



## REQUEST FOR SERVICE

**REGIONAL COMPUTER FORENSIC LABORATORY**

Office: 972-559-5800 Fax: 972-559-5881

NTRCFL Case # R 2- -

***SUBMITTER'S INFORMATION:***

\*Agency:

\*Address (no P.O. Box, include Zip Code):

\*Case Investigator:

Email:

\*Phone:

Cell:

\*Supervisor's Name:

Phone:

***CASE INFORMATION:***

\*Case number:

\*Subject's Name:

DOB:

SSAN:

\*Case/Crime Type:

ADA/AUSA Assigned:

Phone:

Location seized:

Date/time seized:

Date examination needed:

Pending court dates:

Suspect in custody:  Yes  No    Narcotics related:  Yes  No

\*Type of seizure:  Search Warrant  Probation  Parole  Consent  Admin  Federal Grand Jury  Other

Anticipated Asset Forfeiture:  Yes  No  Unknown

Has this evidence been previously viewed and/or accessed by anyone? (Explain)

Yes  No Explain:

Are you aware of any privileged information contained within evidence? (Explain)

Yes  No Explain:

**\*Service Requested:** (Requests for Search Warrant Service assistance must be received by fax at least 2 business days prior to the search.)

\*Required field \*\*Attach a copy of legal authority

*NTRCFL USE ONLY*

Received by:

Date received:

Case Priority:

Priority Established By: