

[Add logo or use letter head of requesting organization if necessary]

## **Mutual Legal Assistance Request for subscriber information under Article 31 Budapest Convention on Cybercrime<sup>1</sup>**

<b>1 DATE</b>
DD/MM/YYYY

<b>2 REFERENCE / CASE NUMBER</b>

<b>3 REQUEST STATUS</b>
<input type="checkbox"/> New request <input type="checkbox"/> Follow up to previous MLA request (details added below) <input type="checkbox"/> Follow up to previous preservation request (details added below)

<b>4 REQUESTED AUTHORITY</b>

<b>5 REQUESTING AUTHORITY</b>	
Organisation	
Person in charge of the request	
Address	
Telephone number	
Cell phone number	
E-mail address	
Fax number	
Office Hours	
Time Zone	
<input type="checkbox"/>	Response by email or other expedited means preferred
<input type="checkbox"/>	Response preferred by means of:

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<sup>1</sup> This template was adopted by the Cybercrime Convention Committee (T-CY) at its 19<sup>th</sup> Plenary (9-10 July 2018) to facilitate the preparation and acceptance of requests by Parties. Use of this template by Parties to the Budapest Convention is optional.

**6 SHOULD ADDITIONAL CONFIRMATION FROM THE REQUESTING AUTHORITY BE NEEDED, PLEASE CONTACT:**

Name:	
Job Title:	
Function:	
Telephone number	
Cell phone number	
E-mail address	

**7 INVESTIGATIVE/OPERATIONAL AUTHORITY IN CHARGE OF THE CASE**  
(IF DIFFERENT FROM REQUESTING AUTHORITY)

Organisation	
Person in charge of the case	
Address	
Telephone number	
Cell phone number	
E-mail address	
Fax number	

**8 PROSECUTION OFFICE OR COURT IN CHARGE IF APPLICABLE**

Prosecution office in charge and case number	
Court in charge and case number	
Prosecution or Court decisions related to the MLA request	

**9 INFORMATION ON PREVIOUS MLA REQUEST IF APPLICABLE**

Date	
Ticket/reference number	
Contact details of authority having requested previous MLA	
Contact details of authority having responded to (or executed) previous MLA	
Communication method used to submit previous request (email address, fax number, etc)	

**10 INFORMATION ON PREVIOUS PRESERVATION REQUEST IF APPLICABLE**

Date	
Ticket/reference number	
Contact details of authority having requested preservation	
Contact details of authority having responded to (or executed) the preservation request	
Channel for communication	

**11 DOMESTIC LEGAL BASIS FOR REQUEST IF APPLICABLE**

Relevant decision by Court, Prosecution or other authorised body; or other legal basis for request	
Please attach order or statutory authority	

**12 SUMMARY OF THE CASE**

Including:

- brief description of the facts
- how the data sought is related to the investigation/offences
- purpose and necessity of request for disclosure of subscriber information
- charges pressed/list of offences (with reference to domestic legal provisions and applicable penalties)

**13 CASE STATUS**

- Pretrial phase
- On trial
- Crime in progress

Other details:

**14 SUBSCRIBER INFORMATION TO BE DISCLOSED<sup>2</sup>**

Subscriber information related to the following IP addresses requested:		
Subscriber information related to following accounts requested:		
Period of interest	Start date: DD/MM/YYYY Start time (and time zone):	End date: DD/MM/YYYY End time (and time zone):

**15 INFORMATION IDENTIFYING THE SERVICE PROVIDER AND – IF AVAILABLE – THE LOCATION OF THE COMPUTER SYSTEM**

Please provide as much information as possible to help identify the service provider (including aliases, telephone numbers and other contact details or associated email addresses)

**16 URGENCY** **URGENT**

Response expected by: DD/MM/YYYY

**REASONS FOR URGENCY (check more than one if applicable)**

- Threat to life or limb
- Suspect/offender in custody
- Suspect/offender to be released from custody
- Crime in progress
- Volatility of data
- Imminent threat of a serious nature to public security
- Statute of limitation due to expire
- Trial is imminent or in progress
- Other:

**BRIEF DETAILS FOR URGENCY**

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<sup>2</sup> Use ANNEX for details.

**17 CONFIDENTIALITY**

We request that this request is kept confidential and that customers are not notified. Please inform us if your domestic law requires us to explain the reason for confidentiality; or – before taking any action – whether your domestic law requires customer notification or if you suspect that the provider may not comply with the request for confidentiality.

**18 CONFIRMATION/NOTIFICATION REQUESTED**

- Confirmation of receipt of request
- Whether and what additional information is needed from requesting State to execute the request
- Information on availability of data or whether data is beyond the jurisdiction of the requested country
- Other:

**19 ADDITIONAL NOTES, IF ANY**

**20 SIGNATURE AND / OR STAMP OF REQUESTING AUTHORITY IF APPLICABLE**

Name	
Position	
Date / place	
Signature and/or stamp	

**21 ANNEX: DETAILS OF INFORMATION REQUESTED<sup>3</sup>**

Subscriber information needed for IP addresses		
Subscriber information related to the following IP address/es requested (to the extent permitted by your law):		
Period of interest:	Start date and time:	End date and time:
Time zone:		
Details requested:		
<input type="checkbox"/>	Subscriber names	
<input type="checkbox"/>	User names	
<input type="checkbox"/>	Screen names, or other identities	
<input type="checkbox"/>	Email, social media and other accounts related to the IP address/es	
<input type="checkbox"/>	Mailing addresses	
<input type="checkbox"/>	Residential addresses	
<input type="checkbox"/>	Business addresses	
<input type="checkbox"/>	Telephone numbers, other contact information	
<input type="checkbox"/>	Billing records	
<input type="checkbox"/>	Billing address	
<input type="checkbox"/>	Payment method	
<input type="checkbox"/>	Payment History	
<input type="checkbox"/>	Billing period	
<input type="checkbox"/>	Information about length of service and the types of services the subscriber(s) or customer(s) used	
<input type="checkbox"/>	Any other identifying information, whether such records are in electronic or other form	

<sup>3</sup> Please note that the law of the requested state may not necessarily consider all of the following data to be subscriber information.

### Subscriber information needed for accounts

Information on the following accounts /s requested, to the extent permitted by your law:		
Period of interest:	Start Date and Time:	End Date and Time:
Time zone:		
Details requested:		

<input type="checkbox"/>	Subscriber names	
<input type="checkbox"/>	User names	
<input type="checkbox"/>	Screen names, or other identities	
<input type="checkbox"/>	Mailing addresses	
<input type="checkbox"/>	Residential addresses	
<input type="checkbox"/>	Business addresses	
<input type="checkbox"/>	Email addresses	
<input type="checkbox"/>	Telephone numbers, other contact information	
<input type="checkbox"/>	Billing records	
<input type="checkbox"/>	Billing address	
<input type="checkbox"/>	Payment method	
<input type="checkbox"/>	Payment History	
<input type="checkbox"/>	Billing period	
<input type="checkbox"/>	Registration date	
<input type="checkbox"/>	IP address used for the initial registration of the accounts	
<input type="checkbox"/>	Last registered date of access	
<input type="checkbox"/>	IP address used for the last registered access to the accounts	
<input type="checkbox"/>	IP address used for access to the account in the period: Start date: DD/MM/YYYY    Time: End date: DD/MM/YYYY    Time: Time zone:	
<input type="checkbox"/>	Other Email, social media and other accounts related to the person or account	
<input type="checkbox"/>	Information about length of service and the types of services the subscriber(s) or customer(s) used	
<input type="checkbox"/>	Any other identifying information, whether such records are in electronic or other form	

