



REQUEST FOR SERVICE

Date Received (RCFL Staff Only):		Intake Staff Initials (RCFL Staff Only):	WNYRCFL Case # (RCFL Staff Only):
Submitting Person / ID#:		Submitting Agency:	Submitting Agency Case #:
Submitting Agency Case Title / Violation Description: (Suspect or Victim Name)		Threat to Life: (Check) <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Sexual Assault of a Minor: (Check) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Investigator Rank and Name: Phone #: Email:		Agency's Address:	
Legal Authority: (Check) <input type="checkbox"/> Search Warrant <input type="checkbox"/> Probation / Parole <input type="checkbox"/> Consent <input type="checkbox"/> Other:			
Evidence Previously Viewed? (Check) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, why:			
Privileged Information on Evidence: (Attorney, Medical, Spouse, Clerical) (Check) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Is there a Password / Passcode: (Check) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If Yes, what is the Password / Passcode: _____			
MANDATORY What do you want the Examiner to Search for: (e.g. Fraud – Accounts, Documents and Internet Artifacts related to Fraud, etc.)			

INSTRUCTIONS:

1. Please provide **ALL** requested information and “N/A” in not applicable fields.

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