

**Personal Qualifications Statement  
(Contract Guard)**

**READ THE BELOW INFORMATION PRIOR TO COMPLETING.**

**WHAT AUTHORITY DO WE HAVE TO ASK YOU FOR THE INFORMATION REQUESTED ON THIS FORM?**

The U.S. Government is authorized to ask for this information under section 301 of title 5 and section 3101 of title 44 of the U.S. Code. We ask for your Social Security number to keep our records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

*Race* is used in providing Equal Employment Opportunity (EEO) statistical data (no names are ever removed associated with this data) and to ensure that this agency is complying with EEO guidelines in the hiring of minorities. *You do not have to provide race information if you do not desire to do so.*

**HOW DO WE USE THIS FORM.**

Review the form in its entirety prior to answering any questions. Be sure that you understand the questions and your responses prior to completion of the form.

This form will be used in processing your application. We use the information from this form primarily as the basis for an initial background investigation that will be used to determine your qualifications (to include law enforcement qualifications), suitability and eligibility for a clearance to work for the U.S. Government under contract.

Asking you for this information is in compliance with the Privacy Act of 1974. The information you give us is for *Official Use Only*; is protected from unauthorized disclosure. The U.S. Marshals Service may share some information with Federal and other sources to get additional information about you. We may also give some of the information to Federal, State, and local agencies checking on law violations or for other lawful purposes.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your employment or clearance prospects to work for the U.S. Government under contract.

**TYPE OR LEGIBLY PRINT YOUR ANSWERS.** We cannot accept your form if it is not legible.

**STATE CODES.** Use the State Codes (two letter abbreviations) used by the Post Office, if you cannot spell out the state. *Do not abbreviate names of cities.*

**USE 5 OR 9 - DIGIT ZIP CODES.** If you do not know a ZIP Code, a ZIP Code directory is available at all Post Offices. Please use them.

**DATES.** When providing dates, use YYMMDD. For example, June 8, 1988, would be 980608 and January 1988 would be 8801.

**ADDITIONAL SHEETS.** If there is not enough room on the sheets provided, please attach additional sheets so that you can provide as complete an answer as possible. Be sure to indicate the item number corresponding to the item being carried over to the additional sheet. Place your name and social security number on the additional sheet so that it can be readily identified if it should become separated from the form.

**SIGNATURE AND DATE.** Be sure to sign the forms in black or blue-black ink. **DO NOT DATE THE FORMS** The processing office will date the forms when they receive them.

**ANY FORMS THAT ARE RECEIVED INCOMPLETE WILL BE RETURNED. THIS WILL DELAY THE PROCESSING OF YOUR CASE AND COULD EVEN RESULT IN YOUR NOT BEING SELECTED.**

**DOCUMENTATION.** Copies of documents that verify any significant claims or activities should be provided. For example: alien registration; naturalization certificate; originals or certified copies of college transcripts or degrees; high school diploma; professional license(s) or certificate(s); military discharge certificate(s) (DD Form 214); marriage certificate(s); divorce papers; tax returns; passport; and/or business license(s).

**NAME CHANGES.** If you have had a name change from that indicated on the form, you must provide a copy of the documentation of any legal name change. If the name you are currently using is not a legal name, please use your official name as indicated on your birth certificate or marriage license.

**EMPLOYMENT.** Ensure that you list any previous law enforcement related employment, including military (i.e. Military Police, Master at Arms, etc.).

#### **WHAT ARE THE PENALTIES FOR INACCURATE OR FALSE INFORMATION?**

The U.S. Criminal Code provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$ 10,000, or 5 year imprisonment, or both. In addition, Federal agencies generally fire or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of our permanent record for future use. Because the position for which you are being considered is a sensitive one, your trustworthiness is a very important consideration in deciding your suitability or eligibility for contract employment.

**PERSONNEL QUALIFICATIONS STATEMENT  
(CONTRACT GUARD)**

Please Complete the following *(Print or Type)*:

**GENERAL INFORMATION**

1. NAME \_\_\_\_\_  
*Last First Middle*

2. PREFERRED TITLE     Mr.    Mrs.    Miss    Ms.  
*(Check one)*

3. SOCIAL SECURITY NUMBER \_\_\_\_\_

4. OTHER NAMES USED *(including nicknames, aliases, maiden name, etc.)*  
\_\_\_\_\_

5. CURRENT ADDRESS  
*(No. Street, and Apt. No., if applicable)* \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Code \_\_\_\_\_

6. CURRENT PHONE NUMBERS    \_\_\_\_\_  
*Home (Include Area Code) Office (Include extension if applicable)*

7. PLACE OF BIRTH *(City/State or Foreign Country)* \_\_\_\_\_

8. DATE OF BIRTH *(Month, Day, Year)* \_\_\_\_\_

9. ARE YOU A CITIZEN OF THE UNITED STATES? *(If no, provide the following information)*     Yes     No

Country of citizenship: \_\_\_\_\_  
Alien Registration Number: \_\_\_\_\_  
Date & Place Issued: \_\_\_\_\_

*If a Naturalized Citizen, provide the following information.*  
Naturalization Number: \_\_\_\_\_  
Date & Place Issued: \_\_\_\_\_

10. Availability Data: a. Date (month year) you will be available to start work \_\_\_\_\_  
b. Number of hours you will be available to start work each month \_\_\_\_\_  
c. Days of the week that you can work \_\_\_\_\_  
d. Are you available to perform temporary guard duties in other cities?     Yes     No

**PHYSICAL DATA**

11. HEIGHT *(inches)* \_\_\_\_\_

SEX     Male     Female

WEIGHT *(lbs.)* \_\_\_\_\_

RACE \_\_\_\_\_

*NOTE.- List one of the following which apply - (B) Black, (W) White, (H) Hispanic, (API) Asian Pacific Islander (i.e. Hawaiian, Samoan, etc.), (A) Asian (Philippines, China, Japan, other Asian Countries), (NA) Native American (i.e. American Indian, Alaskan Eskimo, etc.).*

12. CURRENT PHYSICAL CONDITION (Check one):  Excellent  Good  Fair  Poor\*  
 (\*Note: If answer is Poor, provide detailed information in Item 34.)

	<u>YES</u>	<u>NO</u>
13. a. Do you have any physical or mental condition which might interfere with your ability to perform the work required (i.e., epilepsy, diabetes, alcoholism, drug addictions, cataracts, heart (cardiovascular) problems, psychiatric disorders, etc.?)	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you ever used any narcotic, depressant, stimulant, hallucinogen (to include LSD or PCP, or cannabis) (to include marijuana or hashish), except as prescribed by a licensed physician?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever been involved in the illegal purchase, possession, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis?	<input type="checkbox"/>	<input type="checkbox"/>
d. Has your use of alcoholic beverages (such as liquor, beer, wine) ever resulted in the loss of a job, arrest by police, or treatment for alcoholism?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you ever been a patient (whether or not formally committed) in any institution primarily devoted to the treatment of mental, emotional, psychological, or personality disorders?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If the answer to Question 13 a through e above is Yes, please provide detailed information in Item 34. Prior to award of a contract, you will be required to provide a physician's signed statement that the above condition will not interfere with your ability to perform the work required.

EDUCATION LEVEL

14. Indicate the highest education level completed (check one box).

Some High School  High School Diploma  Some College  College Degree or GED Equiv.

15. Major field of study at college \_\_\_\_\_ (enter N/A if no college level work performed.)

FOREIGN LANGUAGES

16. If you understand and can speak and/or read any language other than English, please list and indicate level of proficiency (i.e. poor, average, good, fluent)

\_\_\_\_\_

MILITARY SERVICE

17. List the dates, branch, and serial number for all active service (enter N/A, if none)

INCLUSIVE DATES (month/year)	BRANCH OF SERVICE	SERIAL NO.
_____	_____	_____
_____	_____	_____

18. Date of discharge (month and year) \_\_\_\_\_

19. Type of discharge (honorable, dishonorable) \_\_\_\_\_

20. Military security clearance held (if any) \_\_\_\_\_

**PERSONAL BACKGROUND DATA**

21. (NOTE: A conviction or a firing does not necessarily mean your application will not be approved. The nature of the conviction or firing and how long ago it occurred is important. Give all the facts so that a decision can be made.) YES      NO

Within the last five years have you?

a. Been fired from any job for any reason      

b. Quit after being notified that you would be fired?      

*(If the answer to either of the above is Yes, provide the name and address of the employer, approximate dates, and reasons in each case in Item 34.)*

22. During the past ten years,

a. Have you ever been arrested, charged, cited, or held by Federal, State, or other law enforcement juvenile authorities, regardless of whether the citation was dropped or dismissed or you were found not guilty? Include all court martial or non-judicial punishment while in military service. (You may exclude minor traffic violations for which a fine or forfeiture of \$100 or less was imposed.)      

b. As a result of being arrested, charged, cited or held by law enforcement or juvenile authorities, have you ever been convicted, fined by or forfeited bond to a Federal, State, or other judicial authority or adjudicated a youthful offender or juvenile delinquent (regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record)?      

c. Have you ever been detained, held in, or served time in any jail or prison, or reform or industrial school or any juvenile facility or institution under the jurisdiction of any city, state, federal, or foreign country      

d. Have you ever been awarded, or are you now under suspended sentence, parole or probation, or awaiting any action on charges against you?      

e. Have you ever petitioned to be declared bankrupt?      

23. Are you now or have you ever been a member of the Communist Party or any Communist organization (includes subscriptions to Communist newspapers and magazines)?      

24. Are you now or have you ever been affiliated with any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?      

*NOTE: If your answer to questions 22 - 24 is Yes, give details in Item 34. Show for each offense: 1) date; 2) charge; 3) place; 4) court; and 5) action taken.*

25. To the best of your knowledge, have you ever been the subject of a background investigation (by either Federal, state, local, or private industry) or been given a security clearance"?      

If your answer is Yes, provide the following information:

Agency requiring the clearance	Type of Clearance/ Investigation	Date Clearance Issued/ Investigation Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

26. Do you have a current drivers license?      

If so, for what state? \_\_\_\_\_

27. Do you have an automobile to provide your own transportation in those instances when and/or where guard duty is to be performed and public transportation is unavailable? YES  NO

28. Are you qualified and licensed to carry a firearm? (NOTE.- Generally USMS contract guards will not be armed while performing their duties.) YES  NO

29. List any other special qualifications or skills (i.e., chauffeur, Pilot, Paramedic, registered nurse, radio operator, etc.) you have that would enhance your qualifications as a contract guard. If licensed, please state issuing authority, license number, and date of expiration.

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**EMPLOYMENT HISTORY**

*INSTRUCTIONS.- If you are currently employed, complete Section A of the attached employment history worksheet. If your answer to Items 31 and 32 is yes, or you are retired, please provide this additional work experience information in Section B of the attached employment history worksheet. Also list in Section B any other work experience in the law enforcement area which would qualify you for a contract guard position.*

30. Current work status (check one):  
 Employed Full Time     Employed Part Time     Unemployed     Retired

31. Have you ever been employed by the Federal Government? YES  NO

32. Have you ever been employed by a state or local government? YES  NO

33. List any special training you have received in law enforcement that would qualify you for a contract guard position:

COURSE OR TYPE OF TRAINING	SCHOOL/PLACE OF TRAINING	DATES OF TRAINING	CERTIFICATE/COURSE CREDIT RECEIVED





**A. CURRENT EMPLOYMENT**

May inquiry be made of your present employer regarding your character and record of employment? (A "NO" will not affect your consideration for a guard contract).

YES      NO

Name and address of employer's organization		Dates employed (month & year)		Avg. No. Hrs. per week
		From _____	To _____	
		Salary or earnings		
		Beginning \$ _____ per _____		
		Ending \$ _____ per _____		
		Exact Title of Your Position	Name of Immediate Supervisor	Area Code Telephone No.
Kind of Business		If Federal Service, give series, grade or rank		
Description of work (Describe your specific duties, responsibilities and accomplishments in this job)				

**B. OTHER EMPLOYMENT** List most recent employment history first)

Name and address of employer's organization		Dates employed (month & year)		Avg. No. Hrs. per week
		From _____	To _____	
		Salary or earnings		
		Beginning \$ _____ per _____		
		Ending \$ _____ per _____		
		Exact Title of Your Position	Name of Immediate Supervisor	Area Code Telephone No.
Kind of Business		If Federal Service, give series, grade or rank		
Description of work (Describe your specific duties, responsibilities and accomplishments in this job)				
Reason for leaving				

C. OTHER EMPLOYMENT <i>List most recent employment history first</i>				
Name and address of employer's organization		Dates employed ( <i>month &amp; year</i> )		Avg. No. Hrs. per week
		From _____ To _____		_____
		Salary or earnings		
		Beginning \$ _____ per _____		
		Ending \$ _____ per _____		
		Exact Title of Your Position	Name of Immediate Supervisor	Area Code Telephone No.
Kind of Business		If Federal Service, give series, grade or rank		
Description of work ( <i>Describe your specific duties, responsibilities and accomplishments in this job</i> )				
Reason for leaving				

\_\_\_\_\_  
Name (*Type/Print*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WEAPONS QUALIFICATION AND FAMILIARIZATION  
RECORD/AUTHORIZATION TO USE PERSONALLY  
OWNED WEAPON**

1. Name of Employee (Last, First, MI)		2. District		3. Duty Station		4. Date Course Fired (mm/dd/yy)	
5. Title of Employee		6. Weapon is Property of:					
		1. <input type="checkbox"/> USMS <input type="checkbox"/> Shooter <input type="checkbox"/> Other (Specify:)					
		2. <input type="checkbox"/> USMS <input type="checkbox"/> Shooter <input type="checkbox"/> Other (Specify:)					
		3. <input type="checkbox"/> USMS <input type="checkbox"/> Shooter <input type="checkbox"/> Other (Specify:)					
4. <input type="checkbox"/> USMS <input type="checkbox"/> Shooter <input type="checkbox"/> Other (Specify:)							
7. Make of Weapon		8. Model		9. Type		10. Caliber/ Gauge	11. Barrel Length
				HAND- GUN SHOT- GUN RIFLE OTHER (Specify)			
1. <input type="checkbox"/>				<input type="checkbox"/>			
2. <input type="checkbox"/>				<input type="checkbox"/>			
3. <input type="checkbox"/>				<input type="checkbox"/>			
4. <input type="checkbox"/>				<input type="checkbox"/>			
13. Course of Fire			14. Type of Ammunition			15. Score Fired	16. Initials of Shooter
QUALIFICATION FAMILIARIZATION			(Brand, Caliber, Weight, Configuration)				
1. <input type="checkbox"/> <input type="checkbox"/>			1.			1.	
2. <input type="checkbox"/> <input type="checkbox"/>			2.			2.	
3. <input type="checkbox"/> <input type="checkbox"/>			3.			3.	
4. <input type="checkbox"/> <input type="checkbox"/>			4.			4.	
17. Qualification Level				18. Use of Deadly Force and Weapons Policies:			
1 2 3 4				<i>I have read and understand the current United States Marshals Service Weapons Policy and Uniform Deadly Force Policy for the Department of Justice.</i>			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Distinguished Expert (300)				Signature _____ Date _____			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Expert (283-299)				19. Verified by Firearms Instructor:			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sharpshooter (255-284)				<i>This certifies that qualification, qualification levels, scores, weapons, and ammunition used are authorized and as indicated herein.</i>			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Marksmanship (210-254)				Signature _____ Date _____			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DNG (Below 210)							
20. Authorization				21. Authorized By:			
The firearm described within has been inspected by the USMS Firearms Instructor (named in Block 19) and:				Authorizing Official			
1 2 3 4				Signature _____ Date _____			
to <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Title _____			
to use <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Authorized for use in the performance of duties of a U.S. Marshal or a Deputy U.S. Marshal.							



UNITED STATES MARSHALS SERVICE  
Judicial Security Division  
Judicial Protective Services

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**SUBJECT: Handgun Qualification Course of Fire for Court Security Officers (CSOs)**

This course of fire is designed for realism and no deviation of ammunition, clothing, stance, or scoring is permitted. This qualification course of fire shall be conducted in accordance with the following:

- A. Weapon: .38 caliber revolvers as issued and approved by the Judicial Security Division, Judicial Protective Services.
- B. Ammunition: Fifty rounds, 38 Special, 158 gr. lead hollow points (LHP) +P. All ammunition must be loaded from the pocket, pouch, belt loops or speed loaders, whichever is carried on duty.
- C. Firing Distance: Firing distances shall be 3, 7, and 15 yards for all CSOs.
- D. Target: The Trans Star II target will be used for handgun qualification fire for all CSOs.
- E. Clothing: Normal CSO work attire is required. The length of the CSO's jacket or coat must properly cover the weapon.
- F. Scoring: The target is marked from two to five points. Score as indicated for a maximum of 250 points.
- G. Qualification
  - 1. 175-212 .....Marksman
  - 2. 213-237 .....Sharpshooter
  - 3. 238-249 .....Expert
  - 4. 250 ..... Distinguished Expert

H. Safety.

1. Due to range safety standards, qualification will be shot with a Marshals Service approved weapon, as indicated above, and leather gear. Only an open top belt holster mounted on the shooter's strong hand side can be used.
2. Each person shall wear *OSHA* approved ear and eye protectors while actually engaged in firearms training or qualification.

Sequence Fire. All stages will be fired, double action, upon command of the Range Officer or at the turn of the target. The retention snap on the holster must be secured.

1. Three Yard Line. On command, the weapon will be quickly drawn from the holster in a safe manner and fired, double action, from the modified weaver stance. (Eye level, strong foot to the rear in field interview position, strong hand supported by weak.)
  - a. Load with six round and have six rounds available for reloading from the pocket, pouch, loops or speed loader.
  - b. Upon the command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner and fire two rounds to the center mass area of the target and holster the weapon. The time limit is three seconds.
  - c. Repeat stage b, above.
  - d. Upon command of the Range Officer or at the turn of the target, draw and fire fifth and sixth round, unload, reload with six rounds and fire two rounds to the center mass area of the target. At the conclusion of the firing, place the weapon in the holster. The time limit is 20 seconds.
  - e. Repeat stage b, above.
  - f. Repeat stage b, above.
  - g. Shooters unload and place the empty weapon in the holster.
2. Seven Yard Line. On command, or at the turn of the target, the weapon will be quickly drawn from the holster in a safe manner, and fired, doubled action with two hand hold, from the extended arm position, using the sights.

### STAGE ONE

- a. Load with six rounds and have two rounds available for reloading from the pocket, pouch or loops.
- b. Upon command of the Range Officer or at the turn of the target, quickly and safely draw the weapon from the holster and fire two rounds to the center mass area of the target. Place the weapon in the holster. The time limit is five seconds.
- c. Repeat stage b, above.
- d. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner, fire the fifth and sixth round, unload, reload with two rounds and fire two shots. Unload and place the empty weapon in the holster. The time limit is 20 seconds.

### STAGE TWO

- a. Load with six rounds and have twelve rounds available for reloading from the pocket and pouch.
- b. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner, fire two rounds to the center mass and one shot to the head area of the target. Place the weapon in the holster. The time limit is six seconds.
- c. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner, fire two rounds to the center mass and one shot to the head area of the target. Unload, reload with six rounds and fire two rounds to the center mass and one shot to the head area of the target. Place the weapon in the holster at the conclusion of this phase. The time limit is 25 seconds. (Note: When applicable, allow time to reload pouches.)
- d. Upon command of the Range Officer or at the turn of the target, draw, fire two rounds to the center mass and one shot to the head area of the target, unload, reload with six rounds from the pocket or pouch and fire two rounds to the center mass and one round to the head area of the target. Place the weapon in the holster at the conclusion of this phase. The time limit is 25 seconds.

- e. Upon command of the Range Officer or at the turn of the target, draw, fire two rounds to the center mass and one shot to the head area of the target. The time limit is six seconds.
  - f. Unload and place the empty weapon in the holster. Once the line is secure, move down range and score the target.
1. Fifteen Yard Line. On command, the weapon will be quickly drawn in a safe manner, and fired, double action, from the point shoulder position, with a two-handed hold and using the sights.
- a. Load with six rounds and holster. Have six rounds available for reloading from either a pouch or pocket.
  - b. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner and fire two rounds to the center mass area of the target and holster the weapon. The time limit is six seconds.
  - c. Repeat stage b, above.
  - d. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner and fire the fifth and sixth rounds, unload, reload with six rounds, fire two rounds to the center mass area of the target and holster the weapon. The time limit is 25 seconds.
  - e. Repeat stage b, above.
  - f. Repeat stage b, above. Unload and place the empty weapon in the holster. Once the line is secure, shooters will move down range and score the targets.
1. Recording Scores.
- 1. Once targets have been scored, scores should be verified and recorded on the Weapons/Qualification and Familiarization Record Form (USM 333) by the Range Officer or Firearms Instructor.
  - 2. A copy of the completed form should be forwarded to the Judicial Protective Services for inclusion in the Court Security Officer's official file.

**United States Marshals Service  
OFFICE OF TRAINING**



**CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE**

11/21/2000

**General Rules:**

1. This qualification course will be fired with an issued handgun as approved by the Judicial Security Division. Appropriate ammunition will be used, as specified in the USMS Ammunition Supply Letter.
2. Participants will wear their normal working attire and equipment. This will include a jacket of sufficient length to conceal the weapon, as well as the holster and spare ammunition carrier used on duty.
3. Each stage of fire will begin with the weapon in the holster, with all retention devices (thumb-break, strap, etc.) Secured. All firing will be done two-handed, strong hand supported by the weak.
4. This is a 50 round course of fire, using the Trans-Tar II target. There are 250 possible points, with a minimum qualifying score of 175 (70%) or above. The following are the scoring classifications:

250	DE	(Distinguished Expert)
238-249	EX	(Expert)
213-237	SS	(Sharpshooter)
175-212	MM	(Marksman)
174 or below	DNQ	(Did Not Qualify)
5. Alibi shots are allowed only in the case of bad ammunition, target malfunction, instructor error or weapon malfunction. If the shooter fails to get off a required round for any other reason (failure to make a proper draw, missing a reload, etc.), they may not "make up" the round by firing extra shots on a later firing. Five points will be deducted from the score for each round missed.
6. Scores will be verified and recorded on Form USM-333, *Weapons Qualification Record*. A copy of the completed form will be forwarded to the Judicial Security Division for inclusion in the Personnel Security File.

## CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE

- Stage 1 - 3 yards  
(12 rounds total)** Load with one six-round magazine, with another six-round magazine available for reloading.  
1<sup>st</sup> facing- Draw and fire 2 rounds center-mass in 3 seconds.  
Scan and safely holster.  
2<sup>nd</sup> facing- Draw and fire 2 rounds center-mass in 3 seconds.  
Scan and safely holster.  
3<sup>rd</sup> facing- Draw and fire 2 rounds center-mass, reload and fire 2 more rounds center-mass. All in 20 seconds.  
Scan and safely holster.  
4<sup>th</sup> facing- Draw and fire 2 rounds center-mass in 3 seconds.  
Scan and safely holster.  
5<sup>th</sup> facing- Draw and fire 2 rounds center-mass in 3 seconds.  
Properly clear and holster an empty weapon.
- Stage 2 - 7 Yards  
(8 rounds total)** Load with one six-round magazine, with a two-round magazine available for reloading.  
1<sup>st</sup> facing- Draw and fire 2 rounds center-mass in 5 seconds.  
Scan and safely holster.  
2<sup>nd</sup> facing- Draw and fire 2 rounds center-mass in 5 seconds.  
Scan and safely holster.  
3<sup>rd</sup> facing- Draw and fire 2 rounds center-mass, reload and fire 2 more rounds center-mass. All in 20 seconds.  
Properly clear and holster an empty weapon.
- Stage 3 - 7 Yards  
(18 rounds total)** Load with one six-round magazine, with two more six-round magazines available for reloading.  
1<sup>st</sup> facing- Draw and fire 3 rounds (2C/1H) in 6 seconds.  
Scan and safely holster.  
2<sup>nd</sup> facing- Draw and fire 3 rounds (2C/1H), reload and fire 3 more rounds (2C/1H) in 20 seconds.  
Scan and safely holster.  
3<sup>rd</sup> facing- Draw and fire 3 rounds (2C/1H), reload and fire 3 more rounds (2C/1H) in 20 seconds.  
Scan and safely holster.  
4<sup>th</sup> facing- Draw and fire 3 rounds (2C/1H) in 6 seconds.  
Properly clear and holster an empty weapon.
- Stage 4 - 15 Yards  
(12 rounds total)** Load with one six-round magazine, with another six-round magazine available for reloading.  
1<sup>st</sup> facing- Draw and fire 2 rounds center-mass in 6 seconds.  
Scan and safely holster.  
2<sup>nd</sup> facing- Draw and fire 2 rounds center-mass in 6 seconds.  
Scan and safely holster.  
3<sup>rd</sup> facing- Draw and fire 2 rounds center-mass, reload and fire 2 more rounds center-mass. All in 25 seconds.  
Scan and safely holster.  
4<sup>th</sup> facing- Draw and fire 2 rounds center-mass in 6 seconds.  
Scan and safely holster.  
5<sup>th</sup> facing- Draw and fire 2 rounds center-mass in 6 seconds.  
Properly clear and holster an empty weapon.

11/21/2000

**CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE**  
**RANGE COMMANDS**

**STAGE 1 - 3 YARD LINE**

Shooters on the line, with a six-round magazine prepare your weapon for duty carry. Have at least one more six-round magazine available for a reload.

This is your 3-yard stage of fire. It consists of 12 rounds, all fired center-mass. On the first two facings of the target, draw and fire 2 rounds in 3 seconds (2-handed shooting). Then scan and holster. On the third facing, draw and fire 2 rounds, reload and fire 2 more rounds, all in 20 seconds. Then scan and holster. On the last two facings, draw and fire 2 rounds in 3 seconds, then scan and holster.

**IS THE LINE LOADED? THE LINE IS LOADED AND READY. 2 ROUNDS IN 3 SECONDS.  
WATCH YOUR THREAT.**

(One 3 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 3 SECONDS. WATCH YOUR THREAT.**

(One 3 second facing)

**SCAN AND HOLSTER. FIRE 2 ROUNDS, RELOAD AND FIRE 2 MORE ROUNDS IN 20 SECONDS.  
WATCH YOUR THREAT.**

(One 20 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 3 SECONDS. WATCH YOUR THREAT.**

(One 3 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 3 SECONDS. WATCH YOUR THREAT.**

(One 3 second facing)

**PROPERLY CLEAR AND HOLSTER AN EMPTY WEAPON.**

(Move targets or shooters to the 7-yard line)

11/21/2000

**CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE**  
**RANGE COMMANDS**

**STAGE 2 - 7 YARD LINE**

Shooters on the line, with a six-round magazine, prepare your weapon for duty carry. Have a two-round magazine available for reloading.

This is your first 7-yard stage of fire, consisting of 8 rounds. All firing will be center-mass. On the first two facings of the target, draw and fire 2 rounds (two-handed) in 5 seconds, then scan and holster. On the next facing, you will have 20 seconds to draw and fire 2 rounds (two-handed), reload with a two-round magazine and fire two more rounds, center-mass. Then scan and holster a safe and empty weapon.

**IS THE LINE LOADED? THE LINE IS LOADED AND READY. 2 ROUNDS IN 5 SECONDS.  
WATCH YOUR THREAT.**

(One 5 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 5 SECONDS.  
WATCH YOUR THREAT.**

(One 5 second facing)

**SCAN AND HOLSTER. FIRE 2 ROUNDS, RELOAD AND FIRE 2 MORE ROUNDS IN 20 SECONDS.  
WATCH YOUR THREAT.**

(One 20 second facing)

**PROPERLY CLEAR AND HOLSTER AN EMPTY WEAPON.**

Targets may be scored at this point, dividing the course into one segment of 20 rounds (100 possible points) and one segment of 30 rounds (150 possible points.) Scoring may also be done at the end of the course of fire, with 50 rounds on one target.

11/21/2000

**CSO SEMI-AUTO HANDGUN QUALIFICATION COURSE**  
**RANGE COMMANDS**

**STAGE 3 - 7 YARD LINE**

Shooters on the line, with a six-round magazine, prepare your weapon for duty carry. Have another six-round magazine available for reloading.

This is your second 7-yard stage of fire, consisting of 18 rounds. All firing will be two to the chest and one to the head. On the first facing, draw and fire 3 rounds (2 to the chest, 1 to the head) in 6 seconds. Then scan and holster. On the next facing, draw and fire 3 rounds (2 to the chest, 1 to the head), reload and fire 3 more rounds (2 to the chest, 1 to the head) in 25 seconds, then scan and holster. On the next facing, again draw and fire 2 to the chest, 1 to the head, reload and fire 2 to the chest and 1 to the head, also in 25 seconds. On the final facing, draw and fire 3 rounds (2 to the chest, 1 to the head) in 6 seconds. Then clear and holster a safe and empty weapon.

**IS THE LINE LOADED? THE LINE IS LOADED AND READY. 2 TO THE CHEST, 1 TO THE HEAD IN 6 SECONDS.  
WATCH YOUR THREAT.**

(One 6 second facing)

**SCAN AND HOLSTER. 2 TO THE CHEST, 1 TO THE HEAD, RELOAD, THEN 2 TO THE CHEST, 1 TO THE HEAD. ALL IN 25 SECONDS.  
WATCH YOUR THREAT.**

(One 25 second facing)

**SCAN AND HOLSTER. AGAIN FIRE 2 TO THE CHEST, 1 TO THE HEAD, RELOAD, THEN 2 TO THE CHEST, 1 TO THE HEAD. ALL IN 25 SECONDS.  
WATCH YOUR THREAT.**

(One 25 second facing)

**SCAN AND HOLSTER. 2 TO THE CHEST, 1 TO THE HEAD IN 6 SECONDS.  
WATCH YOUR THREAT.**

(One 6 second facing)

**PROPERLY CLEAR AND HOLSTER AN EMPTY WEAPON.**

(Move targets or shooters to the 15-yard line)

11/21/2000

CSO SEM. AUTO HANDGUN QUALIFICATION COURSE  
RANGE COMMANDS

**STAGE 4 - 15 YARD LINE**

Shooters on the line, with a six-round magazine, prepare your weapon for duty carry. Have another six-round magazine available for reloading.

This is your 15-yard stage of fire, consisting of 12 rounds. All shooting will be two-handed, center-mass. On the first two facings, draw and fire 2 rounds in 6 seconds, then scan and holster. On the next facing, draw and fire 2 rounds, reload and fire more rounds in 25 seconds, then scan and holster. On the last two facings, draw and fire 2 rounds in 6 seconds, 2 rounds in 6 seconds. Then properly clear and holster a safe and empty weapon.

**2 ROUNDS IN 6 SECONDS.  
WATCH YOUR THREAT.**

(One 6 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 6 SECONDS.  
WATCH YOUR THREAT.**

(One 6 second facing)

**SCAN AND HOLSTER. 2 ROUNDS, RELOAD, 2 ROUNDS IN 25 SECONDS.  
WATCH YOUR THREAT.**

(One 25 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 6 SECONDS.  
WATCH YOUR THREAT.**

(One 6 second facing)

**SCAN AND HOLSTER. 2 ROUNDS IN 6 SECONDS.  
WATCH YOUR THREAT.**

(One 6 second facing)

**PROPERLY CLEAR AND HOLSTER A SAFE AND EMPTY WEAPON.**

A total of fifty rounds fired for a possible score of 250 points.

11/21/2000



UNITED STATES MARSHALS SERVICE  
Judicial Security Division  
Judicial Protective Services

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**SUBJECT: Handgun Qualification Course of Fire for Court Security Officers (CSOs)**

This course of fire is designed for realism and no deviation of ammunition, clothing, stance, or scoring is permitted. This qualification course of fire shall be conducted in accordance with the following:

- A. **Weapon:** .38 caliber revolvers as issued and approved by the Judicial Security Division, Judicial Protective Services.
- B. **Ammunition.** Fifty rounds, 38 Special, 158 gr. lead hollow points (LHP) +P. All ammunition must be loaded from the pocket, pouch, belt loops or speed loaders, whichever is carried on duty.
- C. **Firing Distance.** Firing distances shall be 3, 7, and 15 yards for all CSOs.
- D. **Target.** The Trans Star II target will be used for handgun qualification fire for all CSOs.
- E. **Clothing.** Normal CSO work attire is required. The length of the CSO's jacket or coat must properly cover the weapon.
- F. **Scoring.** The target is marked from two to five points. Score as indicated for a maximum of 250 points.
- G. **Qualification**
  - 1. 175-212 .....Marksman
  - 2. 213-237 .....Sharpshooter
  - 3. 238-249 .....Expert
  - 4. 250 .....Distinguished Expert

H. Safety.

1. Due to range safety standards, qualification will be shot with a Marshals Service approved weapon, as indicated above, and leather gear. Only an open top belt holster mounted on the shooter's strong hand side can be used.
2. Each person shall wear *OSHA* approved ear and eye protectors while actually engaged in firearms training or qualification.

Sequence Fire. All stages will be fired, double action, upon command of the Range Officer or at the turn of the target. The retention snap on the holster must be secured.

1. Three Yard Line. On command, the weapon will be quickly drawn from the holster in a safe manner and fired, double action, from the modified weaver stance. (Eye level, strong foot to the rear in field interview position, strong hand supported by weak.)
  - a. Load with six round and have six rounds available for reloading from the pocket, pouch, loops or speed loader.
  - b. Upon the command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner and fire two rounds to the center mass area of the target and holster the weapon. The time limit is three seconds.
  - c. Repeat stage b, above.
  - d. Upon command of the Range Officer or at the turn of the target, draw and fire fifth and sixth round, unload, reload with six rounds and fire two rounds to the center mass area of the target. At the conclusion of the firing, place the weapon in the holster. The time limit is 20 seconds.
  - e. Repeat stage b, above.
  - f. Repeat stage b, above.
  - g. Shooters unload and place the empty weapon in the holster.
2. Seven Yard Line. On command, or at the turn of the target, the weapon will be quickly drawn from the holster in a safe manner, and fired, doubled action with two hand hold, from the extended arm position, using the sights.

### STAGE ONE

- a. Load with six rounds and have two rounds available for reloading from the pocket, pouch or loops.
- b. Upon command of the Range Officer or at the turn of the target, quickly and safely draw the weapon from the holster and fire two rounds to the center mass area of the target. Place the weapon in the holster. The time limit is five seconds.
- c. Repeat stage b, above.
- d. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner, fire the fifth and sixth round, unload, reload with two rounds and fire two shots. Unload and place the empty weapon in the holster. The time limit is 20 seconds.

### STAGE TWO

- a. Load with six rounds and have twelve rounds available for reloading from the pocket and pouch.
- b. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner, fire two rounds to the center mass and one shot to the head area of the target. Place the weapon in the holster. The time limit is six seconds.
- c. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner, fire two rounds to the center mass and one shot to the head area of the target. Unload, reload with six rounds and fire two rounds to the center mass and one shot to the head area of the target. Place the weapon in the holster at the conclusion of this phase. The time limit is 25 seconds. (Note: When applicable, allow time to reload pouches.)
- d. Upon command of the Range Officer or at the turn of the target, draw, fire two rounds to the center mass and one shot to the head area of the target, unload, reload with six rounds from the pocket or pouch and fire two rounds to the center mass and one round to the head area of the target. Place the weapon in the holster at the conclusion of this phase. The time limit is 25 seconds.

- e. Upon command of the Range Officer or at the turn of the target, draw, fire two rounds to the center mass and one shot to the head area of the target. The time limit is six seconds.
  - f. Unload and place the empty weapon in the holster. Once the line is secure, move down range and score the target.
1. Fifteen Yard Line. On command, the weapon will be quickly drawn in a safe manner, and fired, double action, from the point shoulder position, with a two-handed hold and using the sights.
- a. Load with six rounds and holster. Have six rounds available for reloading from either a pouch or pocket.
  - b. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner and fire two rounds to the center mass area of the target and holster the weapon. The time limit is six seconds.
  - c. Repeat stage b, above.
  - d. Upon command of the Range Officer or at the turn of the target, quickly draw the weapon from the holster in a safe manner and fire the fifth and sixth rounds, unload, reload with six rounds, fire two rounds to the center mass area of the target and holster the weapon. The time limit is 25 seconds.
  - e. Repeat stage b, above.
  - f. Repeat stage b, above. Unload and place the empty weapon in the holster. Once the line is secure, shooters will move down range and score the targets.

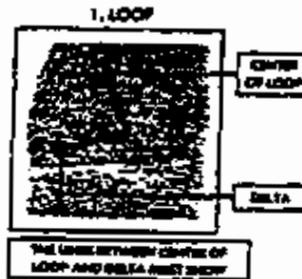
I. Recording Scores.

- 1. Once targets have been scored, scores should be verified and recorded on the Weapons/Qualification and Familiarization Record Form (USM 333) by the Range Officer or Firearms Instructor.
- 2. A copy of the completed form should be forwarded to the Judicial Protective Services for inclusion in the Court Security Officer's official file.

APPLICANT	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLOCK						IF LEAVE BLANK
1. NAME OF PERSON		2. GRADE AND TITLE						3. ORGANIZATION
4. ADDRESS		5. CITY AND STATE						6. ZIP CODE
7. PHONE NUMBER		8. MAILING ADDRESS						9. MAILING CITY AND STATE
10. EMPLOYER'S NAME		11. EMPLOYER'S ADDRESS						12. EMPLOYER'S CITY AND STATE
13. EMPLOYER'S PHONE NUMBER		14. EMPLOYER'S MAILING ADDRESS						15. EMPLOYER'S MAILING CITY AND STATE
16. EMPLOYER'S TYPE OF BUSINESS		17. EMPLOYER'S TYPE OF SERVICE						18. EMPLOYER'S TYPE OF CONTRACT
19. EMPLOYER'S TYPE OF CONTRACT		20. EMPLOYER'S TYPE OF CONTRACT						21. EMPLOYER'S TYPE OF CONTRACT
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FEDERAL BUREAU OF INVESTIGATION  
 UNITED STATES DEPARTMENT OF JUSTICE  
 WASHINGTON, D.C. 20535

**APPLICANT**



- TO BE USED BY APPLICANT
1. All applications must be submitted to the nearest office of the FBI.
  2. Applications must be submitted in duplicate.
  3. Applications must be submitted in English.
  4. Applications must be submitted by the applicant or a representative of the applicant.
  5. Applications must be submitted by the applicant or a representative of the applicant.
  6. Applications must be submitted by the applicant or a representative of the applicant.
  7. Applications must be submitted by the applicant or a representative of the applicant.
  8. Applications must be submitted by the applicant or a representative of the applicant.
  9. Applications must be submitted by the applicant or a representative of the applicant.
  10. Applications must be submitted by the applicant or a representative of the applicant.

**THIS CASE FOR USE BY:**

1. All applications must be submitted to the nearest office of the FBI.
2. Applications must be submitted in duplicate.
3. Applications must be submitted in English.
4. Applications must be submitted by the applicant or a representative of the applicant.
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6. Applications must be submitted by the applicant or a representative of the applicant.
7. Applications must be submitted by the applicant or a representative of the applicant.
8. Applications must be submitted by the applicant or a representative of the applicant.
9. Applications must be submitted by the applicant or a representative of the applicant.
10. Applications must be submitted by the applicant or a representative of the applicant.

LEAVE THIS SPACE BLANK

**INSTRUCTIONS:**

1. All applications must be submitted to the nearest office of the FBI.
2. Applications must be submitted in duplicate.
3. Applications must be submitted in English.
4. Applications must be submitted by the applicant or a representative of the applicant.
5. Applications must be submitted by the applicant or a representative of the applicant.
6. Applications must be submitted by the applicant or a representative of the applicant.
7. Applications must be submitted by the applicant or a representative of the applicant.
8. Applications must be submitted by the applicant or a representative of the applicant.
9. Applications must be submitted by the applicant or a representative of the applicant.
10. Applications must be submitted by the applicant or a representative of the applicant.

U.S.G.P.O. 1968 O-335-80007

## STANDARDS OF PERFORMANCE CERTIFICATION

I, \_\_\_\_\_ (Name of Certifier), hereby certify that I have read, understand, and received a copy of the U.S. Marshals Service's Court Security Officer's Standards of Performance. I also understand that any violations of the above rules and regulations could result in an indefinite suspension from performing as a Court Security Officer under the U.S. Marshals Service's Court Security Contract.

\_\_\_\_\_  
CSO Signature

\_\_\_\_\_  
Witness' Signature  
(COTR or his/her designee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**COURT SECURITY OFFICER  
TRANSFER/RESIGNATION/TERMINATION SHEET**

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This form should be completed and forwarded to the Chief, CSO Program, with any required paperwork, whenever a CSO resigns or is terminated by the Contractor or Contracting Officer for any reason.

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DISTRICT: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

---

**INFORMATION ON CSO**

NAME OF CSO: \_\_\_\_\_

SSN: \_\_\_\_\_

DATE OF TRANSFER/RESIGNATION/TERMINATION: \_\_\_\_\_

WORK SITE ADDRESS: \_\_\_\_\_

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REASON FOR LEAVING: \_\_\_\_\_

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REMARKS:

CSO FORM 009  
(March 1997)



# Certificate of Medical Examination for Court Security Officers

**NOTE:** *(Applies to individuals hired on or after January 1, 2001.  
Effective October 1, 2001, applies to all individuals accepting  
employment under new contract awards and supercedes Form USM-229A.)*

Return within two weeks of examination date to:

Please be sure that both sides of each page are complete.  
After signing, return entire form along with lab, EKG,  
and other screening forms.

**Purpose of Examination:**

- New Applicant Exam  
 Annual Medical Exam

Name: \_\_\_\_\_

District: \_\_\_\_\_

(Privacy Act Protected)

Form USM-229  
(Est. 07/00)  
Rev. 03/01

Section J - Attachment 2(H)

## INSTRUCTIONS

### **PART I-COURT SECURITY OFFICER MEDICAL RELEASE FORM**

This part is reserved for the examinee and physician. The examinee must complete this section in its entirety and sign the form. The physician or an employee of the physician's office must sign as a witness.

### **PART II-COURT SECURITY OFFICER IDENTIFICATION**

This part is reserved for the examinee. Please complete this section in its entirety.

### **PART III-REPORT OF MEDICAL HISTORY**

This part is reserved for the examinee. All questions in this part must be answered. Failure to complete information requested may delay the United States Marshals Service from qualifying you as a Court Security Officer in a timely manner and could disqualify you to perform as a Court Security Officer. You must also sign and date, in ink, on the signature area provided on page four of the form.

### **PART IV-MEDICAL HISTORY VERIFICATION**

This part is reserved for the examining physician. The examining physician is required to interview the examinee and verify that the examinee's information provided in Parts I and II are accurate and complete. All positive findings must be explained as to date and significance. Any additional pertinent medical history information developed during the interview may also be recorded in this section.

### **PART V-CSO PHYSICAL REQUIREMENTS**

This part is provided to familiarize the examining physician with the physical challenges that the examinee may face while working in court security officer capacity. All examining physicians are required to review this part prior to performing the examination on the examinee.

### **PART VI-MEDICAL EXAMINATION DATA**

This part is reserved for the examining physician. Please perform the examination and give a detailed description of your findings in this area.

### **PART VII-EXAMINATION SUMMARY**

This part is reserved for the examining physician. Please complete and explain fully any significant findings or limitations and type of followup recommended. Your summary should also include significant lab test findings. **NO MEDICAL QUALIFICATION STATEMENT IS TO BE MADE.**

NAME: (Last, First, Middle) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART I COURT SECURITY OFFICER MEDICAL RELEASE FORM**

## U.S. Marshals Service Medical Record Release Form

NAME OF INDIVIDUAL (Last, First, Middle Initial) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP Code \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

I, \_\_\_\_\_, authorize my employer and an examining physician \_\_\_\_\_ to release my medical examination records to the United States Marshals Service (USMS) for employment consideration as a Court Security Officer, with the stipulation that the released information be kept confidential and used solely for the purposes of determining my medical qualification. In addition, I hereby grant the USMS permission to release my medical records to the designated USMS Medical Officer for further review.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

Form USM-229  
(Est. 07/00)  
Rev. 03/04

PRINT IN INK OR TYPEWRITE:

**PART IV COURT SECURITY OFFICER IDENTIFICATION**

NAME (Last, First, Middle) (Type or print)	SOCIAL SECURITY NO.	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
DISTRICT ADDRESS	AREA CODE & TELEPHONE ( )	DATE OF EXAMINATION	
HOME ADDRESS (Number, street or RFD, city or town, state, and ZIP CODE)			

NUMBER OF YEARS SERVING AS A COURT SECURITY OFFICER \_\_\_\_\_

**PART IV REPORT OF MEDICAL HISTORY (to be completed by Court Security Officer)**

• STATEMENT OF MEDICATIONS CURRENTLY USED (Indicate N/A if none):

Name of Medication	Dosage	Taken Since

• DO YOU HAVE ANY MEDICAL DISORDER OR PHYSICAL IMPAIRMENT WHICH WOULD INTERFERE IN ANY WAY WITH THE FULL PERFORMANCE OF THE DUTIES SHOWN IN PART V?  YES  NO

If your answer is "YES, explain: \_\_\_\_\_

• HAVE YOU EVER (Please check at left of each item)

- |                          |                          |   |
|--------------------------|--------------------------|---|
| YES                      | NO                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Lived with anyone who had tuberculosis            |
| <input type="checkbox"/> | <input type="checkbox"/> | Coughed up blood                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Bled excessively after injury or tooth extraction |
| <input type="checkbox"/> | <input type="checkbox"/> | Attempted suicide                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Been a sleepwalker                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Had eye surgery (RK, PRK, LASIK or other)         |

• ARE YOU (Check one)  Right handed  Left handed

• DO YOU (Please check at left of each item)

- |                          |                          |  |
|--------------------------|--------------------------|--|
| YES                      | NO                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Wear glasses or contact lenses                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Have vision in only one eye                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Wear a hearing aid   |
| <input type="checkbox"/> | <input type="checkbox"/> | Stutter or stammer habitually                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Wear a brace or back support                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Have a family history of heart attacks before the age of 55? |
|                          |                          | Who: _____   |
|                          |                          | Problem: _____   |
|                          |                          | Age at Onset or Death: _____                                 |

Form USM-229  
(Est. 07/00)  
Rev. 03/01

NAME: (Last, First, Middle) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART III (cont)**

**HAVE YOU EVER HAD OR HAVE YOU NOW (Please check each item)**

YES CURRENT	YES PAST	NO		YES CURRENT	YES PAST	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder trouble or gallstones
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice or hepatitis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adverse reaction to serum, drug, or medicine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumor, growth, cyst, cancer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rupture/hernia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear, nose, or throat trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoids
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or painful urination
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or frequent colds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe tooth or gum trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal resting ECG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal stress ECG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bed wetting since age 12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent gain or loss of weight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis, rheumatism, or bursitis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone, joint or other deformity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath or emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of finger or toe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain or pressure in chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent back pain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough or bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painful or "trick" shoulder or elbow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpitation or pounding heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Trick" or locked knee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot trouble
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neuritis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disease of arteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis (include infantile)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disease of heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or seizures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Car, train, sea or air sickness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent trouble sleeping
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal chest x-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression or excessive worry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic or muscular problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of memory or amnesia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Increased cholesterol level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervous trouble of any sort
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cramps in your legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periods of unconsciousness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble

NAME: (Last, First, Middle) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART III - Cont'd**

Check each item YES or NO. Every item checked YES must be fully explained in blank space on right.

