Chicago RCFL Office
610 S. Canal Street
Chicago, IL 60607
(312) 913-9270

REQUEST FOR SERVICE

RCFL CASE #: -CGRCFL-	
Service Type: ☐Lab Image/Exam ☐Audio/Video Enhancement ☐Search Assistance ☐Technical Assist	
Requesting Agency:	Agency Case #:
Submitting Person:	Squad/Unit #:
Investigator:	Case Title:
Investigator Work #:	Date of Offense:
Investigator Cell #:	Date Seized:
Investigator Email:	Case/Crime Type:
ASA/AUSA Assigned:	Date Analysis Needed/Pending Court Date:
ASA/AUSA Phone & Email:	Exigent Processing Needed: ☐Yes ☐No If yes, please explain reason for exigent processing:
Is The Suspect In Custody? ☐Yes ☐No	
Has The Suspect Been Charged? ☐Yes ☐No	

Legal Authority for Service Request: (Please attach a copy of Search warrant, Affidavit or pertinent reports)

☐Search Warrant ☐Consent to Search ☐Court Order ☐Parole/Probation Violation ☐FISA

☐Docket Number_____ ☐Grand Jury Subpoena ☐Other (Explain): _____

RCFL Examiner Consulted Prior To Search Warrant /Seizure:

Has this Evidence been previously viewed and/or accessed by anyone? ☐Yes ☐No
(If yes, explain)

Are you aware of any privileged information contained within evidence? ☐Yes ☐No
(If yes, explain)

Relevant User Names, Screen Names, Pins, Passwords, and e-mail addresses:

Service(s) Requested: (Requests for on-sites searches must be received at least 2 business days prior to the search)

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