



Orange County Regional Computer Forensics Laboratory

SERVICE REQUEST WORKSHEET

OCRCFL USE ONLY	Service Request # <input type="checkbox"/> Initial <input type="checkbox"/> Supplemental	Request Date: Click here to enter a date. Type: <input type="checkbox"/> Administrative <input type="checkbox"/> Forensic <input type="checkbox"/> Technical
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Service Request **MUST** be complete and accompanied by: Legal Authority, Chief's Letter (if applicable) & Submitted Evidence.
The requestor acknowledges that the OCRCFL may deviate from its standard operating procedure, should the need arise.

AGENCY / CASE AGENT / REQUESTOR

Agency / RA	Crime Type Jurisdiction <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Military <input type="checkbox"/> Internal / Agency
Agency Case #	Crime Type: Click Here for FEDERAL CRIMES Click Here for STATE CRIMES
Case Agent (Title / First Name / Last Name)	Supervisor's Name: Supervisor's Phone:
Assignment: (Bureau, Squad, Unit)	Phone (Office) Phone (Cell) Email:
Requestor Name (If different from Case Agent)	Phone (Office) Phone(Cell) Email:

(if applicable) FIELD SEARCH REQUEST (if applicable)

Search Date: Click here to enter a date.	<input type="checkbox"/> Bag & Tag <input type="checkbox"/> Forensic Preview / Compliance Review
Search Address:	<input type="checkbox"/> Field Imaging Other
Location Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other	

SPECIAL HANDLING

Has media been previously viewed, accessed and/or examined? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain below: who, how, where, when, why)	Special Handling: <input type="checkbox"/> None <input type="checkbox"/> Biohazard <input type="checkbox"/> Special Master <input type="checkbox"/> Filter Review <input type="checkbox"/> Adam Walsh Review
Do you possess <i>Top Secret Clearance</i> status? <input type="checkbox"/> No <input type="checkbox"/> Yes	Classification Type: Click here for types

SUSPECT / COURT / LEGAL AUTHORITY

Suspect Name (First & Last) OR Case Title:	Is this a filed case? <input type="checkbox"/> No <input type="checkbox"/> Yes: Case # Next Court Date: Click here to select next court date
Legal Authority: Click here to select type (Legal Authority MUST be provided before work begins.)	Federal Search Warrant Authority? <input type="checkbox"/> No <input type="checkbox"/> Yes: Search Warrant Expiration Date ("60-Day Rule") Click here to enter expiration date

EVIDENCE SUBMITTED

Click here to select evidence type Quantity:	Click here to select evidence type Quantity:	Click here to select evidence type Quantity:
Click here to select evidence type Quantity:	Click here to select evidence type Quantity:	Click here to select evidence type Quantity:

CASE SYNOPSIS: