



CHICAGO REGIONAL COMPUTER FORENSIC LABORATORY

Laboratory Location:



18-23 (09-01-2025)

SERVICE REQUEST#

CART

FAVP

SUBMIT TO: INSTRUCTIONS ONLINE

REQUEST: INITIAL SUPPLEMENTAL	DATE OF SERVICE REQUEST:	AGENCY CASE NUMBER:
REQUEST TYPE: EXAM TECHNICAL SEARCH	PREVIOUS CASE#:	TITLE/SUSPECT:
REQUESTOR (TITLE/FIRST/LAST NAME):	REQUESTOR OFFICE NUMBER:	REQUESTOR CELL NUMBER:
REQUESTOR EMAIL:	TASK FORCE: N/A ICAC JTTF OTHER:	
UNIT/SQUAD:	SUBMITTER IF DIFFERENT FROM REQUESTOR:	SPECIAL HANDLING: N/A GRAND JURY OTHER:
SUBMITTING AGENCY & ADDRESS:	SUPERVISOR:	SUPERVISOR EMAIL/ PHONE:

LEGAL: COPY OF LEGAL AUTHORITY (LA) SHOULD BE PROVIDED WITH REQUEST

JURISDICTION: FEDERAL STATE LOCAL	IS THIS A FILED CASE? Y N	COURT CASE NUMBER:
CRIME TYPE:	PENDING COURT DATE:	LEGAL AUTHORITY:
LEGAL AUTHORITY EXPIRATION: N/A Y	DATE EVIDENCE SEIZED:	EXIGENT CIRCUMSTANCES: N/A Y <i>Specify in Synopsis</i>

FIELD SERVICE (SEARCH) REQUEST:

PROPOSED FIELD SERVICE DATE:	ESTIMATED NUMBER OF DEVICES:	SERVICE LOCATION OR ADDRESS:
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BACKGROUND INFORMATION:

WERE LAB PERSONNEL CONSULTED FOR THIS REQUEST? WHO? Y N	WAS THE EVIDENCE ACCESSED PRIOR TO SUBMISSION? Y N	BIOHAZARD? Y N <i>Specify in Synopsis</i>
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CASE SYNOPSIS (Please provide a brief explanation of your case):

SERVICE REQUESTED: DESCRIBE YOUR REQUEST & ITEMS BEING SUBMITTED (Device description, quantity, image and process for CAIR, image only, mobile device unlock, password, passcode, pin, AFU/FBU etc.) *By submitting this service request, the requestor agrees the laboratory will choose the most appropriate, approved method(s) to address the request. It is also understood that a deviation from approved methods may be used if necessary.*

PROCESS	NAME	DATE	PROCESS	NAME	DATE
RECEIVED BY			LA REVIEW BY EXAMINER		
DB ENTRY BY			INITIAL CONTACT W/ INVESTIGATOR		
LA OPS REVIEW BY			TECHNICAL REVIEW		
ASSIGNED BY			ADMIN REVIEW		
PRIORITY			NOTIFY FOR PICKUP		
LEAD EXAMINER			REPORTS DISTRIBUTED		
REASSIGNED BY			EVIDENCE RETURNED		
REASSIGNED TO			DB CLOSED BY		

RCFL USE ONLY

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