



Greater Houston Regional Computer Forensic Laboratory

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Phone: 713-690-2566

Fax: 713-934-1417

Service Request Form

Agency Information

Agency:
Address:

Submitter:
Cell:

Case Information

Agency No:
Suspect(s):

Investigator:
Desk:
Cell:
Email:

Victim(s):

Supervisor:
Phone:

Violation:

| | | | |
|----------------------|---------------------------------|---|---|
| Request Type: | <input type="checkbox"/> Search | <input type="checkbox"/> Examination (page 2) | <input type="checkbox"/> Technical (page 2) |
|----------------------|---------------------------------|---|---|

| | | | |
|---|------------------------------|-----------------------------|---------------------|
| Related to a Previous GHRCFL Case: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | GHRCFL Case: |
|---|------------------------------|-----------------------------|---------------------|

Search Assistance

| | | | |
|-----------------------------------|--|---|--|
| Legal Authority | <input type="checkbox"/> Warrant <input type="checkbox"/> Consent <input type="checkbox"/> FISA Docket: _____ <input type="checkbox"/> Other: | | |
| <input type="checkbox"/> Business | <input type="checkbox"/> Residence | Search Date | |
| Address | | Number/Type of Computers, Servers, Other | |
| | | | |
| Imaging on site? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain reason below</i> | | |
| Service Requested | | | |
| | | | |

GHRCFL USE ONLY

| | | | |
|-------------------|--|-------------------|--|
| Lab Number | | | |
| Date Received | | Date Assigned | |
| Received By | | Assigned By | |
| | | Examiner assigned | |
| | | Date CART DB | |
| Comments: | | | |
| | | | |

Examination

| | | | |
|--|---|-----------------------------|--|
| Legal Authority | <input type="checkbox"/> Warrant <input type="checkbox"/> Consent <input type="checkbox"/> FISA: Docket #: _____ <input type="checkbox"/> Other: | | |
| Date Needed | | | |
| Description of evidence | | | |
| | | | |
| Has Evidence been previously viewed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please describe method and reason below</i> |
| | | | |
| Any privileged information expected | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, please describe below</i> |
| | | | |
| List any Known Passwords, Emails Addresses, Etc... | | | |
| | | | |
| Service requested | | | |
| | | | |
| Place into CAIR? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | CAIR Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Offense Details <i>Please use additional pages as necessary</i> | | | |
| | | | |

Technical Assistance

| |
|--|
| <input type="checkbox"/> Copy Original Evidence <input type="checkbox"/> Copy Derivative Evidence (Results) <input type="checkbox"/> Contraband Defense Review <input type="checkbox"/> Technical Issues <input type="checkbox"/> Other |
| Description of Assistance |
| |

GHR CFL USE ONLY**Lab Number**

GHR CFL (V3-10-14)

GHR CFL USE ONLY

Lab Number:

GHR CFL (V3-10-14)