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.