



WISCONSIN STATE CRIME LABORATORIES

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Forensic Imaging Unit Services Form

Request for Video and Imaging Services

Contact Information:

Name: _____

Phone Number: (Office) _____ (Cell, if applicable) _____

Email: _____

Video/Image Analysis and Enhancement (check all that apply):

- Enhanced Images or Video** Please select this option for video or image enhancement needs, e.g.: license plates, faces, video that is too dark.
- Viewable Video** Please select this option for problematic video files or videos requiring conversion, e.g.: VHS tapes, digital files that won't play correctly.
- Comparison** Please select this option for comparison analysis between questioned items in a video or image (unknown) compared to a recovered item or image (known).

Description of person of interest, vehicle of interest, item(s) and/or object(s):

If applicable, please provide camera number, time stamp and/or area that person or vehicle of interest is observed in video:

High Resolution Imaging of Physical Evidence (check all that apply):

- Digital Images or Video** Please select this option for highest resolution images of evidence and/or imaging of evidence in different spectrums of light e.g.: Infrared or Ultraviolet
- 3D Imaging** Please select this option for metrological accurate models of evidence, some restrictions may apply.

Please provide details of the request for the item(s) submitted for Imaging:

Questions? Please contact the Forensic Imaging Unit in your area or email forensicimaging@doj.state.wi.us.

FI Appendix E - Request of Video Processing — Forensic Imaging Unit Procedure Manual				
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