

COURT FACILITY MONTHLY STATISTICAL SUMMARY REPORT

FISCAL YEAR: _____

DISTRICT NAME: _____

REPORT DATE: _____

DISTRICT NUMBER: _____

<u>LEGAL (non LEO)</u>	<u>DETECTED</u>	<u>STORED</u>	<u>RETURNED</u>	<u>ILLEGAL</u>	<u>CONFISCATED</u>	<u>INCIDENT RPT</u>	<u>ARREST RPT</u>
GUNS				GUNS			
KNIVES				KNIVES			
				EXPLOSIVES			
				DRUGS			
OTHER				OTHER			
TOTAL				TOTAL			

<u>PROHIBITED</u>	<u>DETECTED</u>	<u>STORED</u>	<u>RETURNED</u>	<u>CSO HOURS</u>	<u>TYPE INCIDENT</u>	<u>TOTAL/MONTH</u>
Cell Phones				Criminal Court	Bomb Threat	
Computers				Civil Court	Assault	
Recorders				Tax Court	Forced Entry	
Pagers				Bankrupcy	Medical emerg.	
Cameras				Travel	Disruptive person	
Stun guns				Other	Illegal weapon	
OC Spray					Contraband	
Other					Shooting	
					Other	
TOTAL				TOTAL HRS.	TOTAL	

REMARKS:

LEAD CSO/SITE SUPERVISOR _____

USMS JSI/COTR SIGNATURE _____

DATE SUBMITTED _____

COURT FACILITY MONTHLY STATISTICAL SUMMARY REPORT

ARREST	To deprive a person of his/her liberty by legal authority. Seizure of an alleged or suspected offender to answer for a crime. Arrests or any custodial interrogation though not technically an "arrest" must be based on probable cause. To be actionable in the event that such seizure is improper or unlawful, there must be an intent on the part of the arresting officer or agent to bring the suspect into custody. The seizure or detention must be understood by the person being arrested that he/she is under arrest.
DETAINMENT	To keep from proceeding; to delay; to keep in custody, retain or withhold.
SEIZURE	The act of forcibly dispossessing an owner of property under actual or apparent authority of law. Also, the taking of property into custody of the court in satisfaction of a judgement or in consequence of a violation of public law.
RESTRICTIONS	To hold with limits.
DETECTION	The act of detecting or the fact of being detected.
INCIDENT	An occurrence or event that interrupts normal procedure or precipitates a crisis. Reporting an incident on the Court Facility Monthly Statistical Summary means that you must also submit a copy of the corresponding Court Facility Incident Report (CSO form 003) to the Judicial Security Division (JSD), Office of Court Security (OCS), Operations Support Branch (OSB). ALL COURT FACILITY INCIDENT REPORTS MUST BE FORWARDED TO OCS – OSB WITHIN 24-HOURS AFTER THE INCIDENT OCCURS.
CONTRABAND	Any property or possession, the transportation of which is ILLEGAL . For instance, narcotic drugs, firearms, etc. When contraband is discovered on a court visitor, detain the subject and immediately call a DUSM to the scene. Prepare a Court Facility Incident Report (CSO Form 003) to describe the situation. The report must address who, what, where, when and how.
WEAPON	Any instrument capable of producing death or serious bodily injury. An instrument may be intrinsically deadly (e.g. knife, pistol, rifle) or deadly because of the way it is used or the force with which it is used (e.g., wrench, hammer, stick).
LEGAL	Authorized by or based on law. Enforced or recognized by law. Created by law.
ILLEGAL	Forbidden by law or by official rules.
PROHIBITED ITEM	Any item listed as prohibited in the court facility by order of the Chief Judge or the U.S. Marshal.
ABANDONMENT	Knowing relinquishment of one's right or claim to property without any future intent to again gain title or possession. Relinquishment or surrender of rights or property by one person to another. Intent to abandon and the act by which the intention is carried out. A finder of the property not legally abandoned must make reasonable efforts to restore it to the true owner and must relinquish it to him/her upon demand.
KNIFE	A cutting instrument having a sharp blade with a handle.
GUN	Any device, whether apparent or disguised, capable of firing an explosive charge used as a propellant for a projectile.
CONFISCATE	To take private property without just compensation. To transfer property from a private use to a public use. To appropriate private property as a result of a criminal conviction or because the possession was itself, a crime.
WEAPONS OFFENSE	Violations of statutes or regulations that control weapons.

