



REQUEST FOR SERVICE

Date Received:	Intake Person Initials:	WNYRCFL Case #:
Submitting Person / ID#:	Submitting Agency:	Submitting Agency Case #:
Submitting Agency Case Title:	Type of Service Requested: <input type="checkbox"/> Field/Search Warrant <input type="checkbox"/> Laboratory <input type="checkbox"/> Video / Audio	Number of Computers Anticipated:
Agency Property Tag#:	Suspects Name:	
Case Agent:	Phone #:	
Date Seized:	Case / Crime Type:	
Location Seized:	Pending Court Dates:	
Site #:	Date Analysis Needed:	
Suspect in Custody: <input type="checkbox"/> YES <input type="checkbox"/> NO	Expected Evidence Return Date:	
Type of Seizure: (Check) <input type="checkbox"/> Search Warrant <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Consent <input type="checkbox"/> Admin <input type="checkbox"/> Fed. Grand Jury <input type="checkbox"/> Other:		
Has this Evidence been previous viewed and/or accessed by anyone? (Explain)		
Are you aware of any privileged information contained within evidence? (Explain)		
<u>SERVICE REQUESTED:</u> (Request for Field Service must be received at least 2 business days prior to the search)		

INSTRUCTIONS:

1. Please prepare one form for each search site (address).
2. Please provide **ALL** requested information and note any unusual circumstances in the Service Request area.
3. Please attach an Evidence Custody Form listing each individual container or packages of submitted evidence.
4. Request for field service assistance must be received at least 2 business days prior to the search warrant.

CONFIDENTIAL

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WNYRCFL Case#: BF-

Examiner's Initials: