



Intermountain West Regional Computer Forensic Laboratory SERVICE REQUEST

Contacts: Salt Lake City, UT Office: 801-456-4800 | Boise, ID Office: 208-433-3527 | Billings, MT Office: 406-254-8200
Fax: 801-456-4899

IWRFCFL Case#:

Submitting Individual

CASE INFORMATION		
Suspect's Name		Case/Crime Type:
Suspect In Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	Address of Occurrence:	Type of Seizure: (Check) Legal authority must be attached <input type="checkbox"/> Search Warrant with affidavit <input type="checkbox"/> Probation/Parole <input type="checkbox"/> Consent <input type="checkbox"/> Administrative <input type="checkbox"/> Fed. Grand Jury <input type="checkbox"/> Other:
DDA / AUSA Assigned:		IWRFCFL Examiner Contacted:
Pending Court Dates:		Are you willing to assist in review? <input type="checkbox"/> Yes <input type="checkbox"/> No
EVIDENCE INFORMATION		
Address Seized:	Site #:	Date / Time Seized:
Number/Type of Computers:		Total number of items submitted:
Number/Type of Cell Phones, Tablets, Cameras	Power supplies obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(For Laptops/Cell Phones and other devices)</i>	
Note: You must call before requesting service for cell phones.		
Has this evidence been previously viewed or accessed by anyone? (Explain and give date)		
Are you aware of any privileged information contained within the evidence? (Explain)		
(initials) I acknowledge that I am submitting from a non-participating agency and that priority will be given to participating agencies.		
SERVICE REQUEST		
Explain the service needed:		

Instructions:

1. Please prepare one form for each search site (address) consulted on.
2. Please provide **ALL** requested information and note any unusual circumstances in the service request area.

Note: By submitting this case, you agree that the IWRFCFL will select the method(s) and/or subcontractor(s) needed to complete this request.