



# New Jersey Regional Computer Forensic Laboratory

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 Phone: 609-631-8777 Fax: 609-584-0182  
 www.njrcfl.org

NJRCFL-SR-1 May 18, 2010

## Service Request Form

### SECTION 1: CASE INFORMATION:

A. Agency: <input type="text"/>		B. Date: <input type="text"/>	
D. Agency Name & Address: <input type="text"/>			E. Agency Case#: <input type="text"/>
F. Investigator: <input type="text"/>		G. Inv. Cell Phone: <input type="text"/>	H. Inv. Desk Phone: <input type="text"/>
I. Inv. Email: <input type="text"/>		J. Suspect Name: <input type="text"/>	K. Suspect in Custody? <input type="text"/>
L. County: <input type="text"/>		M. Legal Authority (Must Accompany Request): <input type="text"/>	
N. Prosecutor Name: <input type="text"/>		O. Prosecutor Phone: <input type="text"/>	P. Prosecutor Email: <input type="text"/>
Q. Date of Search/Seizure: <input type="text"/>		R. Search Location: <input type="text"/>	S. Forfeiture Potential? <input type="text"/>
T. Check box if evidence has been previously viewed and/or accessed by anyone. <input type="checkbox"/>		U. Check box if you are aware of any privileged information contained within this evidence. <input type="checkbox"/>	

### SECTION 2: ITEMS TO BE SERVICED

Type of Service:

Item #	Make & Model	Serial #

**GENERAL NOTE:** This service request should be limited to your "most relevant items", which may have a higher probability of containing data relevant to the investigation. If more than five evidence items need to be examined please call the NJRCFL for prior approval. Describe type of examination needed. For example: extract email relating to user account (username), business records, Internet activity relating to user (username), peer to peer settings, documents & spreadsheets, etc...

### SECTION 3: SUPERVISOR CERTIFICATION

**NOTE:** PLEASE FAX SERVICE REQUEST AND OTHER REQUIRED DOCUMENTS TO NJRCFL 609-584-0182.

A. Supervisor Name: <input type="text"/>		B. Supervisor Phone: <input type="text"/>		C. Supervisor Email: <input type="text"/>	
D. Supervisor's Handwritten Initials: <input type="text"/>		E. Check box if exigent circumstances exist: <input type="checkbox"/>			

For NJRCFL Use Only

Lab#: NJRCFL-_____	HQ DB entered: Yes No	Notified CA Lead Received: : Yes No
Lead Received: / /	Evidence Received: / /	Lead Assigned: / /
Lead Completed: / /	Evidence Returned: / /	Lead Closed: / /
Assigned to Examiner: _____	Previous Lab#: NJRCFL-_____	
OP Order Reviewed: _____	Date: _____	