



RMRCFL

Rocky Mountain Regional Computer Forensic Laboratory
9195 E. Mineral Ave, Suite 300, Centennial, CO 80112
303-649-7900

REQUEST FOR SERVICE

Notice to case agent: By submitting evidence to the RMRCFL, you agree that the laboratory will select the forensically sound test methods most suited for the digital forensic services you seek.

CASE INFORMATION:

		RMRCFL Case #:
Submitting Agency:	Date:	RMRCFL Associated Case #:
Agency Address:	DDA/AUSA Assigned:	
	DDA/AUSA Phone #:	
Agency Case Number:	Case/Crime Type: <i>(Check all that apply)</i>	
Case Agent:	Child Pornography/Exploitation <input type="checkbox"/> Child Sex Assault <input type="checkbox"/> Sex Assault <input type="checkbox"/>	
Agent Phone:	Domestic Violence <input type="checkbox"/> White Collar <input type="checkbox"/> Homicide <input type="checkbox"/> Hacking <input type="checkbox"/> Threats <input type="checkbox"/>	
Agent Email Address:	Drugs <input type="checkbox"/> Other _____	
		Suspect Name:
Type of Seizure: Search Warrant <input type="checkbox"/> Consent <input type="checkbox"/> Fed. Grand Jury <input type="checkbox"/> Admin <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Other: _____ <i>(Attach copy of affidavit, search warrant, consent to search or other legal authority for the search of digital evidence)</i>		
Date Seized:	Number of Computers Anticipated:	Additional Devices or Media:
Has this evidence been previously viewed and/or accessed by anyone? <i>(If yes, explain)</i>		
Are you aware of any privileged information contained within the evidence? <i>(If yes, explain)</i>		

Service Requested Field Lab Analysis Only : *(Requests for field service must be received at least 2 business days prior to the search)*

Search Terms/Keywords:

Fax this form and your legal authority to 303-649-7901

RMRCFL USE ONLY			
Case priority:	Case type:	Priority Established By:	Date assigned: