New Jersey Regional Computer Forensic Laboratory

1200 Negron Drive, Hamilton, NJ 08691
Phone: 609-631-8777 Fax: 609-584-0182
www.njrcfl.org

PRINT FORM | PRINT BLANK FORM

Service Request Form

SECTION 1: CASE INFORMATION:

A. Agency:	**B.** Date:	
D. Agency Name & Address:		**E.** Agency Case#:
F. Investigator:	**G.** Inv. Cell Phone:	**H.** Inv. Desk Phone:
I. Inv. Email:	**J.** Suspect Name:	**K.** Suspect in Custody?
L. County:	**M.** Legal Authority (Must Accompany Request):	
N. Prosecutor Name:	**O.** Prosecutor Phone:	**P.** Prosecutor Email:
Q. Date of Search/Seizure:	**R.** Search Location:	**S.** Forfeiture Potential?
T. Check box if evidence has been previously viewed and/or accessed by anyone. ☐	**U.** Check box if you are aware of any privileged information contained within this evidence. ☐	

SECTION 2: ITEMS TO BE SERVICED

Type of Service: Search Warrant Assistance (Operation Order Must Be Submitted Prior to Search)

Describe type of assistance needed. If known, please provide any details of # of computers, operating systems, network systems, date/time/location of search, etc.

SECTION 3: SUPERVISOR CERTIFICATION

***NOTE:* PLEASE FAX SERVICE REQUEST AND OTHER REQUIRED DOCUMENTS TO NJRCFL 609-584-0182.**

A. Supervisor Name:	**B.** Supervisor Phone:	**C.** Supervisor Email:
D. Supervisor's Handwritten Initials:	**E.** Check box if exigent circumstances exist: ☐	

For NJRCFL Use Only

Lab#: NJRCFL-_____ **HQ DB entered:** Yes No **Notified CA Lead Received: :** Yes No

Lead Received: / / **Evidence Received:** / / **Lead Assigned:** / /

Lead Completed: / / **Evidence Returned:** / / **Lead Closed:** / /

Assigned to Examiner: _____ **Previous Lab#: NJRCFL-** _____

OP Order Reviewed: _____ **Date:** _____