



REQUEST FOR SERVICE

<u>FCLMS CASE #:</u>		<u>SCCSD CASE #:</u>	
Service Type: <input type="checkbox"/> Lab Image / Exam <input type="checkbox"/> Search <input type="checkbox"/> Technical Assist <input type="checkbox"/> Presentation <input type="checkbox"/> Video			
<u>Requesting Agency:</u>		<u>Agency Case #:</u>	
<u>Submitting Person/ID#:</u>		<u>Case Title:</u>	
<u>Case Agent</u>		<u>Date of Offense:</u>	
<u>Case Agent Phone #:</u>		<u>Date Seized:</u>	
<u>ASA/AUSA/PA Assigned:</u>		<u>Case/Crime Type:</u>	
<u>ASA/AUSA/PA Phone #:</u>		<u>Pending Court Dates:</u>	
<u>Number Of Computers:</u>		<u>Date Analysis Needed:</u> mm/dd/yy	
<u>Is the Suspect In Custody:</u> Yes No		<u>Exigent Processing Needed:</u> Yes No If yes, please explain reason for exigent processing.	
<u>Has The Suspect Been Charged:</u> Yes No			
<u>Legal Authority for Search: (circle)</u>			
Search Warrant Consent Grand Jury Subpoena Parole / Probation Violation Other _____			
Examiner Consulted Prior To Search Warrant: (Please attach copy of Search Warrant, Affidavit & pertinent reports)			
Has this Evidence been previously viewed and/or accessed by anyone? (Explain) Yes / No			
Are you aware of any privileged information contained within evidence? (Explain) Yes / No			
Please provide: User Names, Screen Names, Passwords, and e-mail addresses.			

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

<u>RCCEEG USE ONLY</u>			
Date Case Received:		Received By:	
Case Priority:		Priority Established By:	
Examiner:		Date Case Assigned:	