CLARKSVILLE POLICE DEPARTMENT

1970 Broadway, Clarksville, Indiana 47129 ● Phone (812) 288-7151 Fax (812) 282-8680
www.ClarksvillePolice.com

Juvenile Consent to Search Electronic Media

I, _____, hereby authorize _____, who has identified himself/herself as a law enforcement officer, and any other person(s), including but not limited to a computer forensic examiner, he/she may designate to assist him/her, to remove, take possession of and or conduct a complete search of the following: computer systems, electronic data storage devices, computer data storage diskettes, DVD's, or any other electronic equipment capable of storing, retrieving, processing and or accessing data.

The aforementioned equipment will be subject to data duplication/imaging and a forensic analysis for any date pertinent to the incident/criminal investigation.

I give this consent to search freely and voluntarily without fear, threat, coercion or promises of any kind and with full knowledge of my constitutional right to refuse to give my consent for the removal and or search of the aforementioned equipment/data, which I hereby waive. I am also aware that if I wish to exercise this right of refusal at any time during the seizure and or search of the equipment/data, it will be respected.

This consent is to given by me this _____ day of, _____ 20 ____,
at _____a.m. /p.m.

Description of Item: _____

Location Items Taken From: _____

Consenter Signature: _____

Witness Signature: _____

Officer Signature: _____

I have read this CONSENT TO SEARCH ELECTRONIC MEDIA form and I understand what my rights are. I have had the chance to speak with my parent(s), guardian(s) and or custodian(s) without a police officer present. I give this consent to search freely and allow the police officer to take possession of and search the media device(s) listed on this form.

_____	_____	_____
Juvenile	Date	Time
_____	_____	_____
Officer	Date	Time

As a parent, guardian or custodian of _____, I have read the CONSENT TO SEARCH ELECTRONIC MEDIA form and understand it. I have had a chance to talk with the juvenile without a police officer present. Neither the juvenile nor I want a lawyer present at this time. I give this consent to search freely and allow the police officer to take possession of and search the media device(s) listed on this form.

_____	_____	_____
Parent/Guardian/Custodian	Date	Time
_____	_____	_____
Officer	Date	Time

"Serving and Protecting the Town of Clarksville"

Mark R. Palmer
Chief of Police

David Kirby
Asst. Chief of Police

Tim Hauber
Safety Director

Town of Clarksville Board of Police Commissioners

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Crime Busters
(812) 284-4636

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