SAN DIEGO REGIONAL COMPUTER FORENSIC LABORATORY

Laboratory Location:

18-23 (02-03-2025)

SERVICE REQUEST#   CART   FAVP   **SUBMIT TO:** ONLINE

REQUEST: INITIAL SUPPLEMENTAL	DATE OF SERVICE REQUEST:	AGENCY CASE NUMBER:
REQUEST TYPE: EXAM TECHNICAL SEARCH	PREVIOUS CASE#:	TITLE/SUSPECT:

REQUESTOR (TITLE/FIRST/LAST NAME):	REQUESTOR OFFICE NUMBER:	REQUESTOR CELL NUMBER:

REQUESTOR EMAIL:	TASK FORCE: N/A ICAC JTTF OTHER:

UNIT/SQUAD:	SUBMITTER IF DIFFERENT FROM REQUESTOR:	SPECIAL HANDLING: N/A GRAND JURY OTHER:

SUBMITTING AGENCY & ADDRESS:	SUPERVISOR:	SUPERVISOR EMAIL/ PHONE:

LEGAL: COPY OF LEGAL AUTHORITY SHOULD BE PROVIDED WITH REQUEST

JURISDICTION: FEDERAL STATE LOCAL	IS THIS A FILED CASE? Y N	COURT CASE NUMBER:
CRIME TYPE:	PENDING COURT DATE:	LEGAL AUTHORITY:
LEGAL AUTHORITY EXPIRATION: N/A Y	DATE EVIDENCE SEIZED:	EXIGENT CIRCUMSTANCES: N/A Y **Specify in Synopsis**

FIELD SERVICE (SEARCH) REQUEST:

PROPOSED FIELD SERVICE DATE:	ESTIMATED NUMBER OF DEVICES:	SERVICE LOCATION OR ADDRESS:

BACKGROUND INFORMATION:

WERE CART PERSONNEL CONSULTED FOR THIS REQUEST? WHO? Y N	WAS THE EVIDENCE ACCESSED PRIOR TO SUBMISSION? Y N	BIOHAZARD? Y N

CASE SYNOPSIS (Please provide a brief explanation of your case):

SERVICE REQUESTED: DESCRIBE YOUR REQUEST & ITEMS BEING SUBMITTED (Devices description, quanity, image and process for CAIR, image only, mobile device unlock, passwords, passcods, pins, AFU/FBU etc.) **By submitting this service request, the requestor agrees the laboratory will choose the most appropriate, approved method(s) to address the request. It is also understood that a deviation from approved methods may be used if necessary**.

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		