

## NOTIFICATION OF A COURT SECURITY OFFICER'S OFFICIAL PERFORMANCE DATE

DATE	MONTH	DATE	YEAR
CONTRACTOR'S INFORMATION	NAME		
	STREET ADDRESS		
	CITY	STATE	ZIP CODE
	TELEPHONE NO. (                      )		
CSO'S NAME	LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NO.		-	-
DISTRICT ASSIGNMENT		DISTRICT NO.	
FACILITY LOCATION	STREET ADDRESS		
	CITY	STATE	ZIP CODE
CSO'S STATUS (Check the applicable box.)	PERMANENT STATUS		TEMPORARY STATUS (MILITARY)
	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> SHARED	<input type="checkbox"/> SHARED	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> SHARED
SUITABILITY DETERMINATION DATE	MONTH	DATE	YEAR
INITIAL WEAPON QUALIFICATION DATE	MONTH	DATE	YEAR
IN-DISTRICT ORIENTATION DATE	MONTH	DATE	YEAR
OFFICIAL PERFORMANCE DATE	MONTH	DATE	YEAR
I hereby certify that the above information is true and accurate.		I hereby certify that the individual stated above has fulfilled the In-District Orientation and the weapons proficiency test requirements.	
Court Security Officer's Name (Print)		Contractor's Supervisory Representative Name (Print)	
Court Security Officer's Signature		Contractor's Supervisory Representative Signature	
Date		Date	

**INSTRUCTIONS TO THE CONTRACTOR:** Retain a copy of this form for your records and forward the original to the United States Marshals Service, Judicial Security Division, Judicial Protective Services, Attention: Personnel Support Branch, Washington, DC 20530-1000, within 5 business days after the individual's official performance date.