. | Select a date. |

|  |
| --- |
| Managers authorisation |
| *I confirm that the request for forensic computing work is justifiable and that I accept liability on behalf of my organisation for the cost of work;*  - *The matter involves serious crime*  - *The investigation will be prejudiced without the examination being undertaken*  *Authorising Managers Name:* Click here to enter text. |
| Date: Select a date. Signature………………………………………………………………… |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Exhibit reference | Description of media | Exhibit type | Known passwords | Bag seal number |
| 1 | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| 2 | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| 3 | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| 4 | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| 5 | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| 6 | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| 7 | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| 8 | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| 9 | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| 10 | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| 11 | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |

*Please continue on a new page if necessary*

**Declaration:** *I confirm that all information supplied on these forms are correct and that all items have been lawfully seized and any required authorities have been obtained to include the interrogation of the submitted items.*

Name: (Officer completing form) Click here to enter text.

Date: Click here to enter a date. Signature………………………..………………………