

WESTERN NEW YORK REGIONAL COMPUTER FORENSIC LABORATORY

SUBMIT TO: ONLINE

FAVP

Laboratory Location:

CART



18-23 (02-03-2025) SERVICE REQUEST#

-		RVICE REQUEST	T: AGEN	AGENCY CASE NUMBER:					
INITIAL SUPPLEMENTAL									
REQUEST TYPE:	PREVIOUS	TITLE	/SUSPE	CT:					
EXAM TECHNICAL SEARCH		1							
REQUESTOR (TITLE/FIRST/LAST NAME):			STOR OFFICE NUMBER: REQUESTOR CELL NUMBER:					ER:	
REQUESTOR EMAIL:			TACE	FORCE					
REQUESTOR EMAIL.			_	N/A	ICAC	JTTF 01	THER:		
UNIT/SQUAD: SUBMITTER II				OM REQUESTOR:		SPECIAL HANDLING:			
300000000000000000000000000000000000000						N/A G	N/A GRAND JURY OTHER:		
SUBMITTING AGENCY & ADDRESS:	<u> </u>		SUPERVISOR:				SUPERVISOR E	MAIL/ PHONE:	
							I		
LEGAL: COPY OF LEGAL AUTHORITY S	HOULD BI	E PROVIDED	WITH REC	UEST					
JURISDICTION: FEDERAL STATE LOCAL IS THIS A FILED				Y N COURT CASE NUMBER:					
CRIME TYPE: PENDING CO			RT DATE:	TE: LEGAL AUTHO			RITY:		
LEGAL AUTHORITY EXPIRATION: N/A Y DATE EVIDE			CE SEIZED:		EXIGENT CI	RCUMSTANCES	5: N/A γ	Specify in Synopsis	
FIELD SERVICE (SEARCH) REQUEST:									
PROPOSED FIELD SERVICE DATE: ESTIMATED NUMBER OF SERVICE LOCATION OR ADDRESS:									
DE	VICES:								
BACKGROUND INFORMATION:									
WERE CART PERSONNEL CONSULTED FOR THIS REQUEST? WHO? Y N	CCESSED PRIOR	SED PRIOR TO SUBMISSION? BIOHAZARD? Y N							
	•				•				
CASE SYNOPSIS (Please provide a brief expla	nation of you	r case):							
SERVICE REQUESTED: DESCRIBE YOU	•				•			•	
image only, mobile device unlock, passwords, pass			•					•	
most appropriate, approved method(s) to address	the request.	It is also unders	stood that a de	viation	from approve	ed methods ma	y be used if nec	essary.	

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		