

SEARCH WARRANT DEVELOPMENT

CHICAGO POLICE DEPARTMENT

PERSON CURRENTLY IN CUSTODY? YES NO
 LOCATION CURRENTLY SECURED/UNOCCUPIED? YES NO

SEARCH WARRANT JURISDICTION (BASED ON TYPE OF CHARGES) <input type="checkbox"/> MCC CHARGES <input type="checkbox"/> ILCS CHARGES <input type="checkbox"/> FEDERAL CHARGES	TYPE OF SEARCH WARRANT <input type="checkbox"/> ELECTRONIC/EVIDENTIARY <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER REAL PROPERTY	SOURCE <input type="checkbox"/> JOHN DOE <input type="checkbox"/> RCI <input type="checkbox"/> UCI <input type="checkbox"/> OTHER	OBJECT OF SEARCH WARRANT <input type="checkbox"/> PERSON <input type="checkbox"/> ELECTRONIC/DIGITAL <input type="checkbox"/> FIREARM <input type="checkbox"/> BUCCAL <input type="checkbox"/> OTHER WEAPON (KNIFE, ETC.) <input type="checkbox"/> NARCOTICS <input type="checkbox"/> OTHER (DESCRIBE) _____
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SEARCH WARRANT ADDRESS	SUBJECT OF SEARCH WARRANT	DATE OF BIRTH
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SEARCH WARRANT DEVELOPMENT

RESOURCE	UTILIZED	ATTACHMENT	FINDINGS AND SOURCES <small>(Include details and results of the findings, including, "None", "Not Searched", and "Not Applicable" if appropriate.)</small>	INCLUDE STAR NUMBER AND DATE AND TIME OF VERIFICATION ON EACH LINE.
VERIFIED SINGLE FAMILY/ MULTI-UNIT DWELLING	<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTI-UNIT <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	IF MULTI-UNIT, INCLUDE ANY VERIFIED UNIT NUMBER	
COUNTY ASSESSOR SEARCH	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
VISUAL LOCATION VERIFICATION	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
CABOODLE ONLINE MAPPING CHECK	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
PREVIOUS SEARCH WARRANT LOCATION CHECK	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
LOCATION CALLS FOR SERVICE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
OUT OF DISTRICT/UNIT OF ASSIGNMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	NOTIFICATION:	
OUT OF CITY OF CHICAGO?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	NOTIFICATION:	

SUBJECT INFORMATION VERIFICATION

ARREST HISTORY (RAP SHEET)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
CUSTODY CHECK (CITY, COUNTY, STATE)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
HOT DESK/LEADS/ NCIC/ FBI INQUIRIES	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
VICTIM SEARCH	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
ELECTRONIC MONITORING	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
SDSC UTILIZED FOR LOCATION SURVEILLANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

EXCEPTION REQUESTS

KNOCK AND ANNOUNCE RULE EXCEPTION (I.E. "NO KNOCK" WARRANT)?
 YES NO IF YES, STATE REASON:

SERVICE TIME EXCEPTION (FOR SERVICE OF SEARCH WARRANTS OUTSIDE OF THE HOURS OF 0600 - 2200)?
 YES NO IF YES, STATE REASON:

UNIFORM EXCEPTION?
 YES NO IF YES, STATE REASON:

MARKED VEHICLE EXCEPTION?
 YES NO IF YES, STATE REASON:

ADDITIONAL INFORMATION

DRAFT

INVESTIGATING OFFICER

INVESTIGATING OFFICER NAME	STAR NO.	UNIT NO.	DATE/TIME INVESTIGATION COMPLETE	INVESTIGATING OFFICER SIGNATURE
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SUPERVISORY REVIEW AND APPROVAL

IMMEDIATE SUPERVISOR NAME	STAR NO.	UNIT NO.	REVIEW DATE/TIME	LT. (CHAIN OF COMMAND) NAME	STAR NO.	UNIT NO.	REVIEW DATE/TIME
C.O. OR DESIGNEE NAME	STAR NO.	UNIT NO.	REVIEW DATE/TIME	DEPUTY CHIEF OR ABOVE NAME	STAR NO.	UNIT NO.	APPROVAL DATE/TIME

RISK ASSESSMENT FOR SEARCH WARRANT SERVICE

CHICAGO POLICE DEPARTMENT

DATE	AFFIANT	PERSON CURRENTLY IN CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION CURRENTLY SECURED/UNOCCUPIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
SEARCH WARRANT LOCATION		SUBJECT OF SEARCH WARRANT	DATE OF BIRTH

SUBJECT ASSESSMENT

KNOWN TO USE OR PROPENSITY FOR VIOLENCE:

HOMICIDE YES NO UNKNOWN POINTS: _____

ARMED ROBBERY YES NO UNKNOWN POINTS: _____

ASSAULT YES NO UNKNOWN POINTS: _____

RESISTING ARREST** YES NO UNKNOWN POINTS: _____

ASSAULT ON PEACE OFFICER** YES NO UNKNOWN POINTS: _____

OTHER: (DESCRIBE): _____ YES NO UNKNOWN POINTS: _____

IS SUSPECT ON PAROLE? YES NO UNKNOWN POINTS: _____

IS SUSPECT ON PROBATION? YES NO UNKNOWN POINTS: _____

IS SUSPECT A DRUG USER? YES NO UNKNOWN POINTS: _____

IF YES, WHAT TYPE(S)? _____

IS SUSPECT AN ALCOHOL USER? YES NO UNKNOWN POINTS: _____

IF YES, DOES SUSPECT HAVE A HISTORY OF VIOLENCE WHILE INTOXICATED? YES NO UNKNOWN POINTS: _____

DOES SUSPECT HAVE A MENTAL HEALTH CONDITION? YES NO UNKNOWN POINTS: _____

IF YES, DESCRIBE CONDITION? _____

WHERE WAS THIS INFORMATION OBTAINED? _____

DOES SUSPECT HAVE MILITARY/POLICE BACKGROUND?** YES NO UNKNOWN POINTS: _____

IF YES, DESCRIBE (E.G. BRANCH OF SERVICE, DEPARTMENT, LENGTH OF SERVICE, SPECIALTIES) _____

IS THE SUSPECT CURRENTLY/HISTORICALLY ASSOCIATED WITH AN ORGANIZATION WHICH IS KNOWN OR SUSPECTED OF VIOLENT CRIMINAL ACTIVITY? YES NO UNKNOWN POINTS: _____

IF YES, WHAT GROUP OR ORGANIZATION? _____

CAN THE ORGANIZATION BE CLASSIFIED AS:

PARAMILITARY YES NO UNKNOWN POINTS: _____

TERRORIST YES NO UNKNOWN POINTS: _____

RELIGIOUS EXTREMIST YES NO UNKNOWN POINTS: _____

STREET GANG YES NO UNKNOWN POINTS: _____

OTHER: (DESCRIBE) _____ YES NO UNKNOWN POINTS: _____

TOTAL VALUE FROM "SUBJECT ASSESSMENT": _____

OFFENSE ASSESSMENT

IS THE OFFENSE A FELONY? YES NO UNKNOWN POINTS: _____

IF YES, LIST OFFENSE: _____

IS THE OFFENSE A VIOLENT FELONY? YES NO UNKNOWN POINTS: _____

WAS A WEAPON USED IN THE COMMISSION OF THE OFFENSE? YES NO UNKNOWN POINTS: _____

WERE VICTIMS INJURED DURING THE COMMISSION OF THE OFFENSE? YES NO UNKNOWN POINTS: _____

WAS/WERE AN OFFICER(S) INJURED DURING THE COMMISSION OF THE OFFENSE? YES NO UNKNOWN POINTS: _____

TOTAL VALUE FROM "OFFENSE ASSESSMENT": _____

VALUE ASSIGNMENT: "YES" = 2 POINTS, "NO" = 0 POINTS, "UNKNOWN" = 1 POINT.

LEGEND: *IF "YES" MANDATORY ACTIVATION OF SWAT, IF "UNKNOWN" = 10 POINTS

**IF "YES" OR "UNKNOWN", DOUBLE THE POINTS.

WEAPON ASSESSMENT

IS SUBJECT KNOWN OR BELIEVED TO POSSESS:

RIFLE - SEMI-AUTO OR BOLT/LEVER ACTION YES NO UNKNOWN POINTS: _____

RIFLE - FULL-AUTO* YES NO UNKNOWN POINTS: _____

SHOTGUN YES NO UNKNOWN POINTS: _____

HANDGUN YES NO UNKNOWN POINTS: _____

EXPLOSIVES* YES NO UNKNOWN POINTS: _____

KNIVES YES NO UNKNOWN POINTS: _____

OTHER: (DESCRIBE): _____ YES NO UNKNOWN POINTS: _____

OTHER: (DESCRIBE): _____ YES NO UNKNOWN POINTS: _____

TOTAL VALUE FROM "WEAPON ASSESSMENT": _____

LOCATION ASSESSMENT

ARE THERE GEOGRAPHIC BARRIERS OR CONSIDERATIONS? YES NO UNKNOWN POINTS: _____

IF YES, DESCRIBE (E.G. UPSTAIRS APARTMENTS, ROOMS TERRAIN FEATURES) _____

IS THE LOCATION FORTIFIED?** YES NO UNKNOWN POINTS: _____

IF YES, DESCRIBE (E.G. BARRICADED DOORS, WINDOWS, BURGLAR BARS) _____

DOES LOCATION HAVE COUNTER SURVEILLANCE/MONITORING DEVICES/PERSONNEL? YES NO UNKNOWN POINTS: _____

IF YES, DESCRIBE _____

ARE ARMED COUNTER SURVEILLANCE PERSONNEL PRESENT?* YES NO UNKNOWN POINTS: _____

ARE THERE MORE THAN 4 ADULTS PRESENT AT THE SITE? YES NO UNKNOWN POINTS: _____

ARE THERE VULNERABLE PERSONS PRESENT AT THE SITE? YES NO UNKNOWN POINTS: _____

IF YES, DESCRIBE _____

TOTAL VALUE FROM "LOCATION ASSESSMENT": _____

VALUE ASSIGNMENT: "YES" = 2 POINTS, "NO" = 0 POINTS, "UNKNOWN" = 1 POINT.

LEGEND: *IF "YES" MANDATORY ACTIVATION OF SWAT, IF "UNKNOWN" = 10 POINTS **IF "YES" OR "UNKNOWN", DOUBLE THE POINTS.

TIME ASSESSMENT

TIME ALLOWED FOR OPERATIONAL PLAN: LESS THAN 12 HOURS 12 - 24 HOURS MORE THAN 24 HOURS POINTS: _____

TOTAL VALUE FROM "TIME ASSESSMENT": _____ **VALUE ASSIGNMENT:** "LESS THAN 12 HOURS" = 4 POINTS, "12 - 24 HOURS" = 2 POINTS, "MORE THAN 24 HOURS" = 0 POINTS.

RISK ASSESSMENT SCORE

TOTAL VALUE FROM "SUBJECT ASSESSMENT":	
TOTAL VALUE FROM "OFFENSE ASSESSMENT":	
TOTAL VALUE FROM "WEAPON ASSESSMENT":	
TOTAL VALUE FROM "LOCATION ASSESSMENT":	
TOTAL VALUE FROM "TIME ASSESSMENT":	
OVERALL TOTAL SCORE":	

- 1 - 16 POINTS = SWAT OPTIONAL
- 17 - 24 POINTS = CONSULT SWAT SUPERVISOR
- 25+ POINTS = MANDATORY SWAT ACTIVATION
- SWAT NOT ACTIVATED
- SWAT SUPERVISOR CONSULTED
- SWAT ACTIVATED

SIGNATURES

INVESTIGATING OFFICER'S SIGNATURE	STAR NUMBER	DATE
OFFICER'S SUPERVISOR'S SIGNATURE	STAR NUMBER	DATE
SWAT SUPERVISOR'S SIGNATURE	STAR NUMBER	DATE

SEARCH WARRANT PRE-SERVICE PLANNING

CHICAGO POLICE DEPARTMENT

SEARCH WARRANT NUMBER		NAME OF REVIEWING ATTORNEY		DATE AND TIME OF REVIEW	
NAME OF JUDGE		DATE AND TIME OF APPROVAL FROM JUDGE		96 HOURS FROM APPROVAL	
		DATE		TIME	
PERSON CURRENTLY IN CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO	SCENE CURRENTLY SECURED/ UNOCCUPIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT OF SEARCH WARRANT		DATE OF BIRTH	
SEARCH WARRANT ADDRESS		CROSS STREETS		LOCATION TYPE	

EXCEPTIONS APPROVED?

NO KNOCK YES NO SERVICE TIME YES NO UNIFORM YES NO MARKED VEHICLE YES NO

PLANNING SESSION CONDUCTED BY	DATE & TIME OF PLANNING SESSION	LOCATION OF PLANNING SESSION
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ITEM	COMPLETED	COMMENTS
VERIFIED LOCATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
DOES WARRANT ACCURATELY DESCRIBE THE LOCATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
PHOTOGRAPHS AND/OR SURVEILLANCE CONDUCTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
FORTIFICATION/BARRICADES/BARRIERS/ANIMALS IDENTIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
ROUTES TO AND FROM LOCATION IDENTIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
HOSPITAL ROUTE IDENTIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
IDENTIFIED VULNERABLE PERSONS (CHILDREN, ELDERLY, MENTAL HEALTH CONDITION, DISABILITY, LIMITED ENGLISH)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
SUPPORT AND STAGING AREAS IDENTIFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
SDSC UTILIZED FOR LOCATION SURVEILLANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
HIDTA DECONFLICTION NUMBER OBTAINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	DECONFLICTION NUMBER: _____
DISTRICT/MUNICIPALITY OF SEARCH WARRANT CONTACTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
ADDITIONAL DESIGNATED CIT OFFICERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
CFD/EMS?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
OUT OF DISTRICT/UNIT OF ASSIGNMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	NOTIFICATION: _____
OUT OF CITY OF CHICAGO?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	NOTIFICATION: _____
SWAT NOTIFIED IN ACCORDANCE WITH SPECIAL ORDER S04-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
CPD SUPPORT UNITS REQUESTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

PERSONNEL ASSIGNMENTS

NAME	STAR NO.	UNIT NO.	ASSIGNMENT/ROLE

DRAFT

PLANNING SESSION APPROVED BY:

STAR NO.

UNIT NO.

SEARCH WARRANT POST-SERVICE

CHICAGO POLICE DEPARTMENT

WARRANT NO.

This form must be completed in detail including the warrant number after a search warrant has been served.

NOTE: A search warrant will not be processed with blanks or omissions on this form.**LOCATION WARRANT SERVED**

<input type="checkbox"/> WRONG RAID		DISTRICT		LOCATION TYPE	
STREET NO.	STREET NAME	APT. NO.	CITY	STATE	ZIP CODE
CROSS-STREETS			LOCATION DESCRIPTION		

AFFIANT OFFICER

RANK	LAST NAME, FIRST, M.I.	STAR NO.	UNIT OF ASSIGNMENT
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WARRANT SERVICE

<input type="checkbox"/> SEARCH WARRANT SERVED	<input type="checkbox"/> APPROVED AS NO KNOCK	SERVING UNIT	DATE SERVED	TIME SERVED
<input type="checkbox"/> FORCED ENTRY	<input type="checkbox"/> SERVED AS NO KNOCK			
<input type="checkbox"/> ANNOUNCEMENT MADE PRIOR TO ENTRY BY MEMBER (NAME)		STAR NO.		
RANK	SEARCH TEAM SUPERVISOR (LAST NAME, FIRST, M.I.)	STAR NO.	CONTACT NUMBER	

WARRANT RESULTS

CPD MEMBER(S) INJURED? YES NO IF YES, DESCRIBE IN THE COMMENTS SECTION.
 CIVILIAN(S) INJURED? YES NO IF YES, DESCRIBE IN THE COMMENTS SECTION.

WRONG RAID EVIDENCE RECOVERED EVIDENCE NOT FOUND INDICATION EVIDENCE REMOVED OR DESTROYED
 ARREST(S) MADE NO. OF ARRESTS _____ ENTRY UNIT _____

COMMENTS (EXPLAIN WARRANT RESULTS)

PERSONNEL ASSIGNMENTS

NAME AND STAR NUMBER	UNIT	ASSIGNMENT/ROLE

NUMBER OF ADDITIONAL DESIGNATED CIT OFFICERS ON SCENE: NO. _____ NUMBER OF INTERPRETERS ON SCENE: NO. _____
 CFD/EMS ON SCENE? YES NO SERVED BY SWAT? YES NO

SPECIAL TACTICS/NOISE-FLASH DIVERSIONARY DEVICE(S)

SPECIAL TACTIC DEVICE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPECIFY: _____	NOISE/FLASH DIVERSIONARY DEVICE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPECIFY: _____	
ENTRY SUPERVISOR (RANK, LAST NAME, FIRST, M.I.)	STAR NUMBER	CONTACT NUMBER

EVIDENCE RECOVERED

TRAPS FOUND?
 YES NO TYPE: _____ LOCATION: _____

CONTROLLED SUBSTANCE CANNABIS SYNTHETIC CANNABINOIDS (K2) WEAPONS
 OTHER PROPERTY (SPECIFY) _____ OTHER CONTRABAND (SPECIFY) _____

IF EVIDENCE IS RECOVERED, DESCRIBE SPECIFIC SEIZURE DETAILS BELOW (E.G. 2-VIALS: CRACK COCAINE)

SEARCH WARRANT POST-SERVICE - (Continued)

CHICAGO POLICE DEPARTMENT

LOCATION AND OCCUPANT INFORMATION

ANIMALS AT LOCATION? YES NO EVIDENCE OF COUNTER-INTELLIGENCE? YES NO
BUILDING PLANS ON FILE? YES NO FORTIFIED DOOR? YES NO
IF YES, SPECIFY BELOW:

CIVILIANS

CIVILIANS PRESENT YES NO TARGETED INDIVIDUAL OWNER OTHER PERSON
VULNERABLE PERSON YES NO TYPES: CHILD ELDERLY PHYSICAL/DEVELOPMENTAL/INTELLECTUAL DISABILITY
 MENTAL HEALTH CONDITION LIMITED ENGLISH PROFICIENCY

NAME	GENDER	AGE	RACE

NOTIFICATIONS

SERVICES TO SECURE PROPERTY DATE: _____ TIME NOTIFIED: _____
 FOLLOW-UP SOCIAL SERVICES DATE: _____ TIME NOTIFIED: _____
 CPD NOTIFICATIONS NAME: _____ DATE: _____ TIME NOTIFIED: _____
 OTHER NOTIFICATIONS NAME: _____ DATE: _____ TIME NOTIFIED: _____

COMMENTS

SEARCH TEAM SUPERVISOR REVIEW

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN S04-19.

SEARCH TEAM SUPERVISOR NAME (PRINT)	RANK/TITLE CODE	STAR NO.	SIGNATURE	DATE/TIME COMPLETED

REVIEWING SUPERVISOR

ON SCENE YES NO PHOTOS TAKEN YES NO WRONG RAID? YES NO
SERVICE TIME EXCEPTION UTILIZED (FOR SERVICE OF SEARCH WARRANTS OUTSIDE OF THE HOURS OF 0600 - 2200) YES NO
UNIFORM EXCEPTION UTILIZED YES NO MARKED VEHICLE EXCEPTION UTILIZED YES NO
I HAVE COMPLIED WITH THE DUTIES OUTLINED IN S04-19. POST-SERVICE EVALUATION SESSION CONDUCTED
COMPLAINT LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA) CL NO. _____
I HAVE REVIEWED THIS SEARCH WARRANT POST-SERVICE FORM AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

INVOLVED MEMBER ACTIONS RECOMMENDED? YES, DESCRIBE BELOW. NO

INCLUDES RECOMMENDATION FOR SUPERVISOR REVIEW STREAMING VIDEO REVIEW LEGAL/TRAINING BULLETIN
 INCLUDES DEBRIEFING WITH SUPERVISOR REVIEW DEPARTMENT DIRECTIVES STRESS REDUCTION SEMINAR
 OTHER: _____

MEMBER NAME(S)	STAR NO.	UNIT NO.	MEMBER NAME(S)	STAR NO.	UNIT NO.

COMMENTS:

REVIEWING SUPERVISOR NAME (PRINT)	RANK/TITLE CODE	STAR NO.	SIGNATURE	DATE/TIME COMPLETED

SEARCH WARRANT POST-SERVICE - (Continued)

CHICAGO POLICE DEPARTMENT

APPROVING SUPERVISOR

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN S04-19. WRONG RAID? YES NO

NOISE-FLASH DIVERSIONARY DEVICE UTILIZED? YES NO

I HAVE CONCLUDED THAT THE SERVICE OF THIS SEARCH WARRANT REQUIRES A NOTIFICATION TO THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA).

BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AT THE TIME OF THIS REPORT, THE SERVICE OF THIS SEARCH WARRANT APPEARS TO BE:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES **NOT IN COMPLIANCE** WITH DEPARTMENT POLICY AND DIRECTIVES

INVOLVED MEMBER ACTIONS RECOMMENDED? YES, DESCRIBE BELOW. NO

- INCLUDES RECOMMENDATION FOR SUPERVISOR REVIEW STREAMING VIDEO REVIEW LEGAL/TRAINING BULLETIN
 INCLUDES DEBRIEFING WITH SUPERVISOR REVIEW DEPARTMENT DIRECTIVES STRESS REDUCTION SEMINAR
 OTHER: _____

MEMBER NAME(S)	STAR NO.	UNIT NO.	MEMBER NAME(S)	STAR NO.	UNIT NO.

COMMENTS:

APPROVING SUPERVISOR NAME (PRINT)	RANK/TITLE CODE	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
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