



HFSC Use Only	<input type="checkbox"/> Submission	<input type="checkbox"/> Call Out
Forensic Case #:	_____	Item(s) #: _____
Received by/Method:	_____	Date: _____
Call Out Location (if applicable):	_____	
Scheduled Date and Time of Call Out (if applicable):	_____	

**Houston Forensic Science Center
Forensic Multimedia Unit Submission Form**

Submitting Agency: _____	Submitter Name: _____
Agency Case Number: _____	Submitter Email: _____
Offense: _____	Submitter Phone Number: _____
Date of Offense: _____	Submitter Division: _____
Offense Location: _____	Submitter Address: _____

Evidence Submitted:

<u>Quantity</u>	<u>Description of Items</u>	<u>Recovery Location</u>

Request:

- Video Enhancement
 Still Images
 Media Release
 Video Segments
 DVR Analysis
 Audio Enhancement
 Format Conversion
 Call Out*
 Other: _____

**For additional requests related to a Call Out, a separate request will be made.*

Dates/Times of Export and/or Enhancements (if applicable): _____

Additional Details (if applicable):

 Submitter Signature

 Printed Name/Employee Number

 Released to (Signature) if applicable

 Printed Name/Employee Number