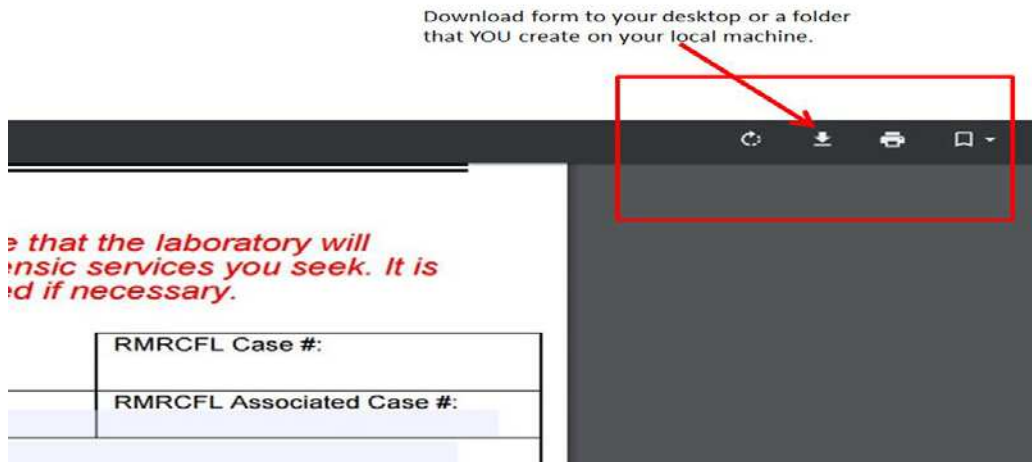


How to fill out the RMRCFL Service Request Form

1. **Download** Service Request Form from RCFL website. (<https://www.rcfl.gov/rocky-mountain/documents-forms>)



2. Starting with “Submitting Agency”, fill in all of the data in the blue “fillable” areas.

Submitting Agency:	Date:
Agency Address:	DDA/AUSA Assigned:
	DDA/AUSA Phone #:
Agency Case Number:	Case/Crime Type: (Check)
Case Agent:	<input type="checkbox"/> Child Pornography/Exploitation
Agent Phone:	<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Wildlife
Agent Email Address:	<input type="checkbox"/> Other _____
Type of Seizure: <input type="checkbox"/> Search Warrant <input type="checkbox"/> Consent <input type="checkbox"/> Fed. Grand Jury <input type="checkbox"/> Admin <input type="checkbox"/> Probation	Suspect Name:
	<i>Do not submit evidence</i>

(Attach copy of affidavit, search warrant, consent to search or other legal authority for the search.)

3. When completed and ready to save, click on FILE, SAVE AS, CHOOSE A DIFFERENT FOLDER. Save it to the place that is easiest for you to locate later. If you created a new folder for this select that folder that was created earlier and click SAVE.
4. Once you have all of your LEGAL AUTHORITY and this SERVICE REQUEST, please attach and email them to SERVICE_REQUEST@RMRCFL.NET



RMRCFL

Rocky Mountain Regional Computer Forensic Laboratory

9195 E. Mineral Ave, Suite 300, Centennial, CO 80112

Office: 303-649-7900 Fax: 303-649-7901 Email: SERVICE_REQUEST@RMRCFL.NET

REQUEST FOR SERVICE:

Notice to case agent: By submitting evidence to the RMRCFL, you agree that the laboratory will select the forensically sound test methods most suited for the digital forensic services you seek. It is also understood that a deviation from lab-approved methods may be used if necessary.

CASE INFORMATION:

RMRCFL Case #:
RMRCFL Associated Case #:

Submitting Agency:	Date:	RMRCFL Case #:
Agency Address:	DDA/AUSA Assigned:	RMRCFL Associated Case #:
Agency Case Number:	DDA/AUSA Phone #:	
Case Agent:	Case/Crime Type: <i>(Check all that apply)</i>	
Agent Phone:	<input type="checkbox"/> Child Pornography/Exploitation <input type="checkbox"/> Child Sex Assault <input type="checkbox"/> Sex Assault <input type="checkbox"/> Hacking <input type="checkbox"/> Domestic Violence <input type="checkbox"/> White Collar <input type="checkbox"/> Homicide <input type="checkbox"/> Threats <input type="checkbox"/> Drugs <input type="checkbox"/> Other _____	
Agent Email Address:	Suspect Name:	
<u>Do not submit evidence until contacted by the RMRCFL.</u>		

Type of Seizure: Search Warrant Consent Fed. Grand Jury Admin Probation Parole Other:
(Attach copy of affidavit, search warrant, consent to search or other legal authority for the search of digital evidence)

Date Seized:	Number of Computers Anticipated:	Additional Devices or Media:
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Has this evidence been previously viewed and/or accessed by anyone? *(If yes, explain)*

Are you aware of any privileged information contained within the evidence? *(If yes, explain)*

Service Requested: Field Lab Analysis Only : *(Requests for field service must be received at least 2 business days prior to the search)*

Make and Model of items to be submitted:

Search Terms/Keywords:

Please Email this form and your legal authority to SERVICE_REQUEST@RMRCFL.NET

RMRCFL USE ONLY			
Case Priority:	Case Type:	Priority Established By:	Date Approved: