



Philadelphia Regional Computer Forensic Laboratory

201 King of Prussia Rd. Suite 300 Radnor, PA 19087 (610) 975-3691

Service Request Form

Requestor Information

| | | | |
|--------------------|-----------------|--|--|
| Date: | Agency Case #: | Request Type: <input type="checkbox"/> First Request <input type="checkbox"/> Follow-up to: _____ | Service Type: <input type="checkbox"/> Examination <input type="checkbox"/> Technical <input type="checkbox"/> Search |
| Submitter: | Email Address: | Cell Phone #: | |
| Submitting Agency: | Agency Address: | Work Phone #: | |

Case Information

| | | | |
|--|--|--|--|
| Name/Case Title: | | Crime/Case Type: | |
| Classification: <input type="checkbox"/> Unclassified <input type="checkbox"/> Secret | Jurisdiction: <input type="checkbox"/> Federal <input type="checkbox"/> State/Local | Prosecutor Assigned: <input type="checkbox"/> Yes <input type="checkbox"/> No | RCFL Personnel Consulted: <input type="checkbox"/> Yes: (Name) _____ <input type="checkbox"/> No |

Service Request Information

| | | |
|--|--|--|
| On-Site Search Address(es): | | Date of Search: |
| Item(s) Locked: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Passcodes Known: <input type="checkbox"/> Yes <input type="checkbox"/> No | Password(s) (draw out all patterns below): |
| Item(s) were previously viewed/accessed: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain below) | Item(s) contains privileged information: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain below) | Item(s) requires special handling: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain below) |
| Any known deadlines: _____ Explain any deadlines: _____ | | |

Requested Service

- List each item submitted with identifiers to include make and model. (5 items max, unless approved by PHRCFL Director)
- Describe IN DETAIL what information is requested, see the Service Request Guide for helpful hints.
- Attach any supplemental documents that may assist in the examination to this service request.

The Request Form with legal authority can be hand-carried to the lab or sent electronically to PHRCFL.submission@fbi.gov

| | | | |
|------------------------------|----------------------|-------------------------|-------------------------|
| RCFL USE ONLY | Date Received: _____ | Request Opened: _____ | Examiner: _____ |
| | Case Priority: _____ | Request Assigned: _____ | RCFL #: _____ |
| | | Request Closed: _____ | Related Requests: _____ |
| | | | |