



# New Jersey Regional Computer Forensic Laboratory

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

## Service Request Form

### SECTION 1: CASE INFORMATION:

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

<b>SECTION 2: ITEMS TO BE SERVICED</b>		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.		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		

### SECTION 3: SUPERVISOR CERTIFICATION

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

A. Supervisor Name: <input type="text"/>		B. Supervisor Phone: <input type="text"/>		C. Supervisor Email: <input type="text"/>	
D. Supervisor's Handwritten Initials: <input type="text"/>		E. Check box if exigent circumstances exist: <input type="checkbox"/>			

*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: _____	