

# Chain of Custody Form

PVLF Case Name:

PVLF Case Number:

**-23**



	<b>Description</b> <input type="checkbox"/> Physical Evidence Item(s) <input type="checkbox"/> Evidence Transport Hard Drive <input type="checkbox"/> Evidence Forensic Image set(s) <input type="checkbox"/> Other (explain below)
	<b>Notes:</b>  

Evidence No. & Format.	Description	Date/Time:	Creator:	Image Set Description
Evidence No.  Image Format:		Date/Time:	Creator:	<b>Method Used:</b> <input type="checkbox"/> FTKimager <input type="checkbox"/> Solo III <input type="checkbox"/> Tableau TD1 <input type="checkbox"/> Other <b>Device Acquisition:</b> <input type="checkbox"/> Paraben DS <input type="checkbox"/> Lantern <input type="checkbox"/> Cellebrite UFED <input type="checkbox"/> Other Notes:
Evidence No.  Image Format:		Date/Time:	Creator:	<b>Method Used:</b> <input type="checkbox"/> FTKimager <input type="checkbox"/> Solo III <input type="checkbox"/> Tableau TD1 <input type="checkbox"/> Other <b>Device Acquisition:</b> <input type="checkbox"/> Paraben DS <input type="checkbox"/> Lantern <input type="checkbox"/> Cellebrite UFED <input type="checkbox"/> Other Notes:
Evidence No.  Image Format:		Date/Time:	Creator:	<b>Method Used:</b> <input type="checkbox"/> FTKimager <input type="checkbox"/> Solo III <input type="checkbox"/> Tableau TD1 <input type="checkbox"/> Other <b>Device Acquisition:</b> <input type="checkbox"/> Paraben DS <input type="checkbox"/> Lantern <input type="checkbox"/> Cellebrite UFED <input type="checkbox"/> Other Notes:
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### Transfer of Custody Records

Evidence #s	Date/Time	From:	To:	Description/Reason
	Date:	Name/Organization:	Name/Organization:	
	Time:	Signature	Signature	
	Date	Name/Organization:	Name/Organization:	
	Time	Signature	Signature	

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	Date	Name/Organization	Name/Organization:	
	Time	Signature	Signature	
	Date	Name/Organization:	Name/Organization:	
	Time	Signature	Signature	
	Date	Name/Organization	Name/Organization	
	Time	Signature	Signature	
	Date	Name/Organization	Name/Organization	
	Time	Signature	Signature	
	Date	Name/Organization	Name/Organization	
	Time	Signature	Signature	
	Date	Name/Organization	Name/Organization	
	Time	Signature	Signature	
	Date	Name/Organization	Name/Organization	
	Time	Signature	Signature	
	Date	Name/Organization	Name/Organization	
	Time	Signature	Signature	
	Date	Name/Organization	Name/Organization	
	Time	Signature	Signature	
	Date	Name/Organization	Name/Organization	
	Time	Signature	Signature	