



Providing a Complete Suite of Digital Forensic Solutions  
Let Us Help Build Your Case

Forensic Data Solutions  
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Agency License: Iowa PI License #1629DSM  
Forensic Data Solutions  
3209 Ingersoll Avenue, Suite 208 Des Moines, Iowa 50312

## **INVESTIGATIVE SERVICES AGREEMENT**

This Agreement is entered into on \_\_/\_\_/2023, by and between Forensic Data Solutions, an Iowa licensed detective agency, License No. 1629DSM, with offices at 3209 Ingersoll Ave., Suite #208 Des Moines Iowa 50312, herein referred to as (AGENCY), and \_\_\_\_\_ with an \_\_\_\_\_ referred to as (CLIENT/ATTORNEY).

CLIENT/ATTORNEY retains AGENCY to conduct an investigation specifically explained below. As such, CLIENT agrees that AGENCY is empowered to perform said services for and on behalf of CLIENT, and to do all things necessary, appropriate, or advisable in performing said services for and in the best interests of CLIENT/ATTORNEY. The parties hereby agree that the following investigative services have been requested by CLIENT/ATTORNEY under this Agreement and will be provided by AGENCY, but that the actual time and manner in which the following investigative services are conducted shall be left to the sole discretion of the AGENCY.

**SCOPE of INVESTIGATIVE:**

Investigation:

- 1- Cell Phone Extraction

**CONFIDENTIALITY:**

All investigative findings furnished to CLIENT/ATTORNEY are exclusively for CLIENT's/ATTORNEY's own use. CLIENT/ATTORNEY agrees to restrict the dissemination of said findings ONLY to third parties who have a legitimate need to know, and/or authorized by law. CLIENT/ATTORNEY will hold AGENCY harmless from damages, losses, cost or expenses, including attorney fees, suffered or incurred in connection with arising out of claims based on investigative findings provided to CLIENT/ATTORNEY, and for which CLIENT/ATTORNEY fails to keep strictly confidential.

Client/Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## *Investigation Permission Release*

I the Cell Phone, Desktop/Laptop and/or other Digital Media owner understand that Agency is not responsible for any data loss, which may occur as a result of work done on my electronic device. There is no guarantee of examination results. I certify that I am the owner of the device and **give my permission** to the Agency conduct the cell phone investigation, email investigation, and all social media associated.

Owner's/Attorney Name: \_\_\_\_\_

(Print)

Owner's Signature/Attorney: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Notes:

- Password/Pin Code