

# DECAM CERTIFIED INVESTIGATOR APPLICATION

DECAM Certification Application Fee: \$ 175.00  
Renewal: \$ 50.00

Submit Check or Money Order to;  
eLab Forensics LLC  
PO Box340355  
Hartford, CT 06134  
1-877-266-3703

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Title: \_\_\_\_\_

Website: \_\_\_\_\_

License Held: \_\_\_\_\_ License #: \_\_\_\_\_

Have you been qualified as an expert by the court? \_\_\_\_\_ Discipline: \_\_\_\_\_

Certifications/Special Qualifications: \_\_\_\_\_

Education: \_\_\_\_\_

Experience/Criminal Defense: (Attach a profile or curriculum vitae if necessary)

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

I certify that the above information is true and correct and that I will maintain the highest level of integrity. I further understand that my membership can be terminated upon a finding of fact by the Advisory Board regarding any and all unethical behavior or actions. A formal finding or conviction of perjury or false reporting being the basis for an immediate dismissal.

## **PREREQUISIT TRAINING REQUIREMENTS:**

Successful completion of the two day DECAM training program

## **LETTERS OF RECOMMENDATION REQUIREMENTS:**

Two written recommendations from reputable and experienced criminal defense attorneys must be submitted on behalf of an applicant seeking DECAM certification. The written recommendations must be on letterhead. The recommendation shall note the applicant's;

1. Reputation for ethical inquiry
2. Intellectual acuity and knowledge in the use of digital evidence
3. Accomplishments and Qualifications
4. Skill level in the use of digital evidence as a criminal defense investigator

## **AFFIDAVITS OF EXPERIENCE:**

Use as many affidavits as needed to cover the required number of comprehensive digital evidence defense cases accomplished.

**DECAM CERTIFIED CRIMINAL DEFENSE INVESTIGATOR  
PROGRAM**

**AFFIDAVIT OF EXPERIENCE**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_, who, being duly sworn, deposes and says that I know both personally and professionally the criminal defense investigator identified as \_\_\_\_\_. He/She is currently employed by \_\_\_\_\_ and does actively engage in the discipline of criminal defense investigation involving digital evidence. To my knowledge, \_\_\_\_\_ has been active as a criminal defense investigator for approximately \_\_\_\_\_ years. I have personal knowledge of \_\_\_\_\_ successfully conducting the investigation of \_\_\_\_\_ criminal defense assignments involving digital evidence. The assignments were comprehensive in nature and not merely single task orientated. I further attest that \_\_\_\_\_ has maintained the highest ethical and professional standards.

\_\_\_\_\_  
Signature of Person Making Affidavit

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires