United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(F)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C)

Title: OPO Inspector

Circuit: 11

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
Retired SCJ Stevens Airport

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)

Event City:

Event State: FL

Host District: Southern District of Florida

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)

Retired Associate United States Supreme Court Justice John Paul Stevens will be traveling from (b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	2	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	7/6/2019	7/13/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						(b)(7)(E)
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)(E)	

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

Overtime only for (b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C); (b)(7)(F)	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

Ops Plan Justice Stevens (b)(7)(E)

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	7/6/2019	7/13/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	(b)(7)(E)						(b)(7)(E)
End Time							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)(E)	

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

	Full Day M&IE			POV/Mileage Total	Airfare Total		Subtotal

Number of Full M&IE Days (Do not include first and last days)		First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)			ATM, Laundry, Baggage, etc.	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: Number of administrative personnel requested:

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $1,862.00 *

Detail Status: Approved *

Name: (b)(6); (b)(7)(C); (b)(7)(F) *

JSD APPROVAL

Special Assignment Number: (b)(7)(E) * Project Code (b)(7)(E) *

Total Approved Amount: *

< or = $25K	*Senior Inspector:*	Name will autopopulate		
>$25K - $50K	*Assistant Chief:*	Name will autopopulate		
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		
>$100K	*Assistant Director:*	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number:	Enter the Protective Assessment Number assigned:
(b)(7)(E)	(b)(7)(E)

Requested By:	Title:
(b)(6); (b)(7)(C); (b)(7)(F)	Judicial Security Inspector

Circuit:	District/Division:
11	Southern District of Florida

Mission Name: *(ex. U.S. v. Smith, SCI Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
Retired US Supreme Court Justice Stevens

Location of Event: *(Street Address)*	Event City:	Event State:
(b)(6); (b)(7)(C)		FL

Host District:
Southern District of Florida

Detail Type:
Supreme Court Justice Assistance

Level:	Active/Retired:
	Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
The Supreme Court Police has requested USMS assistance for Justice Stevens. Justice Stevens (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	1/10/2019	1/10/2019

Number of Days/Weeks/Months:	Specify:
1	Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:					(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	

Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C); (b)(7)(F)	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

OpsPlanJusticeSteven01-19.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	1/10/2019	1/10/2019

Number of Days/Weeks/Months: 1 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

Notes:

OUT OF DISTRICT

Number of operational personnel requested: **Number of administrative personnel requested:**

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	***$945.00*** *
Detail Status:	*Completed* *
Name	(b)(6); (b)(7)(C); (b)(7)(F) *

OPO COMPLETION

Comments:

Final Approved Amount:	**$2,940.00**	**Is the AAR attached?**	

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); (b)(7)(F)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
7/22-7/23 SCJ Souter

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)

Event City:

Event State: NH

Host District: District of New Hampshire

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
On Monday 07/22/19 Retired SCJ Souter has requested USMS assistance to take him (b)(6); (b)(7)(C); (b)(7)(E)
(b)(6); (b)(7)(C); (b)(7)(E)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
(b)(7)(E)	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	7/22/2019	7/23/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	2	(b)(7)(E)	

Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	2	(b)(7)(E)		

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

All DUSMS will be supplied by D/NH (HOST)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C); (b)(7)(E)	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

07-22-07-22-19 Ops Plan Supreme Court Justice Souter.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	7/22/2019	7/23/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	2	(b)(7)(E)	
Overtime Hours/Day:	**# of Days:**		
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	2	(b)(7)(E)		

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

Notes:

OUT OF DISTRICT

Number of operational personnel requested: **Number of administrative personnel requested:**

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	*$2,310.00*	*
Detail Status:	*Approved*	*
Name	(b)(6); (b)(7)(C); (b)(7)(F)	*

JSD APPROVAL

Special Assignment Number:	(b)(7)(E)	* Project Code:	(b)(7)(E) *
Total Approved Amount:		*	

< or = $25K	*Senior Inspector:*	*Name will autopopulate*		
>$25K - $50K	*Assistant Chief:*	Name will autopopulate		
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		
>$100K	*Assistant Director:*	Name will autopopulate		

Notes:

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F)
United States Marshal, Chief Deputy, or designee

District: **Central District of California** Circuit:**09**

1. Detail Name: **10/01 SCI Sonia Sotomayor travel** (b)(6); (b)(7)(C) **CA**
(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: (b)(6); (b)(7)(C)
Host District: **Central District of California** Circuit:**09**
Overseas Travel?: **No**

3. Starting Date: **10/01/2019** *(mm/dd/yyyy)* Ending Date: **10/03/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **3 days**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

(b)(6); (b)(7)(C)

5. No. of Defendants in custody: Total No. of Defendants: No. USMS In-Custody Witnesses:

6. Reported Threats: (b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment:
No. of In-District DUSMs committed to staff this detail: (b)(7)(E)

9. Are you requesting Out-of-District Assistance? (check one) **Yes**

No. of DUSMs	SDUSMs	Admin.
(b)(7)(E)		

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one) **Yes**

11. Will the detail incur **overtime?** (check one)
Scheduled Detail Hours: (b)(7)(Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one)
Are these guards being used as **backfill?** (check one)

	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
In-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00

14. Will the detail incur **other expenses?** (check one) **Yes**

Expense: **$12,830.00**
Description: **S/TX** (b)(7)(**C/CA** (b)(7)(E)

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: (b)(6); (b)(7)(C) **CA**

Reporting Date/Time: **10/01/2019** (mm/dd/yyyy) (b)(7)(E) (hour)

Per Diem Rate: (b)(7)(E)
Hotel Name:
Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)
Detail Supervisor Phone:

Special Instructions/Other related information:

(b)(6); (b)(7)(C); (b)(7)(F) S/TX
Baggage (b)(7)(E)
Taxi (b)(7)(E)
Airport Parking (b)(7) 3days (b)(7)(E)
Hotel tax (b)(7)(E)
Lodging (b)(7)(3days (b)(7)(E)
Per Dien (b)(7)(4days
OT Hours (b)(7)(E)
Guard hire (b)(7)(E) (4days (b)(7)(E)
Total S/TX

C/CA
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Guard Hire (b)(7)(E)

Special Equipment or Personnel Required:
[Standard USMS equipment]

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F) — *Signature of U.S. Marshal, Chief Deputy or designee*

09/27/2019 — *Date*

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required:	No. of DUSMs	SDUSMs	Admin.
	(b)(7)(E)		

17. Approval for **overtime?** (check one)

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
In-District (082/1802)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
Out-of-District (082/1802)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**

18. Approval for **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	**0**	x	**0**	=	**$0.00**	x	**0**	=	**$0.00**
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	**0**	x	**0**	=	**$0.00**	x	**0**	=	**$0.00**

19. Approval for **guard expense?** (check one)

In-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		**TOTAL**
0	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
Out-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		**TOTAL**
0	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	**$11,270.00**
Description:	**See breakdown in block 15**

TOTAL REQUESTED FUNDS	**$12,830.00**
TOTAL APPROVED FUNDS	**$11,270.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED
APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(E)

DATE: 09/27/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; **"10/01-03/2019 – SCJ Sotomayor Protection Detail,** (b)(6); (b)(7)(C) **CA"** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

S/TX (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved (contingent upon receipt of funding from FSD)
(b)(7)(E) travel funding approved (contingent upon receipt of funding from FSD)
(b)(7)(E) guard funding approved (contingent upon receipt of funding from FSD)

C/CA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved (contingent upon receipt of funding from FSD)
No travel funding approved
(b)(7)(E) guard funding approved (contingent upon receipt of funding from FSD)

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number: (b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2: (b)(7)(E)
Org Code 4: ***(Include the District #)***

Project Code: (b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2: (b)(7)(E)
Org Code 4:
Project Code: (b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.
Reimbursement for GOV fuel for this event is not authorized.
An After Action Report (AAR) must be completed and submitted to your Regional Chief within 7 business days of the assignment's completion.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

SOTO (b)(6); (b)(7)(C) DOCX

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F) **JSD/OPO**
United States Marshal, Chief Deputy, or designee

District: **District of Connecticut** Circuit:**02**

1. Detail Name: **10/16 - 10/21; Justice Sotomayor YALE-LSR 2019**
(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: **New Haven CT**
Host District: **District of Connecticut** Circuit:**02**
Overseas Travel?: **No**

3. Starting Date: **10/16/2019** *(mm/dd/yyyy)* Ending Date: **10/21/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **5 days**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

[Associate Justice Sonia Sotomayor, Supreme Court of the United States of America (Court) has requested United States Marshals Service protection and assistance during the Court's travel to Connecticut. This operation plan is for the period of October 16 – October 21, 2019. The Justice travels into the northeast (b)(7)(E) Meriden and New Haven, CT. The Justice will be speaking to a sold out auditorium of 950 students, parents and teachers in Meriden, CT. At the conclusion of the speaking program, the Justice will participate in a book signing. (b)(7)(E) New Haven, CT to attend events at Yale University and provide keynote speech at the 100th celebration of a federal courthouse.]

5. No. of Defendants in custody: Total No. of Defendants: No. USMS In-Custody Witnesses:

6. Reported Threats: (b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment:
No. of In-District DUSMs committed to staff this detail: **0**

9. Are you requesting Out-of-District Assistance? (check one) **Yes**

No. of DUSMs	SDUSMs	Admin.
(b)(7)(E)		

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one) **Yes**

11. Will the detail incur **overtime?** (check one)
Scheduled Detail Hours: (b)(7)(Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:												
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days			TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=		$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=		$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days			TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=		$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=		$0.00

12. Will the detail incur **per diem?** (check one)

Per Diem Estimate Computation:										
	Daily Rate		No. of Days		Subtotal		No. DUSMS			TOTAL
In-District	0	x	0	=	$0.00	x	0	=		$0.00
	Daily Rate		No. of Days		Subtotal		No. DUSMS			TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	=		$0.00

13. Will the detail incur **guard expense?** (check one)
Are these guards being used as **backfill?** (check one)

In-District												
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days			TOTAL
0	x	0	=	$0.00	x	0	x	0	=		$0.00
Out-of-District												
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days			TOTAL
0	x	0	=	$0.00	x	0	x	0	=		$0.00

14. Will the detail incur **other expenses?** (check one) **Yes**

Expense:	**$30,121.00**
Description:	**for Per Diem, travel costs and overtime for DUSMS to include guard hire**

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: **New York, NY**

Reporting Date/Time: **10/16/2019** (mm/dd/yyyy) (hour)

Per Diem Rate:

Hotel Name:

Hotel Telephone:

Detail Supervisor:

Detail Supervisor Phone: (b)(6); (b)(7)(C); (b)(7)(F)

Special Instructions/Other related information:

[S/MS: 10/16 – 10/21 (b)(6); (b)(7)(C); (b)(7)(F)
Total travel for ~~S/TX~~ S/MS: (b)(7)(E)
Travel exp (b)(7)(E) (airfare (b)(7)(E) w/ bags (b)(7)(E)
Parking/taxi: at originating airport)
Taxi NYC:
Lodging:
M&IE:
Hotel taxes:
Guard hire reimbursement: (b)(7)(E)
Rate (b)(7)(E) 4 days
Overtime:
535 allocation for S/MS: (b)(7)(E)

N/NY: 10/16 – 10/21 (b)(6); (b)(7)(C); (b)(7)(F)
Total travel for N/NY: (b)(7)(E)
Parking/taxi:
Lodging:
M&IE:
Hotel taxes:
Laundry:
Guard hire reimbursement: (b)(7)(E)
Rate: (b)(7)(E) 4 days
Overtime: (b)(7)(E)
535 allocation for N/NY: (b)(7)(E)

S/TX: 10/16 – 10/21 (b)(6); (b)(7)(C); (b)(7)(F)
Total travel for S/TX: (b)(7)(E)
Travel exp (airfare (b)(7)(E) w/ bags (b)(7)(E)
Parking/taxi: (at originating airport)
Taxi NYC:
Lodging:
M&IE:
Hotel taxes:
Guard hire reimbursement: (b)(7)(E)
Rate: (b)(7)(E) 4 days
Overtime: (b)(7)(E)
535 allocation for S/TX: (b)(7)(E)

N/IL: 10/16 – 10/21 (b)(6); (b)(7)(C); (b)(7)(F)
Total travel for N/IL (b)(7)(E)
Travel exp (airfare (b)(7)(E) w/ bags (b)(7)(E)
Parking/taxi: (at originating airport)
Taxi NYC:
Lodging:
M&IE:
Hotel taxes:
Guard hire reimbursement: (b)(7)(E)
Rate: (b)(7)(E) 4 days
Overtime: (b)(7)(E)
535 allocation for N/IL: (b)(7)(E)

E/NY: 10/17 – 10/20 (b)(6); (b)(7)(C); (b)(7)(F)
Total travel for E/NY (b)(7)(E)
Lodging:
M&IE:
Hotel taxes:
Laundry:
Guard hire reimbursement: (b)(7)(E)
Rate: (b)(7)(E) 1 days
Overtime: (b)(7)(E)
Shift: (b)(7)(E)
535 allocation for E/NY: (b)(7)(E)

D/NJ: 10/18 – 10/20 (b)(6); (b)(7)(C); (b)(7)(F)
Total travel for D/NJ (b)(7)(E)
Lodging:
M&IE:
Hotel taxes:
Laundry:
Guard hire reimbursement: (b)(7)(E)
Rate (b)(7)(E) 1 days
- Actual rate is (b)(7)(E)

Overtime: (b)(7)(E)
Shift: (b)(7)(E)

535 allocation for D/NJ (b)(7)(E)

DUTY HOURS

10-16-19 (b)(7)(E)
10-17-19:
10-18-19:
10-19-19:
10-20-19:
10-21-19:

]

Special Equipment or Personnel Required:

[ ]

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F) — **10/12/2019**

Signature of U.S. Marshal, Chief Deputy or designee — *Date*

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required:	No. of DUSMs	SDUSMs	Admin.
	(b)(7)(E)		

17. Approval for **overtime?** (check one)

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

18. Approval for **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one)

In-District											
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

Out-of-District											
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	**$30,121.00**
Description:	**for Per Diem, travel costs and overtime for DUSMS to include guard hire** **See breakdowns on block 15.**

TOTAL REQUESTED FUNDS	**$30,121.00**
TOTAL APPROVED FUNDS	**$30,121.00**
APPROVAL LEVEL REQUIRED	**OST SUPERVISOR**

THIS ASSIGNMENT IS: APPROVED
APPROVED/DISAPPROVED BY: (b)(6);

DATE: 10/15/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; **"10/16-21/2019 – SCJ Sotomayor Protection Detail, New Haven, CT"** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

S/MS (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

N/NY (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

S/TX (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E) overtime funding approved
travel funding approved
guard funding approved

N/IL (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E) overtime funding approved
travel funding approved
guard funding approved

E/NY (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

D/NJ (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number: (b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2: (b)(7)(E)
Org Code 4: ***(Include the District #)***
Project Code: (b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2: (b)(7)(E)
Org Code 4:
Project Code: (b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel

traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.
Reimbursement for GOV fuel for this event is not authorized.
An After Action Report (AAR) must be completed and submitted to your Regional Chief within 7 business days of the assignment's completion.

THIS ASSIGNMENT IS: **APPROVED**
APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(E) **DATE:** **10/15/2019**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

field draft-_Ops Plan Justice Sotomayor_YALE-LSR-2019.pdf

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(E)
United States Marshal, Chief Deputy, or designee

District: **Eastern District of Louisiana** Circuit:**05**

1. Detail Name: **10/25/2019 SCJ Sotomayor Book Tour New Orleans, LA**
(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: **New Orleans, LA**
Host District: **Eastern District of Louisiana** Circuit:**05**
Overseas Travel?: **No**

3. Starting Date: **10/25/2019** *(mm/dd/yyyy)* Ending Date: **10/26/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **2**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

[The United States Supreme Court has requested the U.S. Marshals Service to provide protection for Associate Justice Sonia Sotomayor. The Justice will be traveling to E/LA, New Orleans from Oct. 25-26, 2019. On Oct. 25, SCJ will attend events at Tulane University. At this time, no further info is available for this event. On Oct 26, SCJ Sotomayor will attend a conversation and book signing event at the New Orleans Convention Center. This is a ticketed event with approximately 1000-5000 attendees. Other VIPs are not known at this time. This event is open to the public and will be held in convention space.]

5. No. of Defendants in custody: **0** Total No. of Defendants: **0** No. USMS In-Custody Witnesses: **0**

6. Reported Threats: (b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment (b)(7)(
No. of In-District DUSMs committed to staff this detail (b)(7)(E)

9. Are you requesting Out-of-District Assistance? (check one) **Yes**

No. of DUSMs	SDUSMs	Admin.
(b)(7)(E)	**0**	**0**

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one) **Yes**

11. Will the detail incur **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one)

Are these guards being used as **backfill?** (check one)

	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
In-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00

14. Will the detail incur **other expenses?** (check one) **Yes**

Expense:	**$18,947.35**
Description:	**Full mission price - see itemized breakdown in box 15**

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: **New Orleans, LA**

Reporting Date/Time:

(mm/dd/yyyy) (hour)

Per Diem Rate:

Hotel Name: (b)(7)(E)

Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)

Detail Supervisor Phone:

Special Instructions/Other related information:
[District Personnel Breakdown:

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Expenditure Breakdown:

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F) (GOV travel)
Overtime Expenditures:
OT 1811s (b)(7)(E)
Travel Expenditures New Orleans, LA
(b)(7)(E) 3 nights (b)(7)(E) 4 days (b)(7)(E)
Other Expenses:
Hotel Taxes (b)(7)(E)
Hotel parking
Total Travel Expenditures (b)(7)(E)
Guard Backfill: (b)(7)(E) 2 days (b)(7)(E) 2 days (b)(7)(E)
Total to (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (GOV travel, midnight CP)
Overtime Expenditures:
OT 1811s (b)(7)(E)
Travel Expenditures New Orleans, LA
(b)(7)(E) 3 nights (b)(7)(E) 4 days (b)(7)(E)

Other Expenses:
Hotel Taxes (b)(7)(E)
Hotel parkin
Total Travel Expenditures (b)(7)(E)
Guard Backfill (b)(7)(E) 2 days (b)(7)(E) 2 days (b)(7)(E)
Total to (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F) (GOV travel)
Overtime Expenditures:
1811s (b)(7)(E)
Travel Expenditures New Orleans, LA
(b)(7)(E) 3 nights (b)(7)(E) 4 days (b)(7)(E)
Other Expenses:
Hotel Taxes (b)(7)(E)
Hotel parkin
Total Travel Expenditures (b)(7)(E)
Guard Backfill (b)(7)(E) 2 days (b)(7)(E)
Total (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Overtime Expenditures:
1811s (b)(7)(E)
Travel Expenditures New Orleans, LA
(b)(7)(E) 3 nights (b)(7)(E) 4 days (b)(7)(E)
Other Expenses:
Hotel Taxes (b)(7)(E)
Airfare (b)(7)(E)
Baggage fees (b)(7)(E)
Airport parking (b)(7)(E)
Taxis = (b)(7)(E)
TMC fee = (b)(7)(E)
Total Travel Expenditures (b)(7)(E)
Guard Backfill: (b)(7)(E) 2 days (b)(7)(E) 2 days (b)(7)(E)
Total (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Overtime Expenditures:
OT 082 (b)(7)(E)
Guard Backfill (b)(7)(E) 1 day (b)(7)(E)

Total (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Overtime Expenditures:

OT 082s (b)(7)(E)

Guard Backfill (b)(7)(E) 1 day (b)(7)(E)

Total (b)(7)(E)

Detailed Itinerary:

Friday, Oct. 25, 2019

(b)(7)(E)

(b)(7)(E)

SS departs for Tulane University event

SS arrives Tulane University

SS departs to TBD dinner event

SS arrives at TBD dinner event

(b)(7)(E) back to RON/(b)(7)(E)

(b)(7)(E)

Saturday, Oct. 26, 2019

(b)(7)(E)

(b)(7)(E)

SS departs to Convention Center book tour event

(b)(7)(E)

Arrival of SS to event

SS departs book tour event to MSY

(b)(7)(E)

Special Equipment or Personnel Required:
[N/A]

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F)

_____ **10/15/2019**

Signature of U.S. Marshal, Chief Deputy or designee *Date*

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required:	No. of DUSMs	SDUSMs	Admin.
	(b)(7)(E)	**0**	**0**

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours (b)(7)(E) Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

18. Approval for **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one)

In-District											
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	**$16,702.00**
Description:	**Full mission price - see itemized breakdown in box 15**

TOTAL REQUESTED FUNDS	**$18,947.35**
TOTAL APPROVED FUNDS	**$16,702.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED

APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(E)

DATE: 10/17/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; **"10/25-26/2019 – SCJ Sotomayor Book Tour, New Orleans, LA"** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

E/TX (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
guard funding approved

N/FL (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

W/MO (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
(b)(7)(E) travel funding approved
(b)(7)(E) guard funding approved

E/LA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
No travel funding approved
(b)(7)(E) guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number: (b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:

Org Code 2: (b)(7)(E)
Org Code 4: ***(Include the District #)***
Project Code: (b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2: (b)(7)(E)
Org Code 4:
Project Code: (b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.
Reimbursement for GOV fuel for this event is not authorized.
An After Action Report (AAR) must be completed and submitted to your Regional Chief within 7 business days of the assignment's completion.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

10-25-19 Ops Plan SS Book Tour Nola.docx

ATTL5OMB.docx

Total (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E);

Overtime Expenditures:
OT 082s (b)(7)(E)
Guard Backfill: (b)(7)(E) 1 day x (b)(7)(E)
Total (b)(7)(E)

AMENDMENT 23OCT19

(b)(6); (b)(7)(C); (b)(7)(E);
(b)(7)(F)

From: (b)(6); (b)(7)(C); USMS)
Sent: Tuesday, October 22, 2019 7:00 PM
To: (b)(6); (b)(7)(C); (USMS) (b)(6); @usms.doj.gov>
Cc: (b)(6); (USMS) (b)(6); @usms.doj.gov>
Subject: RE: 535 approved (b)(7)(E)

Good Evening (b)(6);

The District was only able to supply one additional body. That individual's name is (b)(6); (b)(7)(C); His hours will be the same as the other DUSMs that have already been submitted. They are:

(b)(7)(E)

Thank you very much sir for your assistance with this.

(b)(6); (b)(7)(C);

(b)(6); (b)(7)(C); (b)(7)(F) Senior Inspector
United States Marshals Service
Judicial Security Division – Office of Protective Operations
1 Federal Plaza – 5th Floor
New York, NY 10278
(b)(6); (b)(7)(C); @usdoj.gov
Cell: (b)(6); (b)(7)(C);
Fax: 212-264-1505

From: (b)(6); (b)(7)(C); (b)(7)(F) USMS)
Sent: Friday, October 18, 2019 1:48 PM
To: (b)(6); (b)(7)(C); (USMS) (b)(6); @usms.doj.gov>
Cc: (b)(6); (b)(7)(C); (USMS) (b)(6); @usms.doj.gov> (b)(6); (b)(7)(C); (b)(7)(F) USMS (b)(6); (b)(7)(C); (b)(7)(F) @usms.doj.gov> (b)(6); (b)(7)(C); (b)(7)(F) (USMS) (b)(6); (b)(7)(C); @usms.doj.gov> (b)(6); (b)(7)(C); (b)(7)(F) (USMS) (b)(6); (b)(7)(C); @usms.doj.gov>
Subject: Re: 535 approved (b)(7)(E)

As Acting Chief for Region 3, I approve this type of amendment to the 535 and agree with your position as presented.

(b)(6); (b)(7)(C); (b)(7)(F)
Senior Inspector
United States Marshals Service
Judicial Security Division
Office of Protective Operations
Denver Field Office
C: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C); (b)(7)(F) @usdoj.gov

Detailed Itinerary:

Friday, Oct. 25, 2019

(b)(7)(E)

(b)(7)(E)

SS departs for Tulane University event

SS arrives Tulane University

SS departs to TBD dinner event

SS arrives at TBD dinner event

(b)(7)(E) back to RON (b)(7)(E)

(b)(7)(E)

Saturday, Oct. 26, 2019

(b)(7)(E)

(b)(7)(E)

SS departs to Convention Center book tour event

Arrival of SS to event

SS departs book tour event to MSY

(b)(7)(E)

Special Equipment or Personnel Required:
[N/A]

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F)

Signature of U.S. Marshal, Chief Deputy or designee

10/15/2019

Date

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required:	No. of DUSMs	SDUSMs	Admin.
	(b)(7)(E)	**0**	**0**

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

18. Approval for **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one)

In-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

Out-of-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	**$17,502.00**
Description:	**Full mission price - see itemized breakdown in box 15**

TOTAL REQUESTED FUNDS	**$18,947.35**
TOTAL APPROVED FUNDS	**$17,502.00**
APPROVAL LEVEL REQUIRED	**OST**

COMMENTS: (b)(7)(E)

The supplemental funding request; **"10/25-26/2019 – SCJ Sotomayor Book Tour, New Orleans, LA"** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

E/TX (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
guard funding approved

N/FL (b)(6); (b)(7)(C); (b)(7)(E);
(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

W/MO (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
(b)(7)(E) travel funding approved
(b)(7)(E) guard funding approved

E/LA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(6); (b)(7)(C); (b)(7)(E);
(b)(7)(E) overtime funding approved
No travel funding approved
(b)(7)(E) guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number (b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2: (b)(7)(E)
Org Code 4: ***(Include the District #)***
Project Code: (b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2: (b)(7)(E)
Org Code 4:
Project Code: (b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.
Reimbursement for GOV fuel for this event is not authorized.
An After Action Report (AAR) must be completed and submitted to your Regional Chief within 7 business days of the assignment's completion.

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F)

United States Marshal, Chief Deputy, or designee

District: **Western District of Texas** Circuit:**05**

1. Detail Name: **10/26/19 SCj Sotomayor Protective Operaton in Austin, TX**

(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: **Austin**
Host District: **Western District of Texas** Circuit:**05**
Overseas Travel?: **No**

3. Starting Date: **10/26/2019** *(mm/dd/yyyy)* Ending Date: **10/27/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **2**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*
[SCJ Sotomayor will be traveling to Austin on her Book Tour. Justice Sotomayor will be attending the Texas Book Festival and will have a presentation. There will be up to 700 people attending this the presentation.]

5. No. of Defendants in custody: Total No. of Defendants: No. USMS In-Custody Witnesses:

6. Reported Threats: (b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment:
No. of In-District DUSMs committed to staff this detail (b)(7)(E)

9. Are you requesting Out-of-District Assistance? (check one) **Yes**
No. of DUSMs SDUSMs Admin.
(b)(7)(E)

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one) **No**

11. Will the detail incur **overtime?** (check one)

Scheduled Detail Hours (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one)

Are these guards being used as **backfill?** (check one)

	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
In-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00

14. Will the detail incur **other expenses?** (check one)

Expense: **$9,783.00**
Description:

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: **Austin**

Reporting Date/Time: (mm/dd/yyyy) (hour)

Per Diem Rate:

Hotel Name:

Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)

Detail Supervisor Phone:

Special Instructions/Other related information:
[District Personnel Breakdown:
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Expenditures Breakdown:
W/TX
Overtime Expenditures: (b)(7)(E)
(b)(7)(E)
Travel Expenditures: (b)(7)(E)
MIE: (b)(7)(E)
(b)(7)(E)
Other Expenses: (b)(7)(E) Parking
Guard Backfill: N/A
Total to W/TX= (b)(7)(E)

S/TX
Overtime Expenditures: (b)(7)(E)
(b)(7)(E)
Travel Expenditures: (b)(7)(E)
MIE: (b)(7)(E)
(b)(7)(E)
Other Expenses Estimates: (b)(7)(E)
Airline (b)(7)(E) + E2 (b)(7)(E) + Baggage (b)(7)(E) + Taxi R/T to airport (b)(7)(E)

~~Guard Backfill:~~ (b)(7)(E) ~~1 day=~~ (b)(7)(E)
Total to S/TX (b)(7)(E)

(b)(7)(E)
Mission Itinerary:

Saturday, 10/26/19 (b)(7)(E)

(b)(7)(E)

Sunday, 10/27/19 (b)(7)(E)

(b)(7)(E)

(b)(7)(E) Breakfast

En route Texas Book Festival

(b)(7)(E) Presentation

(b)(7)(E)

(b)(7)(E)

Special Equipment or Personnel Required:

[ ]

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F) **10/17/2019**

_____ _____

Signature of U.S. Marshal, Chief Deputy or designee *Date*

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required: No. of DUSMs SDUSMs Admin.

(b)(7)(E)

17. Approval for **overtime?** (check one)

Scheduled Detail Hours: (b)(7)(Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

18. Approval for **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one)

In-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

Out-of-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

20. Approval for detail **other expenses?** (check one)

Expense:	**$9,884.00**
Description:	**See block 15 for breakdowns**

TOTAL REQUESTED FUNDS	**$9,783.00**
TOTAL APPROVED FUNDS	**$9,884.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED

APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(E)

DATE: 10/21/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; **"10/26-27/2019 – SCJ Sotomayor Book Tour, Austin, TX"** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

W/TX (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
(b)(7)(E travel funding approved
$0 guard funding approved

S/TX (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
(b)(7)(E) travel funding approved
$0 guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number: (b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2: (b)(7)(E)
Org Code 4: ***(Include the District #)***
Project Code: (b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2: (b)(7)(E)
Org Code 4:
Project Code: (b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.
Reimbursement for GOV fuel for this event is not authorized.
The attached After Action Report must be completed by the host district and returned to OSB within 7 business days of the assignment's completion.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F)
United States Marshal, Chief Deputy, or designee

District: **Central District of California** Circuit:**09**

1. Detail Name: **10/25/19 SCJ Sotomayor Sec Detail**
(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: **Los Angeles**
Host District: **Central District of California** Circuit:**09**
Overseas Travel?: **No**

3. Starting Date: **10/25/2019** *(mm/dd/yyyy)* Ending Date: **10/30/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **6**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

[SCJ Sotomayor requested USMS to provide her with a Judicial Security Detail. The Justice will arrive in Los Angeles on the 27th and depart Los Angeles on the 29th. While in Los Angeles the Justice will attend business (b)(6); (b)(7)(C) and meetings.]

5. No. of Defendants in custody: Total No. of Defendants: No. USMS In-Custody Witnesses:

6. Reported Threats: (b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment: (b)(7)(
No. of In-District DUSMs committed to staff this detail: (b)(7)(

9. Are you requesting Out-of-District Assistance? (check one) **Yes**

No. of DUSMs	SDUSMs	Admin.
(b)(7)(E)		

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one) **Yes**

11. Will the detail incur **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one) **Yes**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one) **Yes**

Are these guards being used as **backfill?** (check one) **Yes**

	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
In-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00

14. Will the detail incur **other expenses?** (check one) **Yes**

Expense: **$19,060.00**

Description: **OT** (b)(7)(E) **Per Diem** (b)(7)(E) **Guard Hire** (b)(7)(E) **Travel** (b)(7)(E)

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: **Los Angeles**

Reporting Date/Time: **10/25/2019** (mm/dd/yyyy) (hour)

Per Diem Rate: (b)(7)(E)

Hotel Name:

Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)

Detail Supervisor Phone:

Special Instructions/Other related information:

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

OT: (b)(7)(E)
Lodging (b)(7)(E) per day x 5 days (b)(7)(E)
MI&E (b)(7)(E) per day= (b)(7)(E)
Hotel Taxes (b)(7)(E) 5 days (b)(7)(E)
Airfare - (b)(7)(E)
Baggage Fees - (b)(7)(E)
Taxi/shuttle - (b)(7)(E)
Guard Hire - 4 days (b)(7)(E)
Total Travel: (b)(7)(E)
Total OT: (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

OT: (b)(7)(E)
Lodging (b)(7)(E) per day x 4 days (b)(7)(E)
MI&E - (b)(7)(E) per day= (b)(7)(E)
Hotel Taxes = (b)(7)(E) x days = (b)(7)(E)
Guard Hire - (b)(7)(E) 3 days (b)(7)(E)
Total Travel (b)(7)(E)
Total OT (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

OT: (b)(7)(E)
Lodging - (b)(7)(E) per day x 4 days (b)(7)(E)
MI&E - (b)(7)(E) per day= (b)(7)(E)
Hotel Taxes - (b)(7)(E) days = (b)(7)(E)
Guard Hire (b)(7)(E) 3 days (b)(7)(E)
Total Travel: (b)(7)(E)
Total OT (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

OT: (b)(7)(E)
Lodging (b)(7)(E) per day x 4 days (b)(7)(E)
MI&E - (b)(7)(E) per day= (b)(7)(E)
Hotel Taxes - (b)(7)(E) days =
Guard Hire (b)(7)(E) 2 days (b)(7)(E)
Total Travel: (b)(7)(E)
Total OT (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

OT: (b)(7)(E)
Lodging + (b)(7)(E) per day x 3 days (b)(7)(E)
MI&E (b)(7)(E) per day= (b)(7)(E)
Hotel Taxes + (b)(7)(E) 3 days = (b)(7)(E)
Airfare + (b)(7)(E)
Baggage Fees + (b)(7)(E)
Taxi/shuttle + (b)(7)(E)
Total Travel:
Total OT (b)(7)(E)
Special Equipment or Personnel Required:
[Provided Special Instructions to detail personnel via separate email.]

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F) — **10/18/2019**

Signature of U.S. Marshal, Chief Deputy or designee — *Date*

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required:	No. of DUSMs	SDUSMs	Admin.
	(b)(7)(E)		

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

18. Approval for **per diem?** (check one) **Yes**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one) **Yes**

In-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

Out-of-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	**$17,151.00**
Description:	**For complete breakdown of expenses, see box 15**
	OT (b)(7)(E) **Guard Hire** (b)(7)(E) **Travel** (b)(7)(E)

TOTAL REQUESTED FUNDS	**$19,060.00**
TOTAL APPROVED FUNDS	**$17,151.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED

APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(E)

DATE: 10/22/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; **"10/25/2019 – SCJ Sotomayor Protection Detail, Los Angeles, CA"** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

E/WA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

S/CA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
guard funding approved

C/CA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
$0 guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number: (b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2: (b)(7)(E)
Org Code 4: ***(Include the District #)***
Project Code: (b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2: (b)(7)(E)
Org Code 4:
Project Code: (b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval. Reimbursement for GOV fuel for this event is not authorized.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

SOTO Los Angeles 102719.DOCX

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F)
United States Marshal, Chief Deputy, or designee

District: **Central District of California** Circuit:**09**

1. Detail Name: **11/15/19-SCJ Sonia Sotomayor travel to Los Angeles, CA**

(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: **Los Angeles, CA**
Host District: **Central District of California** Circuit:**09**
Overseas Travel?: **No**

3. Starting Date: **11/15/2019** *(mm/dd/yyyy)* Ending Date: **11/17/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **3**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

[SCJ Sotomayor requested USMS to provide her with a Judicial Security detail. The Justice will arrive in Los Angeles on Nov 15th and depart Los Angeles Nov 17th. While in Los Angeles the Justice will attend business [(b)(6); (b)(7)(C) and meetings.
(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)

5. No. of Defendants in custody: Total No. of Defendants: No. USMS In-Custody Witnesses:

6. Reported Threats: (b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment:
No. of In-District DUSMs committed to staff this detail:

9. Are you requesting Out-of-District Assistance? (check one) **No**
No. of DUSMs SDUSMs Admin.

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one)

11. Will the detail incur **overtime?** (check one)

Scheduled Detail Hours: (b)(7)(Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one)

Are these guards being used as **backfill?** (check one)

	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
In-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00

14. Will the detail incur **other expenses?** (check one) **Yes**

Expense:	$13,198.00
Description:	E/CA (b)(7)(E C/CA (b)(7)(E

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: **Los Angeles**

Reporting Date/Time: **11/15/2019** (mm/dd/yyyy) (hour)

Per Diem Rate: (b)(7)(E)

Hotel Name:

Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)

Detail Supervisor Phone:

Special Instructions/Other related information:
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Lodging (b)(7)(E) 4 days (b)(7)(E)
Hotel Parking (b)(7)(E)
Hotel Tax (b)(7)(E)
MI&E (b)(7)(E) 5days (b)(7)(E)
Guard Hire (b)(7)(E) 3days (b)(7)(E)
Total (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Guard Hire: (b)(7)(E) 1 day (b)(7)(E)
Total: (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Guard Hire: (b)(7)(E) 1 days (b)(7)(E)
Total (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Total: (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Guard Hire: (b)(7)(E) 1day (b)(7)(E)
Total: (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Guard Hire (b)(7)(E) 1 day (b)(7)(E)
Total (b)(7)(E)

]
Special Equipment or Personnel Required:
[Provide Instructions via email]

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F) — 11/08/2019

Signature of U.S. Marshal, Chief Deputy or designee — *Date*

16. Approval for Out-of-District Assistance? (check one) **No**

Type/Number of Personnel Required: No. of DUSMs SDUSMs Admin.

17. Approval for **overtime?** (check one)

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

18. Approval for **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one)

In-District											
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		**TOTAL**
0	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
Out-of-District											
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		**TOTAL**
0	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	**$13,198.00**
Description:	**E/CA** (b)(7)(**C/CA** (b)(7)(

TOTAL REQUESTED FUNDS	**$13,198.00**
TOTAL APPROVED FUNDS	**$13,198.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED
APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C);

DATE: 11/12/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; **''11/15-17/2019 - SCJ Sotomayor Protection Detail, Los Angeles, CA''** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

C/CA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
No travel funding approved
(b)(7)(E) guard funding approved

E/CA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number:
(b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2:
Org Code 4: (b)(7)(E) ***(Include the District #)***

Project Code:

(b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:

Org Code 2: (b)(7)(E)

Org Code 4:

Project Code:

(b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.

Reimbursement for GOV fuel for this event is not authorized. An After Action Report (AAR) must be completed and submitted to your Regional Chief within 7 business days of the assignment's completion.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

SOTO Los Angeles 2.DOCX

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F)
United States Marshal, Chief Deputy, or designee

District: **Southern District of Florida** Circuit:**11**

1. Detail Name: **11/22/19 - U.S. Supreme Court Justice Sotomayor**
(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: (b)(6); (b)(7)(C)
Host District: **Southern District of Florida** Circuit:**11**
Overseas Travel?: **No**

3. Starting Date: **11/22/2019** *(mm/dd/yyyy)* Ending Date: **11/29/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **9 days**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

(b)(6); (b)(7)(C)

5. No. of Defendants in custody: Total No. of Defendants: No. USMS In-Custody Witnesses:

6. Reported Threats: (b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment: (b)(7)(E)
No. of In-District DUSMs committed to staff this detail: (b)(7)(E)

9. Are you requesting Out-of-District Assistance? (check one) **Yes**

No. of DUSMs	SDUSMs	Admin.
(b)(7)(E		

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one) **Yes**

11. Will the detail incur **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one)

Are these guards being used as **backfill?** (check one)

	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
In-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00

14. Will the detail incur **other expenses?** (check one) **Yes**

Expense:	**$15,661.00**
Description:	**see breakdown**

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: (b)(6); (b)(7)(C) **Southern Florida**

Reporting Date/Time: **11/22/2019** (mm/dd/yyyy) (b)(7)(E) (hour)

Per Diem Rate:

Hotel Name:

Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C);

Detail Supervisor Phone: (b)(7)(F)

Special Instructions/Other related information:
[Thursday November 21 S/AL (b)(7)(E) in Travel Comp

Friday November 22

(b)(6); (b)(7)(C); (b)(7)(E)

Saturday November 23

(b)(6); (b)(7)(C); (b)(7)(E)

Sunday November 24

(b)(6); (b)(7)(C); (b)(7)(E)

Monday November 25

(b)(6); (b)(7)(C); (b)(7)(E)

Tuesday November 26

(b)(6); (b)(7)(C); (b)(7)(E)

Wednesday November 27

(b)(6); (b)(7)(C); (b)(7)(E)

Thursday November 28 Thanksgiving Holiday

No USMS Assistance requested

Friday November 29

(b)(6); (b)(7)(C); (b)(7)(E)

Expenses Justice Sotomayor

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

No Lodging & No Per Diem
Overtime (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

No Lodging & No Per Diem
Overtime (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

No Lodging & No Per Diem

Overtime (b)(7)(E)

Total Overtime (b)(7)(E)

Guard Hire (b)(7)(E) 5 Days (b)(7)(E)

Total Funding (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Airfare (b)(7)(E)

Parking at Airport (b)(7)(E) per day x 9 days = (b)(7)(E)

Baggage (b)(7)(E) each way (b)(7)= (b)(7)(E) Medical Gear

Cabs from Airpor (b)(7)(E) each way (b)(7)= (b)(7)(E)

Lodging

11/21 (b)(7)(E)
11/22
11/23
11/24
11/25
11/26
11/27
11/28

Lodging (b)(7)(E) 8 days = (b)(7)(E)

Per Diem

11/21 (b)(7)(E)
11/22
11/23
11/24
11/25
11/26
11/27
11/28
11/29

Per Diem (b)(7)(E) 9 days = (b)(7)(E)

Parking
11/21
11/22
11/23
11/24
11/25
11/26
11/27
11/28
11/29
Parking (b)(7)(E) 9 days = (b)(7)(E)

(b)(7)(E)

Total Travel Cost = (b)(7)(E)

Overtime (b)(7)(E) =
Guard Hire (b)(7)(E) 6 days (b)(7)(E) = (b)(7)(E)

Total (b)(7)(E) overtime
(b)(7)(E) Travel
Guards

Grand Total (b)(7)(E)

Total funding for assignment

Southern Florida (b)(7)(E)
Southern Alabama
$ 15,661.00]

Special Equipment or Personnel Required:
[ ]

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F)
_____
Signature of U.S. Marshal, Chief Deputy or designee

11/09/2019
_____
Date

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required:	No. of DUSMs	SDUSMs	Admin.
	(b)(7)(E)		

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

18. Approval for **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one)

In-District												
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		**TOTAL**
0	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
Out-of-District												
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		**TOTAL**
0	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	**$15,661.00**
Description:	**see breakdown**

TOTAL REQUESTED FUNDS	**$15,661.00**
TOTAL APPROVED FUNDS	**$15,661.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED

APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(E)

DATE: 11/12/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; ''**11/22-29/2019 - SCJ Sotmayor Protection Detail,** (b)(6); (b)(7)(C) **FL**'' has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

S/FL (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
No travel funding approved
(b)(7)(E) guard funding approved

S/AL (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number:
(b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2:
Org Code 4: (b)(7)(E) ***(Include the District #)***

Project Code:
(b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2:
Org Code 4: (b)(7)(E)
Project Code:
(b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.

Reimbursement for GOV fuel for this event is not authorized. An After Action Report (AAR) must be completed and submitted to your Regional Chief within 7 business days of the assignment's completion.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

OpsPlanSotomayorNov19.docx

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

No Lodging & No Per Diem
Overtime (b)(7)(E)

Total Overtime (b)(7)(E)

Guard Hire (b)(7)(E) 5 Days (b)(7)(E) (b)(7)(E)

Total Funding

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Airfare (b)(7)(E)
Parking at Airport (b)(7)(per day x 9 days = (b)(7)(E)
Baggage (b)(7)(E) each way (b)(7)((b)(7)(E) Medical Gear
Cabs from Airport (b)(7)(each way (b)(7)(E)

Lodging
11/21 (b)(7)(E)
11/22
11/23
11/24
11/25
11/26
11/27
11/28
Lodging (b)(7)(E) 8 days = (b)(7)(E)

Per Diem
11/21 (b)(7)(E)
11/22
11/23
11/24
11/25
11/26
11/27
11/28
11/29
Per Diem (b)(7)(E) 9 days = (b)(7)(E)

Parking
11/21
11/22
11/23
11/24
11/25
11/26
11/27
11/28
11/29
Parking (b)(7)(E) 9 days = (b)(7)(E)

(b)(7)(E)

Total Travel Cost (b)(7)(E)

Overtime (b)(7)(E)
Guard Hire (b)(7)(E) 6 days (b)(7)(E)

(b)(7)(E)

Total (b)(7)(E) overtime
(b)(7)(E) Travel
Guards

Grand Total (b)(7)(E)

Total funding for assignment

Southern Florida (b)(7)(E)
Southern Alabama
$ 15,661.00]

Special Equipment or Personnel Required:
[ ]

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F)
_____
Signature of U.S. Marshal, Chief Deputy or designee

11/09/2019
_____
Date

19. Approval for **guard expense?** (check one)

In-District												
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		**TOTAL**
0	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
Out-of-District												
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		**TOTAL**
0	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	**$16,849.00**
Description:	**see breakdown**

TOTAL REQUESTED FUNDS	**$15,661.00**
TOTAL APPROVED FUNDS	**$16,849.00**
APPROVAL LEVEL REQUIRED	**OST**

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); **JSD OPO / 2nd Circuit**
United States Marshal, Chief Deputy, or designee

District: **Southern District of New York** Circuit:**02**

1. Detail Name: **11/15/19 - 11/17/19 - SCJ Sotomayor Protection Detail**
(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: (b)(6);
Host District: **Southern District of New York** Circuit:**02**
Overseas Travel?: **No**

3. Starting Date: **11/15/2019** *(mm/dd/yyyy)* Ending Date: **11/17/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **3 days**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

[Notification/request received from SCPD on 11/12/19.

From Friday 11/15 - Sunday 11/17 SCJ Sotomayor made a request for assistance to the USMS. The Justice stated that she is (b)(6); (b)(7)(C); (b)(7)(E)
itinerary below:

Friday 11/15 (JSD - NY Inspectors will handle)

Saturday 11/16 (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

Sunday, Nov 17, 2019 (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

5. No. of Defendants in custody: **0** Total No. of Defendants: **0** No. USMS In-Custody Witnesses: **0**

6. Reported Threats: (b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment: **0**
No. of In-District DUSMs committed to staff this detail (b)(7)(E)

9. Are you requesting Out-of-District Assistance? (check one) **No**

No. of DUSMs	SDUSMs	Admin.

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one) **Yes**

11. Will the detail incur **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	1	=	(b)(7)(E)
In-District (082/1802)		x		=		x		x	1	=	
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one) **No**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one) **No**

Are these guards being used as **backfill?** (check one) **No**

In-District	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
	0	x	0	=	$0.00	x	0	x	0	=	$0.00

14. Will the detail incur **other expenses?** (check one) **No**

Expense: **$0.00**
Description:

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: (b)(6); (b)(7)(C)

Reporting Date/Time: **11/16/2019** (mm/dd/yyyy) (b)(7)(E) (hour)

Per Diem Rate:
Hotel Name:
Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)
Detail Supervisor Phone:

Special Instructions/Other related information:

[All DUSMs will be supplied by SDNY:

Friday 11/15 - will be handled by the JSD NY Office (no overtime or funding of any kind needed)

Saturday 11/16 - (b)(7)(E)

Sunday 11/17 - (b)(7)(E)

OT not worked will not be claimed. Final Detail hours will be confirmed and forwarded to Detail personnel by the IIC at the conclusion of the mission.

Original certification on 11/14/19 at 1633 hours by (b)(6); (b)(7)(C); (b)(7)(F)

Special Equipment or Personnel Required:

(b)(7)(E)

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F) — *Signature of U.S. Marshal, Chief Deputy or designee*

11/16/2019 — *Date*

16. Approval for Out-of-District Assistance? (check one) **No**

Type/Number of Personnel Required: No. of DUSMs SDUSMs Admin.

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	1	=	(b)(7)(E)
In-District (082/1802)		x		=		x		x	1	=	
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

18. Approval for **per diem?** (check one) **No**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one) **No**

In-District											
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

20. Approval for detail **other expenses?** (check one) **No**

Expense:	(b)(7)(E)
Description:	**See box 15 for complete breakdown of cost**

TOTAL REQUESTED FUNDS	**$3,824.00**
TOTAL APPROVED FUNDS	**$7,776.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED
APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C);

DATE: 11/18/2019

COMMENTS: (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(F) is the **P.O.C.** for this assignment, USE THE SA# WHEN SENDING QUESTIONS,

The supplemental funding request; **''11/15/2019 - 11/17/2019 - SCJ Sotomayor Protection Detail,** (b)(6); (b)(7)(C) **NY''** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

S/NY (b)(7)(E)
(b)(7)(E) overtime funding approved
$0 travel funding approved
$0 guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number:
(b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes:**
Org Code 2:
Org Code 4: (b)(7)(E) ***(Include the District #)***

Project Code:

(b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:

Org Code 2:

Org Code 4:

(b)(7)(E)

Project Code:

(b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

Amended 12/05/2019 01:56 PM
APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F) **JSD-OPO / 2nd Circuit**
United States Marshal, Chief Deputy, or designee

District: **Southern District of New York** Circuit: **02**

1. Detail Name: **SCJ Sotomayor Protection Detail - 12/14/19-12/20/19**
(For WITSEC use W.C. No.; For Extraditions use Case No.;
For Trials, use Case Title, Docket No., and Judge's Name)
*** Notify JSD Special Assigments when trial ends or if trial is continued.**

2. Location of Detail: **New York, NY**
Host District: **Western District of Wisconsin** Circuit:**02**

Overseas Travel?: **No**

3. Starting Date: **12/13/2019** *(mm/dd/yyyy)* Ending Date: **12/20/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **7 days**

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:
Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

[Associate United States Supreme Court Justice Sonia Sotomayor will be in the New York City area on Saturday, December 14, 2019 and departing Friday, December 20, 2019. The Justice has requested the assistance of JSD-NY during her stay in the New York area. On Monday, December 16, 2019 the Justice will attend an EXHIBIT at the Metropolitan Museum of Art (public event over 1,000 guests). On Wednesday, December 17, 2019 the Justice will attend a HOLIDAY luncheon at SDNY (private event 350 guests). Also, on Thursday, December 19, 2019 the Justice will attend an EXHIBIT at the Society of Illustrators (public event over 1,000 guests).

Saturday 12/14 (b)(7)(E)

(b)(7)(E)

(b)(7)(E) SCJ Arrives/Depart to Dinner
Arrive restaurant
Depart to RON

(b)(7)(E)

Sunday 12/15 (b)(7)(E)

(b)(7)(E)

(b)(7)(E) Depart to Lunch gathering
Arrive at event
Depart to RON

(b)(7)(E)

Depart to RON

(b)(7)(E)

Monday 12/16 (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

(b)(7)(E) Depart to RON
Depart to Dinner

(b)(7)(E)

Tuesday 12/17 (b)(7)(E)

(b)(7)(E)

(b)(7)(E) Depart to Court House
Arrive Court House
Depart to Dinner

(b)(7)(E)

Wednesday 12/18 (b)(7)(E)

(b)(7)(E)

(b)(7)(E)

(b)(7)(E) Depart to Lunch Meeting
Arrive Lunch Meeting
Depart to RON
Depart to Dinner Meeting
Depart to RON

(b)(7)(E)

Thursday 12/19 (b)(7)(E)

(b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

(b)(7)(E) Depart to Court House
Depart to Meeting
Depart to RON

(b)(7)(E)

Friday 12/20 (b)(7)(E)

(b)(7)(E)

(b)(7)(E) SCJ Departs

(b)(7)(E)

(b)(7)(E)

[Supreme Court Justice Sotomayor has requested the assistance of JSD/NY during her stay in the New York area, during the dates of December 14-20, 2019. During her stay in the New York area she will be attending various meeting, lunch /Dinner appointments, (b)(6); (b)(7)(C)

(b)(6);

Saturday 12/14 (b)(7)(E)

(b)(7)(E)

(b)(7)(E) SCJ Arrives/Depart to Dinner
Arrive restaurant
Depart to RON

(b)(7)(E)

Sunday 12/15 (b)(7)(E)

(b)(7)(E)

(b)(7)(E) Depart to Lunch gathering
Arrive at event
Depart to RON

(b)(7)(E)

Depart to RON

(b)(7)(E)

Monday 12/16 (b)(7)(E)

(b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

(b)(7)(E) Depart to RON
Depart to Dinner

(b)(7)(E)

Tuesday 12/17 (b)(7)(E)

(b)(7)(E)

(b)(7)(E)

(b)(7)(E) Depart to Court House
Arrive Court House
Depart to Dinner

(b)(7)(E)

Wednesday 12/18 (b)(7)(E)

(b)(7)(E)

(b)(7)(E) Depart to Lunch Meeting
Arrive Lunch Meeting
Depart to RON
Depart to Dinner Meeting
Depart to RON

(b)(7)(E)

Thursday 12/19 (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

(b)(7)(E) Depart to Court House
Depart to Meeting
Depart to RON

(b)(7)(E)

Friday 12/20 (b)(7)(E)

(b)(7)(E)

(b)(7)(E) SCJ Departs

(b)(7)(E)

5. No. of Defendants in custody: **0** Total No. of Defendants: **0** No. USMS In-Custody Witnesses: **0**

6. Reported Threats: (b)(7)(E)

(b)(7)(E)

(b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment: **0**
No. of In-District DUSMs committed to staff this detail: (b)(7)(E

9. Are you requesting Out-of-District Assistance? (check one) **Yes**

No. of DUSMs	SDUSMs	Admin.
(b)(7)(E)	**0**	**0**

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one)

