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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.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** |  |