



NORTH TEXAS REGIONAL COMPUTER FORENSIC LABORATORY

Laboratory Location:



18-23 (09-01-2025)

SERVICE REQUEST#

CART

FAVP

SUBMIT TO: INSTRUCTIONS ONLINE

| | | |
|--|--|--|
| 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 Specify in Synopsis |

FIELD SERVICE (SEARCH) REQUEST:

| | | |
|------------------------------|------------------------------|------------------------------|
| PROPOSED FIELD SERVICE DATE: | ESTIMATED NUMBER OF DEVICES: | SERVICE LOCATION OR ADDRESS: |
|------------------------------|------------------------------|------------------------------|

BACKGROUND INFORMATION:

| | | |
|--|---|--|
| WERE LAB PERSONNEL CONSULTED FOR THIS REQUEST? WHO? Y N | WAS THE EVIDENCE ACCESSED PRIOR TO SUBMISSION? Y N | BIOHAZARD? Y N Specify in Synopsis |
|--|---|--|

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 | | | TECHNICAL REVIEW | | |
| ASSIGNED BY | | | ADMIN REVIEW | | |
| PRIORITY | | | NOTIFY FOR PICKUP | | |
| LEAD EXAMINER | | | REPORTS DISTRIBUTED | | |
| REASSIGNED BY | | | EVIDENCE RETURNED | | |
| REASSIGNED TO | | | DB CLOSED BY | | |

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