

NOTIFICATION OF A COURT SECURITY OFFICERS 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, Office of Court Security, Attention: Personnel Support Branch, Washington, DC 20530-1000, within 5 business days after the individual's official performance date.