11. Will the detail incur **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00 $0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		**Detail OT hours**		**Subtotal**		**No. DUSMs**		**No. Days**		**TOTAL**
Out-of-District (1811)	0	x	0	=	$0.00 $0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0 0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one) **Yes**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	(b)(7)(E)	x	1	=	(b)(7)(E)	x	0	=	$0.00
	Daily Rate		**No. of Days**		**Subtotal**		**No. DUSMS**		**TOTAL**
Out-of-District	0	x	0	=	$0.00 $0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one) **Yes**

Are these guards being used as **backfill?** (check one)

In-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0 0	x	0 0	=	$0.00	x	0 0	x	0 0	=	$0.00 $0.00

Out-of-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00 $0.00

14. Will the detail incur **other expenses?** (check one) **Yes**

Expense:	**$27,896.00**
Description:	**Please read section `5**

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: **Southern District of New York**

Reporting Date/Time: **12/14/2019** (mm/dd/yyyy) (b)(7)(E) (hr : min)

Per Diem Rate:

Hotel Name:

Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)

Detail Supervisor Phone:

Special Instructions/Other related information:

[ ]

[SD/NY (b)(6); (b)(7)(C); (b)(7)(F)

(b)(7)(E)

Guard (b)(7)(E) 5days)= (b)(7)(E)

Total= (b)(7)(E)

ED/NY (b)(6); (b)(7)(C); (b)(7)(F)

(b)(7)(E)

Guard (b)(7)(E) (5days) (b)(7)(E)

Total= (b)(7)(E)

N/NY (b)(6); (b)(7)(C);

(b)(6); (b)(7)(C);

(b)(7)(E)

Guard= (b)(7)(E) (6days) (b)(7)(E)

Parking (b)(7)(9 days= (b)(7)(E

Lodging= (b)(7)(E) 8days (b)(7)(E) tax (b)(7)(E)

MIE= (b)(7)(E) 7 day= (b)(7)(E)

MISC= Tolls (b)(7)(ATM (b)(7)(Taxi (b)(7)(E)

TOTAL (b)(7)(E)

HQ (b)(6); (b)(7)(C);

(b)(6); (b)(7)(C);

(b)(7)(E)

Lodging= (b)(7)(E) 8 days (b)(7)(E) tax (b)(7)(E)

Airfare = (b)(7)(E)

~~Parking~~ (b)(7)(~~9 days~~ (b)(7)(E)

MIE= (b)(7)(E) 7 day= (b)(7)(E)

~~MISC= Tolls~~ (b)(~~+ATM~~ (b)(7)(Taxi (b)(7)(E)

Taxi = (b)(7)(E)

TR: (b)(7)(E)

TOTAL= (b)(7)(E)

OT not worked will not be claimed. Final Detail hours will be confirmed and forwarded to Detail personnel by the IIC at the conclusion of the assignment.

(b)(7)(E)

Special Equipment or Personnel Required:

(b)(7)(E)

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F)

Signature of U.S. Marshal, Chief Deptuy,or designee

12/06/2019

Date

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required: No. of DUSMs SDUSMs Admin.

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

18. Approval for **per diem?** (check one) **Yes**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one) **Yes**

In-District											
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	**$28,285.00**
Description:	**See box 15 for complete cost breakdown**

TOTAL REQUESTED FUNDS	**$27,896.00**
TOTAL APPROVED FUNDS	**$28,285.00**
APPROVAL LEVEL REQUIRED	**OST**

ASSIGNMENT PREFIX (b)(7)(E) Judicial Conference **ASSIGNMENT SUFFIX** (b)(7)(E)

PROJECT CODE

THIS ASSIGNMENT IS: APPROVED
APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); **DATE:**

COMMENTS: (b)(7)(E)

The supplemental funding request; **''12/13/2019 - 12/21/2019 - SCJ Sotomayor Protection Detail, New York, NY''** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

S/NY (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(6); (b)(7)(C);
(b)(7)(E) overtime funding approved
$0 travel funding approved
(b)(7)(E) guard funding approved

E/NY (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(6);
(b)(7)(C);
(b)(7)(E) overtime funding approved
$0 travel funding approved
(b)(7)(E) guard funding approved

N/NY (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
guard funding approved

JSD (HQ) (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
$0 guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number:
(b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2: (b)(7)(E)
Org Code 4: ***(Include the District #)***
Project Code:
HCH1000P

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2: (b)(7)(E)
Org Code 4:
Project Code:
(b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability

controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F)
United States Marshal, Chief Deputy, or designee

District: **Southern District of Florida** Circuit:**11**

1. Detail Name: **12/21/19 SCJ Sonia Sotomayor** (b)(6); (b)(7)(C)
(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: (b)(6); (b)(7)(C)
Host District: **Southern District of Florida** Circuit:**11**
Overseas Travel?: **No**

3. Starting Date: **12/21/2019** *(mm/dd/yyyy)* Ending Date: **12/27/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **7 days**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

[The United States Supreme Court Police has requested the assistance of the USMS in providing a Protective Detail for Associate United States Supreme Court Justice Sonia Sotomayor who will be traveling (b)(6); (b)(7)(C) Florida from December 21-27, 2019. (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

5. No. of Defendants in custody: Total No. of Defendants: No. USMS In-Custody Witnesses:

6. Reported Threats: (b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment (b)(7)(E
No. of In-District DUSMs committed to staff this detail: (b)(7)(E

9. Are you requesting Out-of-District Assistance? (check one) **No**
No. of DUSMs SDUSMs Admin.

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one) **Yes**

11. Will the detail incur **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	1	=	(b)(7)(E)
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one) **No**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one) **Yes**

Are these guards being used as **backfill?** (check one) **Yes**

In-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	3	=	(b)(7)(E)

Out-of-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

14. Will the detail incur **other expenses?** (check one) **No**

Expense: **$0.00**
Description:

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: (b)(6); (b)(7)(C)

Reporting Date/Time: **12/21/2019** (mm/dd/yyyy) (b)(7)(E) (hour)

Per Diem Rate:

Hotel Name:

Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)

Detail Supervisor Phone:

Special Instructions/Other related information:
[Southern District of Florida
(b)(6); (b)(7)(C); (b)(7)(F)
No Lodging & No Per Diem
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
No Lodging & No Per Diem
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
No Lodging & No Per Diem
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
No Lodging & No Per Diem
(b)(7)(E)

Total Overtime (b)(7)(E)

Guard Hire (b)(7)(E) 3 Days (b)(7)(E)

Total Assignment Funding $9144.00

Saturday December 21

(b)(6); (b)(7)(C); (b)(7)(E)

Sunday December 22

(b)(6); (b)(7)(C); (b)(7)(E)

Monday December 23

(b)(6); (b)(7)(C); (b)(7)(E)

Tuesday December 24

No Assistance Requested

Wednesday December 25

No Assistance Requested

Thursday December 26

(b)(6); (b)(7)(C); (b)(7)(E)

Friday December 27

(b)(6); (b)(7)(C); (b)(7)(E)

(b)(7)(E)

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F) — 12/13/2019

Signature of U.S. Marshal, Chief Deputy or designee — *Date*

16. Approval for Out-of-District Assistance? (check one) **No**

Type/Number of Personnel Required: No. of DUSMs SDUSMs Admin.

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	1	=	(b)(7)(E)
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

18. Approval for **per diem?** (check one) **No**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one) **Yes**

In-District											
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		**TOTAL**
(b)(7)(E)	x	(b)(7)(	=	(b)(7)(E)	x	(b)(7)(E)	x	3	=	(b)(7)(E)
Out-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		**TOTAL**
0	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**

20. Approval for detail **other expenses?** (check one) **No**

Expense:	**$0.00**
Description:	

TOTAL REQUESTED FUNDS	**$9,144.00**
TOTAL APPROVED FUNDS	**$9,144.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED
APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(E)

DATE: 12/16/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; ''**12/21-27/2019 - SCJ Sotomayor Protection Detail,** (b)(6); (b)(7)(C) **FL**'' has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

S/FL (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
No travel funding approved
(b)(7)(E) guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number:
(b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes:**
Org Code 2:
Org Code 4: (b)(7)(E) ***(Include the District #)***
Project Code:
(b)(7)(E)

To charge your **travel in E2**, use **JSD's codes:**

Org Code 2: (b)(7)(E)
Org Code 4:

Project Code:

(b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.
An After Action Report (AAR) must be completed and submitted to your Regional Chief within 7 business days of the assignment's completion.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F) **JSD/OPO-2nd Circuit**
United States Marshal, Chief Deputy, or designee

District: **Southern District of New York** Circuit:**02**

1. Detail Name: **12/27/19-12/31/19 - SCJ Sotomayor Protection Detail**
(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: (b)(6); (b)(7)(C)
Host District: **Southern District of New York** Circuit:**02**
Overseas Travel?: **No**

3. Starting Date: **12/27/2019** *(mm/dd/yyyy)* Ending Date: **12/31/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **5 days**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

[The Supreme Court Justice has requested the assistance of JSD-NY during her stay (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)

Friday 12/27 (b)(7)(E)
(b)(6); (b)(7)(C); (b)(7)(E)

Saturday 12/28 (b)(7)(E)
(b)(6); (b)(7)(C); (b)(7)(E)