	YES	NO	EXPLANATION:
Have you been refused employment or been unable to hold a job or stay in school because of:			
A. Sensitivity to chemicals, dust, sunlight, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
B. Inability to perform certain motions	<input type="checkbox"/>	<input type="checkbox"/>	_____
C. Inability to assume certain positions	<input type="checkbox"/>	<input type="checkbox"/>	_____
D. Other medical reasons (If yes, give reasons).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been treated for a mental condition or learning disability? (If yes, specify when, where, and give details).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever received psychiatric counseling? (If yes, specify when, where, and give details).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been denied life insurance? (If yes, state reason and give details).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, name of doctor and complete address of hospital).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable for unfitness or unsuitability).	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, what amount, when, and why).	<input type="checkbox"/>	<input type="checkbox"/>	_____

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.

PRINT FULL NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**PART IV - MEDICAL HISTORY VERIFICATION (To be completed by Examining Physician)**

**NOTE TO THE EXAMINING PHYSICIAN:** Please review the previous section, **PART II - CSD Physical Requirement**, for completeness. All positive findings must be explained as to date and significance. You may also interview the examinee for any additional important medical history and record any significant findings below. You may develop by interview any additional important medical history and record any significant findings.

NAME: (Last, First, Middle) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART V - CSO PHYSICAL REQUIREMENTS**

**NOTE TO THE EXAMINING PHYSICIAN:** The respective individual is required to complete this comprehensive physical examination to qualify as a Court Security Officer (CSO) under the United States Marshals Service's Court Security Officer Program. A brief description of what the position requires is provided below to familiarize you with the CSO occupation.

**BRIEF DESCRIPTION OF WHAT POSITION REQUIRES EMPLOYEE TO DO-**

Court Security Officers (CSOs) provide security for all United States court facilities. CSOs must be capable of providing both a deterrence to potential threats and a timely and appropriate response to actual threats. The primary functions of CSOs include physical security for federal courthouses and their perimeters, checkpoint security for courthouses and courtroom entry points, courtroom monitoring, and rapid responses to emergencies and alarms within courthouses. In addition, aggressive law enforcement functions such as making arrests are required, necessitating the restraint of non-cooperative persons. CSOs are required to have good vision and hearing and be capable of sitting, walking, and running. The work requires frequent and prolonged walking, standing, running, sitting, and stooping. The physical well being of the CSOs will assure their ability to tolerate the stress associated with this type of employment and increase physical readiness in cases of emergency. CSOs must be able to perform efficiently and safely the full range of duties of the position described above.

**FUNCTIONAL REQUIREMENTS**

- Range of motion: upper and lower extremities bilaterally
- Heavy lifting, 45 pounds and over
- Heavy carrying, 45 pounds and over
- Reaching
- Grasping
- Climbing stairs
- Running
- Operating a motor vehicle
- Ability for rapid mental and muscular coordination simultaneously
- Ability to use and desirability of using firearms
- Specific visual requirements
  - Binocular vision
  - Depth perception
  - Ability to distinguish basic colors

**ENVIRONMENTAL FACTORS**

- Outside and inside
- Excessive heat
- Excessive cold
- Excessive humidity
- Excessive dampness or chilling
- Dry atmospheric conditions
- Working around moving objects or vehicles
- Slippery or uneven walking surfaces
- Unusual fatigue factors
- Working closely with others
- Working alone
- Protracted or irregular hours of work

NAME: (Last, First, Middle) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT MEDICAL EXAMINATION DATA** To be completed by Examining Physician

**NOTE TO EXAMINING PHYSICIAN:** As you make your examination and report your findings and conclusions, please consider the job description, function requirements, environmental factors, and medical standards for the Contract Court Security Officer position. List any abnormalities under each examination.

**1. MEASUREMENTS:**

A. Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches      B. Weight: \_\_\_\_\_ Pounds

**2. VISION:**

A. Distant vision (Snellen)

1. Without glasses or contacts:      Right: 20 / \_\_\_\_\_      Left: 20 / \_\_\_\_\_      Both: 20 / \_\_\_\_\_  
2. With glasses or contacts, if worn:      Right: 20 / \_\_\_\_\_      Left: 20 / \_\_\_\_\_      Both: 20 / \_\_\_\_\_

B. Near Vision:

1. Without glasses or contacts:      Right: 20 / \_\_\_\_\_      Left: 20 / \_\_\_\_\_      Both: 20 / \_\_\_\_\_  
2. With glasses or contacts, if worn:      Right: 20 / \_\_\_\_\_      Left: 20 / \_\_\_\_\_      Both: 20 / \_\_\_\_\_

Testing was done *with / without* correction (circle one).

C. Color Vision: Testing must be performed using Ishihara (or comparable) Pseudo-Isochromatic Plates. A minimum of 14 plates must be reported: \_\_\_\_\_ plates correct of \_\_\_\_\_ total plates.

D. Depth Perception: Results must be recorded in seconds of arc.

Type of test: \_\_\_\_\_ Score: \_\_\_\_\_ Seconds of arc: \_\_\_\_\_

**3. HEARING:**

Using an audiometer for measurement, hearing must be demonstrated in each ear at 500, 1000, 2000, 3000, and 4000 Hz in a sound controlled booth. Results must show the lowest sound intensity, numerically in decibels, at which the tone can be heard, in each ear, at each frequency.

No hearing aids are to be used during the audiometer testing. Each ear must be tested separately. Please indicate using a check mark, whether a examinee wears a hearing aid(s).

- The examinee does not wear a hearing aid.  
 The examinee wears a hearing aid as follows:  
Left Ear \_\_\_\_\_ Right Ear \_\_\_\_\_ Both Ears \_\_\_\_\_

**EXAM RESULTS:**

	500	1000	2000	3000	4000
L					
R					

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NAME: *(Last, First, Middle)* \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT - Confidential**

**4. CARDIOVASCULAR SYSTEM** - Record your findings and highlight any condition which significantly interferes with heart function.

**EXAM RESULTS:** *(Enter findings. DO NOT leave blank.)*

- A. Heart Auscultation:
- B. Blood Pressure:
- C. Resting Pulse:
- D. Peripheral Pulses:
- E. Resting ECG

---

**5. RESPIRATORY SYSTEM** - Record your findings and highlight any condition which significantly interferes with breathing capacity.

**CHEST EXAM RESULTS:** *(Enter findings. DO NOT leave blank.)*

---

**6. GASTROINTESTINAL SYSTEM**

**ABDOMINAL EXAM RESULTS:** *(Enter findings. DO NOT leave blank.)*

NAME: (Last, First, Middle) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART VI** *Continued*

**7. GENITOURINARY SYSTEM DISORDERS** - Record your findings and highlight any functional disorder which may render the person incapable of sustained attention to CSO related work tasks, i.e., urinary frequency, secondary discomfort, etc.

EXAM RESULTS: *(Enter findings. DO NOT leave blank.)*

---

**8. HERNIAS** - Record your findings and highlight any hernia detection, including inguinal and femoral hernias, with or without the use of a truss.

EXAM RESULTS: *(Enter findings. DO NOT leave blank.)*

---

**9. NERVOUS SYSTEM** - Record your findings and highlight any dysfunction of the central and peripheral nervous system, including cranial nerves, gait, and reflexes which significantly increases the probability of accidents and/or potential inability to perform a variety of physical tasks.

EXAM RESULTS: *(Enter findings. DO NOT leave blank.)*

---

**10. ENDOCRINE SYSTEM** - Record your findings and highlight any functional disorder which may render the person incapable of sustained attention to CSO related work tasks.

EXAM RESULTS: *(Enter findings. DO NOT leave blank.)*

Thyroid Exam: \_\_\_\_\_

---

NAME: (Last, First, Middle) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**PHYSICAL** \_\_\_\_\_

**11. SPEECH** - Record your findings, including permanent and significant conditions resulting in indistinct speech.

EXAM RESULTS: (Enter findings. DO NOT leave blank.)

\_\_\_\_\_  
**12. EXTREMITIES AND SPINE** - Record your findings of any disorders affecting the musculoskeletal system which significantly affects the individual meeting basic movement, strength, flexibility, use of extremities (fingers and toes) and coordinated balance criteria.

EXAM RESULTS: (Enter findings. DO NOT leave blank.) \_\_\_\_\_

Back: \_\_\_\_\_

Extremities: \_\_\_\_\_

\_\_\_\_\_  
**13. LAB TESTS & REPORTS** - Perform necessary tests on the following. Record your findings and highlight abnormal results. Please attach lab reports.

A. Blood Chemistry

B. Complete Blood Count

C. Lipid Profile

D. Urinalysis

\_\_\_\_\_  
**14. MISCELLANEOUS** - Though not specifically mentioned above, record any other disease or medical condition detected but not covered above.

EXAM RESULTS: (Enter findings in each category. DO NOT leave blank.)

A. Eyes (including fundoscopic examination): \_\_\_\_\_

B. Ears (including tympanic membrane): \_\_\_\_\_

C. Nose and throat (including teeth and oral hygiene): \_\_\_\_\_

D. Head and neck (including face, hair, and scalp): \_\_\_\_\_

E. Skin and lymph nodes: \_\_\_\_\_

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**ENTRY ON DUTY  
TRANSMITTAL SHEET**

**NAME:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**DISTRICT:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**START DATE:** \_\_\_\_\_

**CSO SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TEMPORARY REPLACEMENT DUE TO ACTIVE MILITARY DUTY  
TRANSMITTAL SHEET**

This form should be completed and forwarded to the Judicial Protective Services Program, along with a copy of the military orders for the CSO that has been called to active military duty. DO NOT LEAVE BLANK SPACES.

DATE SUBMITTED: \_\_\_\_\_ POSITION VACANT DATE: \_\_\_\_\_

DISTRICT/FACILITY: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

---

***INFORMATION ON CSO CALLED TO ACTIVE MILITARY DUTY***

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

FT / SH POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

***(THE CONTRACTOR MUST SUBMIT NOTIFICATION OF THE CSO'S RETURN 60-DAYS PRIOR TO ACTUAL RETURN OF CSO)***

---

***INFORMATION ON TEMPORARY CSO APPLICANT***

NAME OF TEMPORARY APPLICANT: \_\_\_\_\_

SSN: \_\_\_\_\_ FT / SH: \_\_\_\_\_ START DATE: \_\_\_\_\_

---

***(TO BE COMPLETED BY JUDICIAL PROTECTIVE SERVICES PROGRAM)***

\_\_\_ START-UP COST IS GOVERNMENT'S RESPONSIBILITY.

\_\_\_ START-UP COST IS CONTRACTOR'S RESPONSIBILITY.

\_\_\_ MILITARY ORDERS ENCLOSED

\_\_\_ MILITARY ORDERS *NOT* ENCLOSED

\_\_\_ PROCESS

\_\_\_ RETURN PACKAGE

**REQUEST TO FILL A DECLINED VACANCY**

**NOTE: THIS FORM MUST BE COMPLETED WHEN A CSO, HAVING BEEN CALLED TO ACTIVE MILITARY DUTY, DECLINES TO RETURN TO HIS/HER TEMPORARILY VACATED POSITION. A CSO TEMPORARILY SERVING IN A TEMPORARILY VACATED POSITION CAN BE MADE PERMANENT.**

---

**NAME:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**POSITION TYPE (FT/SH):** \_\_\_\_\_

**DISTRICT:** \_\_\_\_\_

**FACILITY CODE:** \_\_\_\_\_ **FACILITY ADDRESS:** \_\_\_\_\_

**START DATE (CSO):** \_\_\_\_\_

**END DATE (CSO):** \_\_\_\_\_

**START DATE (ACTIVE MILITARY DUTY):** \_\_\_\_\_

**END DATE (ACTIVE MILITARY DUTY):** \_\_\_\_\_

**REASON FOR DECLINING TO RETURN TO DUTY:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENTRY ON DUTY  
TEMPORARY REPLACEMENT  
FOR ACTIVE MILITARY CSOs**

**NAME:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**DISTRICT:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**START DATE:** \_\_\_\_\_

**CSO SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

NEW AND REPLACEMENT

SO TRANSMITTAL SHEET

This form should be completed and forwarded to the Court Security Program, with paper work, for all new and replacement CSO applicants. If information is unknown, state UNKNOWN. DO NOT LEAVE BLANK SPACES.

DATE SUBMITTED: \_\_\_\_\_

DISTRICT/CITY: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

INFORMATION ON CSO LEAVING THE PROGRAM

CSO LEAVING: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last, First, Middle)

F/T OR SHARED: \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

LOCATION OF POSITION: \_\_\_\_\_  
(ADDRESS)

INFORMATION OF CSO BEING REASSIGNED

(if applicable)

CSO BEING REASSIGNED: \_\_\_\_\_  
(Last, First, Middle)

SSN: \_\_\_\_\_ REPLACING: \_\_\_\_\_  
(Last, First, Middle)

POSITION CHANGE: From: \_\_\_\_\_ To: \_\_\_\_\_ START DATE: \_\_\_\_\_  
(Full-Time or Shared)

INFORMATION ON CSO APPLICANT

NAME OF APPLICANT: \_\_\_\_\_

SSN: \_\_\_\_\_ F/T OR SHARED: \_\_\_\_\_

LOCATION OF POSITION: \_\_\_\_\_  
(Address)

(TO BE COMPLETED BY COURT SECURITY PROGRAM)

\_\_\_\_\_ REPLACEMENT/START-UP COST IS GOVERNMENT'S RESPONSIBILITY.

\_\_\_\_\_ REPLACEMENT/START-UP COST IS CONTRACTOR'S RESPONSIBILITY.

REPLACEMENT/START-UP IS RESULT OF/TO BE BILLED IAW:

18-MONTH RULE \_\_\_\_\_

RESULT OF BACKGROUND FINDINGS \_\_\_\_\_

ILLNESS OR OTHER CONDITION (explain on back) \_\_\_\_\_  
(Attach appropriate forms, letters, etc.)

DEATH \_\_\_\_\_

REMARKS (Place on Back of Form)

Section J - Attachment 2(K)

**CONTRACTOR PRELIMINARY BACKGROUND CHECK**

**NAME:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT:** *(Previous 5 years - If more than one employer, please attach separate sheet)*

**Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Person Verifying Employment:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Would they rehire this person (if no, why not?):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACQUAINTANCES:** *(Please provide (3) three)*

1. **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEIGHBORS:** Going back 5 years, please provide the name, address, telephone number, and comments of one neighbor for each place of residence. If more than 3, please attach separate sheet.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF FIREARM POSSESSION  
IN REGARDS TO DOMESTIC VIOLENCE**

I, \_\_\_\_\_, (Name of CSO Applicant), an applicant for the position of Court Security Officer for the \_\_\_\_\_ District of \_\_\_\_\_, hereby certify that I am in compliance with Title 18, Section 922(g)(9) of the United States Code.

\_\_\_\_\_  
CSO Applicant

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## IN-DISTRICT TRAINING PROGRAM CERTIFICATION

I, \_\_\_\_\_ (Name of Certifier), hereby certify that I have completed the In-District Training Program at the United States Marshal's Office, District of \_\_\_\_\_, on \_\_\_\_\_ (Date).

\_\_\_\_\_  
CSO Signature

\_\_\_\_\_  
Witness' Signature  
(COTR or his/her designee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**Medical Practitioner's Data Sheet**

<b>Name:</b>	
<b>Address:</b>	
<b>MD or DO:</b>	
<b>Social Security #:</b>	
<b>Date of Birth:</b>	
<b>Medical School:</b>	
<b>Year of Graduation:</b>	
<b>State of License:</b>	
<b>Medical License #:</b>	