



SILICON VALLEY REGIONAL COMPUTER FORENSIC LABORATORY

REQUEST FOR SERVICE

CASE INFORMATION (Please print legibly. If Not Applicable, enter "NA")			RCFL Case #	
Is this the first request in this case? <input type="checkbox"/> First Request <input type="checkbox"/> Follow-up Request		Date:		Agency Case #
Submitting Person:		Type of Service (Check One) <input type="checkbox"/> Lab <input type="checkbox"/> Field		Suspect Name Or Case Title:
Case Agent Name:		Contact #:		Case Agent's Supervisor:
Case Agent Email:		Submitting Agency:		
Squad/Unit:		Submitting Agency's Mailing Address:		
Case/Crime Type:		Task Force? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶	Task Force: <input type="checkbox"/> REACT <input type="checkbox"/> ICAC <input type="checkbox"/> JTTF <input type="checkbox"/> <input type="checkbox"/> Other (Specify):	
		Classified Handling? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶	Maximum Classification Level <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> SCI	
Trial Prep? <input type="checkbox"/> No <input type="checkbox"/> Yes		Has a Prosecutor been assigned? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶	Provide Prosecutor's Name & Phone Number:	
Trial Date:		Pending Court Dates? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶	If yes, provide date & type of proceeding (e.g. prelim, trial):	
Prosecutorial Jurisdiction: <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Military <input type="checkbox"/> Other				
Service or Seizure Location (Address):			Type of Seizure (Please provide a copy of Search Warrant/Affidavit) <input type="checkbox"/> Search Warrant <input type="checkbox"/> Consent <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Grand Jury <input type="checkbox"/> Admin <input type="checkbox"/> Other ▶	
Suspect(s) in Custody? <input type="checkbox"/> No <input type="checkbox"/> Yes	Narcotics Related? <input type="checkbox"/> No <input type="checkbox"/> Yes	Special Master Case? <input type="checkbox"/> No <input type="checkbox"/> Yes	Privileged Information? <input type="checkbox"/> No <input type="checkbox"/> Yes	This includes any material specified under the Privacy Protection Act. For example any material intended for publication such as books, articles or computer programs
Were any RCFL personnel consulted in preparation of the Search Warrant? <input type="checkbox"/> Yes ▶ List Name(s): <input type="checkbox"/> No or NA		Special Handling? <input type="checkbox"/> No <input type="checkbox"/> Yes	If any additional "Special Handling" procedures are required please describe below or attach additional pages	
List Operating Systems of all computers, if known.		<input type="checkbox"/> Windows <input type="checkbox"/> Apple/Macintosh <input type="checkbox"/> Unix/Linux <input type="checkbox"/> Unknown <input type="checkbox"/> Other ▶		
Any of the following items submitted/anticipated?		<input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Palm/PDA <input type="checkbox"/> Cell Phone <input type="checkbox"/> Other ▶		
Has this evidence been viewed, examined or otherwise accessed by anyone prior to submission to the RCFL? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶		If yes, by who? Provide full name and contact phone number.		
Field Service Information	Date Service Requested:	Estimated Number of Computers:	All requests for Field Services should be submitted at least two business days prior to requested date of service	

Service Requested

Describe in detail what examinations are needed and what type of data you expect to be present. If there are special handling requirements, please describe. Attach additional pages as needed. If you have any reports, statements or other documentation which may assist in the examination, please attach to this request.

If this request is exigent or time sensitive, check this box and give supporting details .

By submitting this request/evidence to the SVRCFL, I acknowledge that laboratory personnel will select the most effective technical procedures necessary to satisfy this request.

RCFL USE ONLY	Date Received:		Case Priority:		Examiner Assigned:
	Received By:		Established By:		