Evidence Seizure Form

Multiple Evidence

Case No.

Digital Forensics Lab

PLEASE COMPLETE FORM IN UPPERCASE

Section A: Investigator

Name	Agent No.
Phone No.	Fax No.
E-mail	

Section B: Evidence Collection

Date/Time Collected D D / M M / Y Y H H : M M	Collected by
Site Address	Scene photograph taken ☐ Yes ☐ No

Section C: Evidence Details

Evidence No.	Device Type	Manufacturer	Model	Serial No.

Section D: Storage Details

Date/Time Stored D D M M Y Y H H : M M	
Storage Location	
Submitted by	Signature
Witnessed by	Signature

Please ensure a separate chain of custody form is completed per evidence item