

## PHILADELPHIA REGIONAL COMPUTER FORENSIC LABORATORY

**SUBMIT TO: ONLINE** 

**FAVP** 

**Laboratory Location:** 

**CART** 



18-23 (02-03-2025) SERVICE REQUEST#

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		DATE OF SERVICE REQUEST:		AGENCY CASE NUMBER:			
INITIAL SUPPLEMENTAL							
REQUEST TYPE:	PREVIOUS CASE#:		TITLE/SUSPE	TITLE/SUSPECT:			
EXAM TECHNICAL SEARCH						TOR CELL NUMBER	
REQUESTOR (TITLE/FIRST/LAST NAME):	NAME): REQUESTO			OR OFFICE NUMBER:			₹:
REQUESTOR EMAIL:			TACK FORCE	_			
REQUESTOR EMAIL.			TASK FORCE N/A	: ICAC	JTTF O	THER:	
UNIT/SQUAD:	SUBM	SUBMITTER IF DIFFERENT FROM REQUESTOR:			SPECIAL HANDLING:		
OHII/SQUAD.						N/A GRAND JURY OTHER:	
SUBMITTING AGENCY & ADDRESS:	I		SUPERVISOR:		l.	SUPERVISOR EM	AIL/ PHONE:
LEGAL: COPY OF LEGAL AUTHORITY S	HOULD BE	PROVIDED	WITH REQUEST	•			
JURISDICTION: FEDERAL STATE L	OCAL	IS THIS A FILE	D CASE? Y N	COURT CA	ASE NUMBER:		
CRIME TYPE:		PENDING COU	JRT DATE:	LEGAL AU	THORITY:		
LEGAL AUTHORITY EXPIRATION: N/A Y		DATE EVIDENCE SEIZED:		EXIGENT (	CIRCUMSTANCES	S: N/A γ	Specify in Synopsis
FIELD SERVICE (SEARCH) REQUEST:							
	IMATED NUW	IBER OF SEF	RVICE LOCATION OR AD	DRESS:			
BACKGROUND INFORMATION:		•					
WERE CART PERSONNEL CONSULTED FOR THIS	WAS TH	IE EVIDENCE A	CCESSED PRIOR TO SUB	MISSION?	BIOHAZARD?		
REQUEST? WHO? Y N Y			N Y				
CASE SYNOPSIS (Please provide a brief expla	nation of you	r case):					
SERVICE REQUESTED: DESCRIBE YOUR	REQUEST	R ITFMS P	REING SURMITTE	) (Devices	description aua	nitity image and r	rocess for CAIR
image only, mobile device unlock, passwords, pass				-	· ·		
most appropriate, approved method(s) to address			•				
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DDOCTCC NAME							

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PROCESS	NAME	DATE	PROCESS	NAME	DATE
RECEIVED BY			LA REVIEW BY EXAMINER		
DB ENTRY BY			INTIAL CONTACT W/ INVESTIGATOR		
LA OPS REVIEW BY			ADMIN. REVIEW		
ASSIGNED BY			TECHNICAL REVIWEW		
PRIORITY			NOTIFY FOR PICKUP		
LEAD EXAMINER			REPORTS DISTRIBUTED		
REASSIGNED BY			EVIDENCE RETURNED		
REASSIGNED TO			DB CLOSED BY		