



NWRCFL
 1201 NE Lloyd Blvd, Suite 600
 Portland, Oregon 97232
 Phone # 503.249.3750, Fax # 503.528.3399

REQUEST FOR SERVICE

TYPE OF OFFENSE:	RCFL Case #	Submission ID #:
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Request Date:	Agency Case #:	Court Information	
Is this the first request for this case <input type="checkbox"/> First <input type="checkbox"/> Follow up (#):	Submitting Agency:	Prosecutorial Jurisdiction: <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Military <input type="checkbox"/> Other (Specify)	
Case Agent Name: (Last, First)	Case Title/Victim	List Court Date: (If Known)	
Case Agent Phone: (Office/Direct)	Request Type: <input type="checkbox"/> Image <input type="checkbox"/> Exam <input type="checkbox"/> Seizure <input type="checkbox"/> Restore <input type="checkbox"/> Wipe <input type="checkbox"/> Duplicate	Prosecutor assigned:	
Case Agent: (Cell/Pager)	Date Seized:	Phone:	
Case Agent Email:	Was evidence submitted with <u>This</u> request? <input type="checkbox"/> Yes <input type="checkbox"/> No (Do not include previously submitted items)	120 day deadline (Fed cases only)	180 day deadline (Fed cases only)
Type of Proceeding: (eg: Trial, Prelim, Article 32 Hearing)			
Operation System: <input type="checkbox"/> Windows <input type="checkbox"/> Apple <input type="checkbox"/> Unix/Linux <input type="checkbox"/> PDA <input type="checkbox"/> Cellular <input type="checkbox"/> Audio/Video <input type="checkbox"/> Camera <input type="checkbox"/> Unknown			
<u>Attach copy of Legal Authority</u> <input type="checkbox"/> Search Warrant <input type="checkbox"/> Government Prop. <input type="checkbox"/> Grand Jury <input type="checkbox"/> Consent <input type="checkbox"/> Other			

Has this item been exposed to any hazardous/bio hazardous material?

No Yes -if yes please explain _____

Service Requested: (Please type or Print)

Suspect/Subject Name:	Suspect In Custody Yes <input type="checkbox"/> No <input type="checkbox"/>	Exigent Circumstances: <input type="checkbox"/> No <input type="checkbox"/> Yes	Privileged Material: <input type="checkbox"/> No <input type="checkbox"/> Yes	Special Handling: <input type="checkbox"/> No <input type="checkbox"/> Yes
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Please list any RCFL member consulted on this case:

Has this evidence been viewed or examined by anyone prior to submission? (provide name, contact information and fully explain circumstances)

Warrant Service Assistance or On-Site Imaging

Service or Warrant Execution Date: (At least 2 business days advance notice)	Service or Seizure Location(Please list address, city and county of seizure location)				
RCFL Use Only	Name	Date	Process	Name	Date
Received by:			Database Entry:		
Reviewed/Accepted by:			Lead Examiner:		
Assigned by:			FET/OJT:		