



STATE OF MISSISSIPPI  
OFFICE OF THE ATTORNEY GENERAL  
CYBER CRIME CENTER  
Telephone 601/359-4250 • Fax 601/359-4254  
802 North State Street, Suite. 301 Jackson, MS 39205

Request for Assistance  
Must Be Completed In Full

Date \_\_\_\_\_

Submitting Agency \_\_\_\_\_

Submitting Officer \_\_\_\_\_ Agency's Case Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Suspect's Last Name \_\_\_\_\_, First Name \_\_\_\_\_, M.I. \_\_\_\_\_

Sex: M( ) F( ) Age: \_\_\_\_\_

County of Incident \_\_\_\_\_

**CASE TYPE (Check All That Might Apply)**

Undercover: \_\_\_\_\_ State: \_\_\_\_\_ Federal: \_\_\_\_\_ Internal: \_\_\_\_\_ Arson: \_\_\_\_\_ Drugs: \_\_\_\_\_ Assault: \_\_\_\_\_  
Burglary: \_\_\_\_\_ Death: \_\_\_\_\_ Forgery: \_\_\_\_\_ Fraud: \_\_\_\_\_ Theft: \_\_\_\_\_ Larceny: \_\_\_\_\_  
Kidnapping: \_\_\_\_\_ Embezzlement: \_\_\_\_\_ Child Molestation: \_\_\_\_\_ Sexual Assault: \_\_\_\_\_ Computer Crimes: \_\_\_\_\_  
Weapons Offense: \_\_\_\_\_ Child Pornography: \_\_\_\_\_ Political Corruption: \_\_\_\_\_ Other: \_\_\_\_\_

**TYPE OF REQUEST**

Information Only: \_\_\_\_\_ Investigative Assistance: \_\_\_\_\_ Forensic Assistance: \_\_\_\_\_ Other: \_\_\_\_\_

**Assistance Requested:**

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

Please attach copies of all search warrants.

NOTE: Your agency will be assessed the cost of a hard drive if an imaged duplicate is made.