



# NEW ENGLAND REGIONAL COMPUTER FORENSIC LABORATORY

Laboratory Location:



18-23 (09-01-2025)

## SERVICE REQUEST#

CART

FAVP

SUBMIT TO: [NERCFL\\_Support@fbi.gov](mailto:NERCFL_Support@fbi.gov)

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			TECHNICALREVIEW		
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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