


Chain of Custody Form

Chain of Custody Document		
Laboratory or Agency Name:		Case Number:
Received From (Name and Title):		Address and Telephone Number:
Location from Where Evidence Obtained:	Reason Evidence Was Obtained:	Date and Time Evidence Was Obtained:
Item Number	Quantity	Description of Item

Chain of Custody Form

Computer System Worksheet		
GSI File #:		
Date:	Agency:	Agency Case #:
Site #:	Site Address #: Room/Location ID:	
Examiner:		
Notes:		
Computer Description (Fill –in or check all that apply)		
Make: <input type="checkbox"/> None	Case Type: <input type="checkbox"/> Mini Tower <input type="checkbox"/> Mid Tower <input type="checkbox"/> Full Tower <input type="checkbox"/> Laptop <input type="checkbox"/> Desktop <input type="checkbox"/> All in One <input type="checkbox"/> Rack Mount	
Model: <input type="checkbox"/> None	System Date:	Local Date:
Serial #: <input type="checkbox"/> None	System Time:	Local Time: <input type="checkbox"/> PSD <input type="checkbox"/> PDT
OAN: <input type="checkbox"/> None	System Status: <input type="checkbox"/> ON <input type="checkbox"/> Active <input type="checkbox"/> Full Tower <input type="checkbox"/> Suspended/Standby <input type="checkbox"/> Screen Saver Active <input type="checkbox"/> OFF <input type="checkbox"/> No Power/Not Connected	
Apparent OS: <input type="checkbox"/> Unknown	Active/Open Programs: <input type="checkbox"/> None <input type="checkbox"/> N/A	
From <input type="checkbox"/> N/A <input type="checkbox"/> Start Button <input type="checkbox"/> Screen <input type="checkbox"/> Other	1.	

Shutdown Method <input type="checkbox"/> Hard <input type="checkbox"/> Soft <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input type="checkbox"/> Other	2.
Shutdown Date and Time	3.

Peripherals and Connections				
	INTERFACE	DESCRIPTION	NOTES	
<input type="checkbox"/>	RJ-45	NIC Interface		
<input type="checkbox"/>	RJ-11	Telephone Modem		
<input type="checkbox"/>	<input type="checkbox"/> EGA <input type="checkbox"/> VGA	Monitor	Media Model	Serial No.
<input type="checkbox"/>	<input type="checkbox"/> PS/2 <input type="checkbox"/> AT	Keyboard	Media Model	Serial No.
<input type="checkbox"/>	<input type="checkbox"/> PS/2 <input type="checkbox"/> AT	Mouse	Media Model	Serial No.
<input type="checkbox"/>	<input type="checkbox"/> USB <input type="checkbox"/> LPT	Printer	Media Model	Serial No.
<input type="checkbox"/>	<input type="checkbox"/> A/V	Speaker	Media Model	Serial No.
<input type="checkbox"/>			Media Model	Serial No.
<input type="checkbox"/>	PASSWORD INFO:			

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Package #'s	Date/Time	Released By	Received By	Reason
	Date	Name/Agency	Name/Agency	
	Time	Signature	Signature	
	Date	Name/Agency	Name/Agency	
	Time	Signature	Signature	
	Date	Name/Agency	Name/Agency	
	Time	Signature	Signature	
	Date	Name/Agency	Name/Agency	
	Time	Signature	Signature	
	Date	Name/Agency	Name/Agency	
	Time	Signature	Signature	
	Date	Name/Agency	Name/Agency	
	Time	Signature	Signature	