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| **DIGITAL FORENSICS SERVICE REQUEST**  By submitting this form, the customer agrees that the laboratory will select the technical procedures best fit to complete the request. | | | |
| **RCFL Use Only** | **RCFL Request #:** | **Request Type:** | **Date:** |

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| **Agency Information** | **Submitting Agency:** | **Squad/Unit:** | | **Task Force:** [specify] |
| **Agency Case Number:** | **Crime (plain English):** | | |
| **Submitting Person (last, first):** | | **Title:** | |
| **Email:** | **Office Phone:** | | **Cell Phone:** |
| **Case Agent (last, first):**  Same | | **Title:** | |
| **Email:** | **Office Phone:** | | **Cell Phone:** |

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| **RCFL Information** | **Request:**  Initial  Follow-up: | **Type:**  Lab  Field/On-site |
| **New Evidence Being Submitted:**  Y  N | **Asset Forfeiture Potential:**  Y  N  Unknown |
| **Special Handling:**  Bio-Hazard  Classified Material  Drug-Related  Special Master  SDDA Grant: [specify] | |
| **Has anyone viewed/examined/accessed this evidence prior to submitted to the RCFL?**  Y (see comments)  N | |
| **RCFL Members Consulted/Conducting Triage:** | |

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| **Legal** | **Type:** [Select from dropdown menu] | **Date Received by RCFL:** |
| **Evidence Seizure Location:** | **Evidence Seizure Date:** |

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| **Device Information** | **Number/Type of Items Submitted** (i.e., 2 laptops, 1 thumb drive): | | | | |
| **Operating System or Device Type:** [Select from dropdown menu] ; If “Other” or multiple, specify here: | | | | |
| **Special Handling:**  Bio-Hazard  Classified Material  Drug-Related  Special Master  SDDA Grant (specify): | | | | |
| **Mobile Device** | **Device State:** [Select from dropdown menu] | | **Lock:** Password  Known  Unknown | |
| **Make:** | **Model:** | | **S/N or IMEI:** |

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| **Service Request** | **Request:**  Preview  Imaging  Examination  Pre-CAIR  Post-CAIR | | **CAIR-Trained?**  Y  N  N/A |
| **Describe, in detail, services needed. List any investigative, legal, or court deadlines. Explain answers above as necessary.** | | |
|  | | |
| If passwords are unknown, email biographical information to [sdrcfl@fbi.gov](mailto:sdrcfl@fbi.gov).If known, include here: | | |
| **Number of Copies of Results:**        N/A | **If Mobile Device, choose extraction type:** [Select from dropdown menu] | |

**I acknowledge that archive derivative evidence maintained by the SDRCFL Evidence Control Facility will be destroyed after a period of four (4) years. I understand that I must submit a request in writing for the media to be further maintained at my agency. Handwritten initials: \_\_\_\_\_\_\_**

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| **RCFL Use Only** | **PROCESS** | **NAME** | **DATE** | **PROCESS** | **NAME** | **DATE** |
| **Received By** |  |  | **Technical Review** |  |  |
| **Initial Entry** |  |  | **Admin Approval** |  |  |
| **Reviewed By** |  |  | **Notified for Pick Up** |  |  |
| **Assigned By** |  |  | **Report(s) Distributed** |  |  |
| **Assigned To** |  |  | **Evidence Returned** |  |  |
| **Reassigned By** |  |  | **Closed** |  |  |
| **Reassigned To** |  |  |  |  |  |
| **Priority** | **1 2 3 4 5** | | **CART ID** |  | |