

U.S. Department of Justice  
United States Marshals Service

## Delegation of Apprehension Responsibility/Case Referral

INSTRUCTIONS: Form USM-560 should be used by law enforcement agencies wishing to delegate primary apprehension responsibility for a federal or non-federal fugitive to the United States Marshals Service, pursuant to *Fugitive Investigations, Class II Warrants.*

DESCRIPTIVE INFORMATION			
FUGITIVE NAME			
ALIAS(ES)			
DATE(S) OF BIRTH		SEX	
PLACE(S) OF BIRTH		RACE	
SOCIAL SECURITY NUMBER(S)		HEIGHT	
FBI NUMBER(S)		WEIGHT	
STATE ID NUMBER(S)		HAIR COLOR	
NADDIS NUMBER(S)		EYE COLOR	
SCARS, MARKS & TATTOOS			
LAST KNOWN ADDRESS(ES)			
TELEPHONE NUMBERS (PAGER, CELL PHONE, LANDLINE, ETC.)			
REASON FOR CAUTION (VIOLENT HISTORY, SUICIDAL, MEDICAL CONDITIONS, ETC.)			
IDENTIFICATION DOCUMENTS			
TYPE	NUMBER	STATE/COUNTRY	DATE/PLACE OF ISSUANCE
DRIVER'S LICENSE			
PASSPORT			
ALIEN NUMBER	A#:	IMMIGRATION STATUS:	
VEHICLE INFORMATION			
COLOR, MAKE, MODEL, YEAR	VIN #	LICENSE PLATE # / STATE	
ASSOCIATES			
RELATIONSHIP	NAME	DOB	ADDRESS/TELEPHONE
SPOUSE			
CHILDREN			
FATHER			
MOTHER (MAIDEN NAME)			
SIBLINGS			

LAW ENFORCEMENT SENSITIVE

FUGITIVE NAME: \_\_\_\_\_

WARRANT INFORMATION			
WARRANT NUMBER			<input type="checkbox"/> FULL <input type="checkbox"/> LIMITED <input type="checkbox"/> NO EXTRADITION
DATE OF WARRANT			
CHARGE			
ISSUING COURT, CITY, STATE			
DATE OF OFFENSE			
COURT CASE #			
AGENCY CASE #			
BRIEF DESCRIPTION OF OFFENSE			
OTHER CASE TYPES	<input type="checkbox"/> HIDTA	<input type="checkbox"/> OCDEF	OCDEF CASE #: _____
ADDITIONAL INFORMATION (INCLUDE ANY KNOWN INFORMATION REGARDING E-MAIL, FACEBOOK, OTHER SOCIAL NETWORKS, ETC):			
STATE CASES			
IS THERE ANY OTHER FEDERAL AGENCY WORKING THIS CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT AGENCY? _____			
IS THERE A UFAP? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CASE #: _____			
CASE AGENT INFORMATION			
CASE AGENT NAME/TITLE		CASE AGENT CELL PHONE	
CASE AGENCY		E-MAIL ADDRESS	

BY MY SIGNATURE BELOW, I HEREBY REQUEST THAT THE UNITED STATES MARSHALS SERVICE ASSUME *(check all that apply)*:

- PRIMARY APPREHENSION RESPONSIBILITY
- RESPONSIBILITY FOR ENTRY OF A WANTED PERSON RECORD INTO THE NATIONAL CRIME INFORMATION CENTER (NCIC)

**\*\*THIS NCIC ENTRY MAY ONLY BE USED BY FEDERAL AGENCIES COVERED UNDER AN MOU WITH THE USMS\*\***  
FOR THE ABOVE-REFERENCED FUGITIVE.

\_\_\_\_\_  
SIGNATURE OF REQUESTING AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPROVING USMS SUPERVISOR

\_\_\_\_\_  
DATE