

D-Tech Services, LLC

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Forensic Examination/Data Recovery Request

Client Information -

Name: _____ Date: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

ITEMS SUBMITTED FOR EXAMINATION

SECTION 1 - FORENSIC EXAMINATION (for Data Recovery, skip this section and fill out Section 2)

Please provide as much information as possible regarding your request. Be very specific. Describe what it is your are looking for, what issues you want resolved and what questions you want answered. Attach additional pages if needed.

List names, dates, email addresses, user names, keywords or any other information related to your case. This will help us locate the relevant data.

SECTION 2 - DATA RECOVERY

Describe the circumstances of the loss or failure. (power failure or surge, creating a new partition, accidentally deleted, etc).

Data to recover - Be specific. If you want images, describe the images. If you want documents or other data files, describe the contents of the files. Provide words or phrases that you know were in the files. Estimate the number of files you expect to recover.

Computer information - Please circle the appropriate items.

Operating System - Windows - 95/98/ME NT 2000 XP VISTA
Linux DOS Apple Don't Know
File Format - FAT NTFS EXT HFS Don't Know