



585.295.8900 Phone
585.295.6001 Fax

Case No: _____

Date: _____

General Information

Client Name: _____

Contact Name: _____

Client Address: _____

Email Address: _____

Phone Number: Cell _____ Work _____ Home _____

This memo documents the receipt of the following media from the above named client. An EnCase forensic image (exact copy) of the media will be made and used for examination and file recovery. All work will be documented and presented upon request.

Upon completion and forwarding of recovered data, the forensic image will be maintained for 30 days. Following that time, the image and drive will be sanitized to DOD 5220-22M specification.

Parent Device: Desktop PC Laptop PC Apple/MAC Desktop Apple/Mac Book
 PDA Cellphone Standalone Storage Other

Type: HDD FDD External HDD Flash Drive Memory Card SIMM Card

Other _____

Manufacturer: IBM HP Dell Seagate Sun
 Samsung Maxtor Hitachi SanDisk Ultra
 Toshiba Fujitsu Kingston Western Digital Sony

Other _____

S/N: _____

I certify that I have legal right to the above referenced media, and any data contained thereon. I am transferring said media to Function5 Technology Group, Inc for the expressed purpose of reviewing the media to locate and attempt to recover requested files. I acknowledge that Function5 will, of necessity, have access to all files on said media.

Transferred by: _____ Date: _____

I acknowledge receipt of the above described media for the purpose of recovering files described on the attached scope of work.

Received by: _____ Date: _____



Case No: _____

Client Name: _____

Scope of work

PRIVACY STATEMENT

Function5 is committed to protecting the privacy of our customers. We do not collect personally identifiable information unless you choose to provide it to us voluntarily. Information we request from you is required in order to provide requested data recovery services and communicate effectively with you and is not mandatory. Should you not wish to disclose certain information, it may impede our ability to perform required services or impede communication with you. We will keep all information, including data files, confidential and will not sell, license or disclose such information to any third party without your consent, unless we are compelled to do so by law or to comply with a court order.

DATA REQUIRED

Category of file to be retrieved email text document spreadsheet database
(Check all that apply) picture other

File type(s) to be retrieved .pdf .bmp .jpg .doc .xls .qbw
(Check all that apply) .pst .mdx .wab other

Describe file(s) to be retrieved. _____

METHOD OF DATA RETURN

Media used: CD-RW (700Mb capacity) – Up to 5 disks, no charge, 2.95 for each disk thereafter
 DVD (4.38 Gb capacity) – Up to 5 disks, no charge, 2.95 for each disk thereafter
 Flash Drive (2 Gb capacity) 19.95 ea
 Internal HDD (actual cost of drive unless customer provided)
 External HDD (actual cost of drive unless customer provided)

DISPOSITION OF MEDIA

- Destroy
- Wipe, then destroy
- Return to client

Transport of Device to Function5

- Carrier to retrieve Device - \$11.95 charge added to invoice
- Client drop off (Directions at <http://www.f5technology.com/contact.htm>)
- Ship Device – Function5 will send box with UPS label inside to resend back to our lab

Initials: Function5 _____ Client _____