



NWRCFL
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 Fax: 503-528-3399

REQUEST FOR SERVICE

CASE INFORMATION (Please type or print, if not applicable enter N/A)				RCFL Case #:		Request ID #:	
Request Date:		Agency Case #:		Court Information			
Is this the first request for this case <input type="checkbox"/> First <input type="checkbox"/> Follow up (#):		Submitting Agency:		Prosecutorial Jurisdiction:			
Case Agent Name: (Last, First)		Case Title:		<input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Military <input type="checkbox"/> Other (Specify)			
Case Agent Phone: (Office/Direct)		Request Type: <input type="checkbox"/> Image <input type="checkbox"/> Exam <input type="checkbox"/> Seizure <input type="checkbox"/> Restore <input type="checkbox"/> Wipe <input type="checkbox"/> Duplicate		List Court Date: (If Known)			
Case Agent: (Cell/Pager)		Date Seized:		Prosecutor assigned:			
Case Agent Email:			Date Analysis Needed:		Phone:		
Was evidence submitted with <i>This</i> request? <input type="checkbox"/> Yes <input type="checkbox"/> No (Do not include previously submitted items)		120 day deadline <small>(Fed cases only)</small>	180 day deadline <small>(Fed cases only)</small>	Type of Proceeding: (eg: Trial, Prelim, Article 32 Hearing)			
Operation System: <input type="checkbox"/> Windows <input type="checkbox"/> Apple <input type="checkbox"/> Unix/Linux <input type="checkbox"/> PDA <input type="checkbox"/> Cellular <input type="checkbox"/> Audio/Video <input type="checkbox"/> Camera <input type="checkbox"/> Other							
<i>Attach copy of Legal Authority</i> <input type="checkbox"/> Search Warrant <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Government Prop. <input type="checkbox"/> Grand Jury <input type="checkbox"/> Consent <input type="checkbox"/> Other							
Service Requested: (Please type or print)		Describe in detail what is needed, what type of data you expect to be present and any special handling requirements. Attach additional pages as needed. Please attach any report, statement or other documentation which may assist in the examination ie: search terms, logon names, passwords etc.					
Suspect (s) Name: (Last, First)		Suspect In Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	Privileged Material? <input type="checkbox"/> No <input type="checkbox"/> Yes		Special Handling? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Please list any RCFL member consulted on this case:		Task Force: <input type="checkbox"/> ROCN <input type="checkbox"/> JTTF <input type="checkbox"/> FITE <input type="checkbox"/> HIDTA <input type="checkbox"/> IINI <input type="checkbox"/> Other (Specify)					
Has this evidence been viewed or examined by anyone prior to submission? (provide name, contact information and fully explain circumstances)							
Warrant Service Assistance or On-Site Imaging							
Seizure Date:		Service or Seizure Location(Please list address, city and county of seizure location)					
Service or Warrant Execution Date: <small>(At least 2 business days advance notice)</small>							
RCFL Use Only		Name	Date	Process	Name	Date	
Priority	1	2	3	4	5	6	
Received by:				Lead Examiner:			
Assigned by:				FET/OJT:			
Database entry:				Closed:			