

**Berglund & Magnuson, PLLC**  
**RNC Intake Form**  
(to be completed by trained intake staff)

**ID:**

**Type: (one item per form)**

Audio Tape \_\_\_\_\_ Handwritten Notes \_\_\_\_\_ Photographic Film \_\_\_\_\_ Disposable Camera \_\_\_\_\_  
Audio (Type) \_\_\_\_\_ Photos (Type) \_\_\_\_\_ Video (Type) \_\_\_\_\_ Other \_\_\_\_\_

**Quantity:** (Number of Photos/Pages/etc.) \_\_\_\_\_

**Contact Information of person who collected, recorded, photographed or taped:**

Name:	Phone #(s):
Email(s):	Address:

**Description:** List as best you can the dates, times, and locations of significant events documented, along with reference points (timestamps, photo #, page#, etc.) if possible:

Date	Time(s)	Location	Timestamps, Page #s, Photo #s, etc.	Description

*(continued on back \_\_\_)*

**Circle any of the following uses of force documented:**

Police Misconduct, Tasers, Rubber Bullets, Horses, Pepper Spray, Tear Gas, Assault, Tackling, Undercover Officers, Agent Provocateurs, Fake Arrests, Snatch and Grab, Batons, Other: \_\_\_\_\_

**Other Information/Description/Notes?**

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**Other Label Information:** \_\_\_\_\_

**Description and contact information for anyone who had control of the item(s) after it was collected, recorded, photographed or taped:** \_\_\_\_\_

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**I, the undersigned, hereby declare the above information to be true and accurate on \_\_\_\_\_ (date).**

**Signature of person that brought the evidence to the collection site:** \_\_\_\_\_

**Signature of person who recorded, photographed or taped the evidence:** \_\_\_\_\_

<b>Intake Worker ONLY:</b> The above referenced non-video evidence was received by _____ (print name) on _____ (date).  _____ (signature)
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