



WISCONSIN STATE CRIME LABORATORIES

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# Forensic Imaging Unit Services Form

## Request for Audio/Video/Imaging Services

### Contact Information:

Name: \_\_\_\_\_

Phone Number: (Office) \_\_\_\_\_ (Cell, if applicable) \_\_\_\_\_

Email: \_\_\_\_\_

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

**Enhanced Audio, Images and/or Video** Please select this option for video or image enhancement needs, e.g.: license plates, faces, video that is too dark. For Audio: volume adjustments, noise reduction, clarification.

**Conversion Services** Please select this option for problematic video files or videos requiring conversion, e.g.: VHS tapes, digital files that won't play correctly, audio cassettes needing conversion to digital files.

**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 areas of interest in submitted media, or general summarized request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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](mailto:forensicimaging@doj.state.wi.us).**

FI Appendix E - Request for Video and Imaging Services — Forensic Imaging Unit Procedure Manual				
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