



SILICON VALLEY REGIONAL COMPUTER FORENSICS LABORATORY

4600 Bohannon Drive, Suite 200, Menlo Park, CA 94025-1044
Main: 650.289.3000 Fax: 650.289.3050

Service Request

Case Information Please print legibly in each box

Request Type: <input type="checkbox"/> Initial <input type="checkbox"/> Supplemental	Date:	Agency Case Number:	Subject Name:
Submitter	Submitting Agency:	Case Title:	Crime Type:
Submitting Agency Mailing Address		Task Force: <input type="checkbox"/> N/A <input type="checkbox"/> ICAC <input type="checkbox"/> REACT <input type="checkbox"/> Other:	
Investigator:	Unit:	Special Handling: <input type="checkbox"/> N/A <input type="checkbox"/> Grand Jury <input type="checkbox"/> Other:	
Investigator Phone Numbers: Cell: Office:		Supervisor:	Supervisor Email:
Investigator Email:		Federal Agencies Only – Maximum Classification Level: <input type="checkbox"/> Unclassified <input type="checkbox"/> Confidential <input type="checkbox"/> Secret//	

Legal

Jurisdiction: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local:	Prosecutor Name:	Prosecutor Phone:
Legal Authority <input type="checkbox"/> Search Warrant <input type="checkbox"/> Consent <input type="checkbox"/> FISA <input type="checkbox"/> Probation <input type="checkbox"/> Discovery <input type="checkbox"/> Subpoena <input type="checkbox"/> Parole <input type="checkbox"/> Gov. Property <input type="checkbox"/> Other:	Trial Prep: <input type="checkbox"/> N/A <input type="checkbox"/> Yes :	Pending Court Dates:
	Legal Authority Expiration <input type="checkbox"/> N/A <input type="checkbox"/> Yes :	Exigent <input type="checkbox"/> N/A <input type="checkbox"/> Yes :

Field Service Request Information

Proposed Field Service Date:	Estimated Number of Computers:	Service Location or Address:
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Additional Information:

Background Information

Investigators should review loose media and cell phones with the Loose Media and Cell Phone Investigative Kiosk

Were CART personnel consulted for this request? <input type="checkbox"/> No <input type="checkbox"/> Yes:	Was the evidence accessed prior to submission? <input type="checkbox"/> No <input type="checkbox"/> Yes:	Biohazard: <input type="checkbox"/> No <input type="checkbox"/> Yes:
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By submitting this service request, the requestor agrees that the SVRCFL will choose the most appropriate, approved method to address the request.

Service Requested

Describe your request, special handling required, and what type of data is expected. Attach additional pages as necessary.

Process for CAIR

RCFL USE ONLY

Date Received:	Received by:	Case Priority:	Established by:	Examiner Assigned	SVRCFL Case Number:
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