COURT FACILITY MONTHLY STATISTICAL SUMMARY REPORT

LEGAL (non L.E.O)	This refers to legally carried weapons. DO NOT include Law Enforcement Officer (LEO) weapons in this category. (Varies by state.)
DETECTED, STORED, AND RETURNED	Self explanatory. The quantity of "STORED" and "RETURNED" weapons should match. If they do not, you should immediately make inquiries to determine why they don't match.
ILLEGAL	Use these blocks to identify CONTRABAND carried by persons who are NOT legally authorized to possess or transport it. (Varies by state.) When contraband is discovered, immediately detain the person(s) involved, call a DUSM to the scene, prepare a Court Facility Incident Report, and include the report on the Court Facility Statistical Summary report. Provide name and date of birth of perpetrator.
COURT FACILITY INCIDENT REPORT	Use this field to report the quantity of Court Facility Incident Reports prepared during the reporting period. Any time there is an ILLEGAL item confiscated from a court visitor there should be a corresponding incident and/or arrest report. Copies of Incident and/or arrest reports must be sent to JSD/OCS-OSB with 24-hours after the incident occurs. Be sure to include copies of Incident Reports with the monthly Court Facility Statistical Summary report submission.
ARREST REPORT	Use this field to report the quantity of arrest reports prepared as a result of a violation of the building security regulations. Arrest reports will be prepared by a DUSM. A copy of the Arrest Report(s) should be sent with the Court Facility Statistical Summary Report and sent to JSD/OCS-OSB.
PROHIBITED ITEM	This field contains a list of some but not all items that may be prohibited in the court facility. If other non-identified items are detected and stored, you may identify them in the vacant spaces at the bottom of the list. Be sure to verify that the number of items stored matches the number of items returned. If they do not match, you must immediately make inquiries to determine why they don't match.
CSO HOURS	Number of hours charged during the reporting period by Court Security Officers in performing their duties in the categories listed.
TYPE OF INCIDENT	Use this field to report the quantity of Court Facility Incident Reports for the type of incidents listed. (e.g., 2 Bomb Threats, 7 Assaults, etc.)

COURT FACILITY INCIDENT REPORT
(Continuation Sheet)

1. DATE OF REPORT	2. DATE OF INCIDENT	3. PAGE(s) _____ OF _____
INCIDENT DESCRIPTION <i>(Details should cover who, what, where, when and how.)</i>		

SEE NEXT PAGE FOR INSTRUCTIONS
PAGE 3 of 3

CSO FORM 003 (REV. 02/07)
Section J - Attachment 3(B)

COURT FACILITY INCIDENT REPORT

1. DATE OF REPORT	State the date the report is being prepared.
2. DATE OF INCIDENT	Self explanatory.
3. REPORTED BY	Provide the name of person preparing the report.
4. ARREST/DETENTION	Check the box at the bottom of this section if anyone is detained for any length of time or arrested.
5. REPORTING DISTRICT	Indicate the name of the district preparing the report. Please annotate if different than where the incident occurred.
6. LOCATION OF INCIDENT	Indicate the city and state where the incident occurred.
7. TYPE OF INCIDENT	Check applicable box that best describes the type of incident. If "Other" is checked, give a one or two word description that best describes the incident.
8. CHECK APPLICABLE BOX	Indicate whether this is an initial report, a follow-up or an addendum to a previous report.
9. INCIDENT DESCRIPTION	<p>At a minimum, the report must address the following:</p> <p><i>WHO:</i> Provide the name(s) of the person(s) involved and their date of birth.</p> <p><i>WHAT:</i> Describe what happened in detail.</p> <p><i>WHERE:</i> Where did the incident happen? City, building, floor, room, etc.</p> <p><i>WHEN:</i> Date and time of the incident.</p> <p><i>HOW:</i> If not already covered in the "what" category, describe how the incident happened.</p> <p>All reports must be legible, complete, and accurate as possible. Explain the incident in detail, from the beginning to the end. Never end in the middle of the story.</p> <p>BE SURE THAT THE REPORT CAN BE READ BY SOMEONE OTHER THAN YOU.</p>
10. REPORT PAGES	If the narrative describing the incident is included on additional pages, write the number of pages attached. If contents of the report are sensitive in nature, each page should be marked "FOR OFFICIAL USE ONLY."
11. SIGNATURE OF PREPARER	Self explanatory.
12. DATE	Enter the date you signed this report.
13. APPROVED BY	Indicate the name and title of the Contractor's official reviewing and approving official.
	<i>NOTE:</i> The reviewing and approving official must be a supervisory representative.
14. DATE	Enter the date the report was reviewed, approved, and signed by the contractor's supervisory representative.
15. DISTRIBUTION	Immediately forward a copy of this report as indicated.

COURT SECURITY OFFICER (CSO) TRAVEL AUTHORIZATION

1. VOUCHER			
VOUCHER DATE ____/____/____	VOUCHER TYPE <input type="checkbox"/> Original <input type="checkbox"/> Reclaim	CONTRACTOR'S NAME	
2. TRAVELER		3. ITINARY	4. ESTIMATED COST
NAME: _____ FIRST M LAST		TRIP BEGINS ON: (MM/DD/YY): ____/____/____	Lodging and M&IE \$ _____
ADDRESS: _____		TRIP ENDS ON: (MM/DD/YY): ____/____/____	Transportation \$ _____
CITY: _____ STATE: _____ ZIP CODE: _____			Other \$ _____
SSN: _____ DISTRICT LOCATION: _____			TOTAL \$ _____
5. PURPOSE OF TRAVEL			
<input type="checkbox"/> CSO ORIENTATION (PHASE II) <input type="checkbox"/> TEMPORARY POST ASSIGNMENT <input type="checkbox"/> SPECIAL SECURITY ASSIGNMENT <input type="checkbox"/> OTHER*			
TRAVEL AUTHORIZATION: _____			
* A written detailed justification is required.			
TRAVEL CONDITIONS OR LIMITATIONS	MODE OF SUBSISTENCE AUTHORIZED	8. PLANNED ITINERARY	
MODE OF TRANSPORTATION AUTHORIZED: <input type="checkbox"/> Use of common carrier transportation <input type="checkbox"/> Use of a rental car <input type="checkbox"/> Use of a Government furnished vehicle <input type="checkbox"/> Use of a privately owned vehicle. Mileage rate authorized: \$ _____ Other (Use of any type of transportation method (i.e., train, bus) that does not exceed the cost of common carrier.)	NOTE: PER DIEM WILL BE BASED ON LODGING RATES TO THE LOCATION.	(MM/DD/YY) FROM: _____ TO: _____ TO: _____ TO: _____ TO: _____	
YOU ARE AUTHORIZED TO TRAVEL AT GOVERNMENT EXPENSE IN ACCORDANCE WITH DEPARTMENT OF JUSTICE REGULATIONS UNDER THE CONDITIONS OUTLINED IN THIS AUTHORIZATION AS NECESSARY FOR THE CONDUCT OF BUSINESS RELATIVE TO THE APPLICABLE UNITED STATES MARSHALS SERVICE COURT SECURITY SERVICE CONTRACT.			
9. CONTRACTOR'S REVIEWING AND APPROVING OFFICIAL		10. CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE'S APPROVAL	
NAME (Print) _____	APPROVAL DATE _____	NAME (Print) _____	APPROVAL DATE _____
SIGNATURE _____	TITLE _____	SIGNATURE _____	TITLE _____

