

Surveillance Request Form

PO: _____

Digital Photo

Type of Case:

Offense:

Offender Name:

DOB:

Race:

Gender:

FBI: _____

Agency #:

History of: ☐ Violence ☐ Drug Abuse ☐ Alcohol Abuse ☐ Mental Health

Offender Address: (home, work, other)

Reason for Surveillance

- | | | |
|--|--|--|
| <input type="checkbox"/> Verify Residence | <input type="checkbox"/> Verify Employment | <input type="checkbox"/> Inconsistencies (i.e., lifestyle) |
| <input type="checkbox"/> Unauthorized Travel | <input type="checkbox"/> Suspected Criminal Associations | |
| <input type="checkbox"/> 3rd Party Info | <input type="checkbox"/> Other | |

Additional information:

Supervisors Response

Supervising PO

- ☐ Approved - forwarded to ST - PO
- ☐ Denied - Reason for denial: