



# Risk Acceptance Form

Office: (312) 913-9270 | Fax: (312) 235-8116

**CGRCFL Case Number:**

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**CGRCFL Barcode:**

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**Agency Case Number:**

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**Agent / Investigator:**

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**Device Make & Model:**

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**Device Serial Number:**

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In accordance with the FBI Digital Evidence Laboratory Tool Limitation requirements, other procedures have been considered or attempted before proposing the use of an advanced examination. The other procedures were unable to recover the required data.

By authorizing the advanced examination, I understand that there is a very real risk of, either in part or whole, permanently damaging or destroying the submitted item(s) and/or data contained therein. By authorizing the advanced examination, I am acknowledging that I accept this risk and still request for the examination to take place.

*I further understand that while this technique has the potential to retrieve additional information/data, there is no guarantee that this tool/technique will obtain results of any kind.*

**Comments (Optional):**

**Date:**

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**Agent / Investigator (Print):**

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**Agent / Investigator (Sign):**

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