



RMRCFL

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

REQUEST FOR SERVICE

EXAMINER ASSIGNED _____

CASE INFORMATION:

| | | | |
|---|---|---|----------------|
| | | Request 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | RMRCFL Case #: |
| Submitting Agency: | Date: | RMRCFL Associated Case #: | |
| Agency Address: | Service: Field <input type="checkbox"/> Lab <input type="checkbox"/> Analysis Only <input type="checkbox"/> | | |
| Case Agent: | DDA/AUSA Assigned: | | |
| Agent Phone: | DDA-AUSA Phone #: | | |
| Agent Email Address: | Case/Crime Type: <i>(Check all that apply)</i> Domestic Violence <input type="checkbox"/> White Collar <input type="checkbox"/> Homicide <input type="checkbox"/> Death Investigation <input type="checkbox"/> Hacking <input type="checkbox"/> Threats <input type="checkbox"/> Child Porn/Exploitation <input type="checkbox"/> Child Sex Assault <input type="checkbox"/> Sex Assault <input type="checkbox"/> Drugs <input type="checkbox"/> Other _____ | | |
| Agency Case #: | Number of Computers Anticipated: | | |
| Suspect/s Name: | Additional Devices or Media: | | |
| Suspect In Custody: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Date Seized: | Date Analysis Needed: | | |
| 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)</i> | | | |
| 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: *(Requests for Field Service-Searches 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: |
| | | | |

RMRCFL

Case Submission Instructions

| | |
|--|--|
| <p>Complete Request For Service as fully as possible. See attached</p> | |
| <p>Legal Authority MUST be included</p> <ul style="list-style-type: none"> • Affidavit/Warrant • Consent to Search • Administrative Order • Court Order <p style="margin-left: 40px;">If authority is other than an Affidavit, please include a synopsis of your case</p> | <input type="checkbox"/> |
| <p>If your request is to produce a copy of the original evidence for discovery, it needs be coordinated through you. NOT through the defendant's attorney. The defense will need to provide a hard drive to place the image on. After the discovery is produced, we will release it to you, not the defense attorney. A Request for Service and Legal Authority (or Court Order) must be included.</p> | <input type="checkbox"/> |
| <p>If your request is to wipe a hard drive, a Request for Service and Legal Authority will be required.</p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>Fax Request for Service and Legal Authority to 303-649-7901</p> | |
| <p>Once your request has been approved by the RMRCFL, you will be notified and an appointment will be made for the evidence to be transferred to the RMRCFL. DO NOT bring or ship evidence to the lab prior to approval and appointment.</p> | <input type="checkbox"/> |
| <p>If you have been to the CAIR (Case Agent Investigative Review) class and plan on doing the exam in CAIR, mention it in the "Service Requested" area of the request form.</p> | |
| | |



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| Agency Case #: | Number of Computers Anticipated: | | |
| Suspect/s Name: | Additional Devices or Media: | | |
| Suspect In Custody: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>On this case</i> | | | |
| Date Seized: | Date Analysis Needed: | | |
| 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)</i> | | | |
| Has this Evidence been previously viewed and/or accessed by anyone? <i>(If yes, explain)</i> <i>If yes, provide date and time, and to what extent it was viewed.</i> | | | |
| Are you aware of any privileged information contained within the evidence? <i>(If yes, explain)</i> <i>Doctor-Patient, Attorney-Client, etc</i> | | | |

Service Requested: *(Requests for Field Service-Searches must be received at least 2 business days prior to the search)*

*Please list what you actually want. For example:
Provide copy of hard drive for discovery.
Emails between X and Y; chat logs; evidence of child exploitation/pornography; evidence of check fraud;
making false ID cards/driver's licenses; etc..
If this case is to be a CAIR case, please state that.*

Don't just say "See Affidavit/Warrant".

Search Terms/Keywords:

*Same for search terms: If appropriate give email addresses; any passwords; names of victims; account numbers, etc..
The more information the better.*

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

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| | | | |