COURT SECURITY OFFICER (CSO) TRAVEL EXPENSE REIMBURSEMENT

1. TRAVELER IDENTIFICATION	3. APPROVALS	
NAME: _____ RESIDENCE: _____ CITY: _____ STATE: _____ ZIP: _____	Note: Falsification of a statement in an expense account can result in a forfeiture of the claim (28 U.S.C. 2154) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 2371 and 1001).	
DISTRICT ASSIGNMENT: _____	TRAVELER DATE AND SIGN HERE	CONTRACTOR'S APPROVING OFFICIAL DATE AND SIGN HERE
2. ITINERARY TRIP BEGAN (MMDDYY) _____ TRIP ENDED (MMDDYY) _____ TRAVEL TIME: <input type="checkbox"/> Less than 12 hrs <input type="checkbox"/> Less than 24 hrs <input type="checkbox"/> More than 24 hrs PRIMARY DESTINATION: _____ TRANSPORTATION METHOD INDICATOR - HIGHEST CLASS OF TRAVEL <input type="checkbox"/> 1. COACH <input type="checkbox"/> 2. BUSINESS CLASS <input type="checkbox"/> 3. FIRST CLASS <input type="checkbox"/> 4. N/A REASON FOR UPGRADE (Required if Business or First Class is used.) <input type="checkbox"/> Coach not available <input type="checkbox"/> Cost Savings <input type="checkbox"/> Travel Greater than 14 hrs	I hereby certify that the travel undertaken in this reimbursement voucher is true and accurate to the best of my knowledge and that payment or credit has not been received by me. SUBMISSION DATE: _____ SIGNATURE: _____	I hereby certify that the travel undertaken in this reimbursement voucher has been reviewed and approved as necessary for the conduct of USMS contract business. PRINTED NAME: _____ SUBMISSION DATE: _____ SIGNATURE: _____
	4. TRAVEL PURPOSE: _____	5. VOUCHER TYPE: <input type="checkbox"/> ORIGINAL <input type="checkbox"/> RECLAIM
6. EXPENSE SUMMARY		
Cost for Air, Train, Bus, etc.	\$	
Car Rental and Gas	\$	
Privately Owned Vehicle (POV)/Mileage Total	\$	
Public Transportation - Temporary Post Assignment	\$	
Lodging	\$	
State/Local Lodging Taxes	\$	
Meals and Incidental Expenses	\$	
Parking	\$	
Other	\$	

**PUBLIC VOUCHER FOR PURCHASES AND
 SERVICES OTHER THAN PERSONAL**

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION		DATE VOUCHER PREPARED	VOUCHER NO.
		CONTRACT NUMBER AND DATE	PAID BY
		REQUISITION NUMBER AND DATE	
PAYEE'S NAME AND ADDRESS <div style="border: 1px solid black; height: 80px; width: 100%;"></div>			DATE INVOICE RECEIVED
			DISCOUNT TERMS
			PAYEE'S ACCOUNT NO.
			GOVERNMENT B/L NO.
SHIPPED FROM		TO	WEIGHT
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUANTITY UNIT COST PER AMOUNT (1)

(Use continuation sheets) if necessary		(Payee must NOT use the space below)		TOTAL
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES	
	= \$	= \$1.00		
	BY (2)			
	TITLE			Amount verified; correct for (Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

 Date Authorized Certifying Officer (2) (Title)

ACCOUNTING CLASSIFICATION			
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER ON (Name of bank)
	CASH	DATE	PAYEE 3
			PER
		TITLE	

(1) When stated in foreign currency, state name of currency
 (2) If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his/her official title.
 (3) When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name as well as the capacity in which he/she signs, must appear. For example: John Doe Company, per John.

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Continuation Sheet for SF-1034

Standard Form 1034
Revised October 1987
Department of the Treasury
1 TFM 4-2000

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION		DATE VOUCHER PREPARED	VOUCHER NO.		
		CONTRACT NUMBER AND DATE		PAID BY	
		REQUISITION NUMBER AND DATE			
PAYEE'S NAME AND ADDRESS		DATE INVOICE RECEIVED			
		DISCOUNT TERMS			
		PAYEE'S ACCOUNT NO.			
SHIPPED FROM		TO	WEIGHT		
		GOVERNMENT B/L NO.			
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN-TITY	UNIT COST PER	AMOUNT (1)

<i>(Use continuation sheets if necessary)</i>		<i>(Payee must NOT use the space below)</i>		TOTAL
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR	EXCHANGE RATE	DIFFERENCES	
	= \$	= \$1.00		
	BY (2)	TITLE		Amount verified; correct for (Signature or initials)

MEMORANDUM

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

Date	Authorized Certifying Officer (2)	(Title)		
ACCOUNTING CLASSIFICATION				
PAID BY	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON (Name of bank)
	CASH	DATE	PAYEE	
			PER	
			TITLE	

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

SF-1034
10/87
USMS 07/05