Sunday 12/29 (b)(7)(E)
(b)(6); (b)(7)(C); (b)(7)(E)

Monday 12/30 (b)(7)(E)
(b)(6); (b)(7)(C); (b)(7)(E)

(b)(7)(E)

Tuesday 12/31 (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

]

5. No. of Defendants in custody: **0** Total No. of Defendants: **0** No. USMS In-Custody Witnesses: **0**

6. Reported Threats: (b)(7)(E)

]

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment: **0**
No. of In-District DUSMs committed to staff this detail (b)(7)(E)

9. Are you requesting Out-of-District Assistance? (check one) **Yes**

No. of DUSMs	SDUSMs	Admin.
(b)(7)(E	**0**	**0**

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one) **Yes**

11. Will the detail incur **overtime?** (check one) **Yes**

Scheduled Detail Hours (b)(7)(E) Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one) **Yes**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one)

Are these guards being used as **backfill?** (check one)

	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
In-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00

14. Will the detail incur **other expenses?** (check one) **Yes**

Expense:	**$24,296.00**
Description:	**Please review section 15.**

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: **Southern District of New York**

Reporting Date/Time: **12/27/2019** (mm/dd/yyyy) (b)(7)(E) (hour)

Per Diem Rate:

Hotel Name:

Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)

Detail Supervisor Phone:

Special Instructions/Other related information:
[SD/NY (b)(7)(E)
(b)(7)(E)
Guard= (b)(7)(E) 3days) (b)(7)(E)
Total

D/MA (b)(7)(E)
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Guard= (b)(7)(E) (4days) (b)(7)(E)
Parking (b)(7)(7 days (b)(7)(E)
Lodging (b)(7)(E) 6 days (b)(7)(E) tax (b)(7)(E)
MIE= (b)(7)(E) 5 day= (b)(7)(E)
MISC= Tolls (b)(7)(ATM (b)(7) Taxi (b)(7)(E)
TOTAL (b)(7)(E)

N/NY (b)(7)(E)
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Guard= (b)(7)(E) (4days) (b)(7)(E)
Parking (b)(7)(7 days (b)(7)(E)
Lodging (b)(7)(E) 6 days (b)(7)(E) tax (b)(7)(E)
MIE= (b)(7)(E) 5 day (b)(7)(E)
MISC= Tolls (b)(7)(ATM (b)(7)(Taxi (b)(7)(E)
TOTAL= (b)(7)(E)

N/WV (b)(7)(E)
(b)(6); (b)(7)(C); (b)(7)(E);
(b)(7)(F)
Guard= (b)(7)(E) (4days) (b)(7)(E)
Flight (b)(7)(E) bags (b)(7)(E)
Lodging= (b)(7)(E) 7 days (b)(7)(E) tax (b)(7)(E)
MIE= (b)(7)(E) 5 day (b)(7)(E)
MISC= Tolls (b)(7)(ATM (b)(7) Taxi (b)(7)(E)
TOTAL= (b)(7)(E)

OT not worked will not be claimed. Final Detail hours will be confirmed and forwarded to Detail personnel by the IIC at the conclusion of the assignment.

(b)(7)(E)
]

Special Equipment or Personnel Required:

[Special Equipment or Personnel Required:

(b)(7)(E)

(b)(7)(E)]

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(E)

12/20/2019

Signature of U.S. Marshal, Chief Deputy or designee *Date*

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required:	No. of DUSMs	SDUSMs	Admin.
	(b)(7)(E)	**0**	**0**

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

18. Approval for **per diem?** (check one) **Yes**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one)

In-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

Out-of-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	**$24,296.00**
Description:	**Please review section 15.**

TOTAL REQUESTED FUNDS	**$24,296.00**
TOTAL APPROVED FUNDS	**$24,296.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED
APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C);

DATE: 12/20/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; ''**12/27-31/2019 - SCJ Sotomayor Protection Detail,** (b)(6); (b)(7)(C) **NY''** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

S/NY (b)(7)(E)
(b)(7)(E) overtime funding approved
No travel funding approved
(b)(7)(E) guard funding approved

D/MA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
guard funding approved

N/NY (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

N/WV (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)

Special Assignment Number:
(b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2: (b)(7)(E)
Org Code 4: ***(Include the District #)***
Project Code:
(b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2: (b)(7)(E)
Org Code 4:
Project Code:
(b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your

special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.
An After Action Report (AAR) must be completed and submitted to your Regional Chief within 7 business days of the assignment's completion.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); **JSD OPO**

United States Marshal, Chief Deputy, or designee

District: **Southern District of New York** Circuit:**02**

1. Detail Name: **01/01/20 - 01/05/20 SCJ Sotomayor Protection Detail**

(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: (b)(6); (b)(7)(C)
Host District: **Southern District of New York** Circuit:**02**
Overseas Travel?: **No**

3. Starting Date: **01/01/2020** *(mm/dd/yyyy)* Ending Date: **01/05/2020** *(mm/dd/yyyy)* Number of Days/Weeks: **5 Days**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

r SCJ Sotomayor will be (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) and has requested USMS assistance. DUSM itinerary below:

Wednesday, January 01, 2020

EVENT TIME LINE

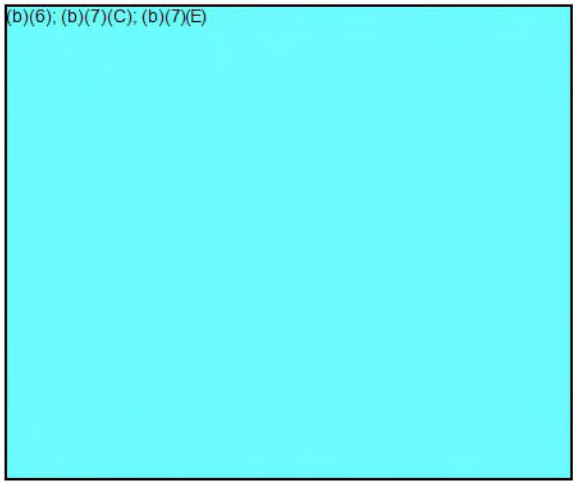
Hour	Event

No USMS assistance requested

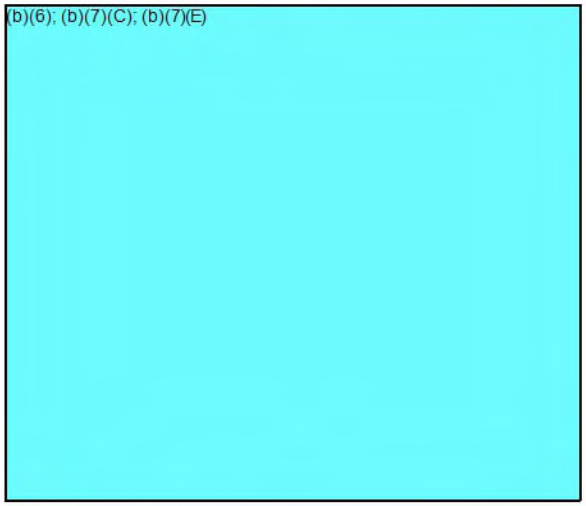
Thursday, January 02, 2020

(b)(6); (b)(7)(C); (b)(7)(E)

Friday, January 03, 2020



Saturday, January 04, 2020



Sunday, January 05, 2020

(b)(6); (b)(7)(C); (b)(7)(E)

5. No. of Defendants in custody: **0** Total No. of Defendants: **0** No. USMS In-Custody Witnesses: **0**

6. Reported Threats: (b)(7)(E)

(b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment: **0**
No. of In-District DUSMs committed to staff this detail: (b)(7)(E)

9. Are you requesting Out-of-District Assistance? (check one) **Yes**
No. of DUSMs SDUSMs Admin.
(b)(7)(E)

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one) **Yes**

11. Will the detail incur **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(E Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No.
In-District (1811)	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	
In-District (082/1802)		x		=		x		x	
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No.
Out-of-District (1811)	(b)(7)(E	x	(b)(7)(E	=	(b)(7)(E)	x	(b)(7)(E)	x	
Out-of-District (082/1802)	**0**	x	**0**	=	**$0.00**	x	**0**	x	

12. Will the detail incur **per diem?** (check one) **No**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS	
In-District	**0**	x	**0**	=	**$0.00**	x	**0**	=
Out-of-District	**0**	x	**0**	=	**$0.00**	x	**0**	=

13. Will the detail incur **guard expense?** (check one) **Yes**

Are these guards being used as **backfill?** (check one) **Yes**

	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days
In-District	(b)(7)(E)	x	(b)(7)(	=	(b)(7)(E)	x	(b)(7)(E)	x	**2**
Out-of-District	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	**2**

14. Will the detail incur **other expenses?** (check one) **No**

Expense:	**$0.00**
Description:	

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: (b)(6); (b)(7)(C) **NY**

Reporting Date/Time: **01/02/2020** (mm/dd/yyyy) (b)(7)(E) (hour)

Per Diem Rate:
Hotel Name:
Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)
Detail Supervisor Phone:

Special Instructions/Other related information:

[DUSMs will be supplied by SDNY (b)(7)(E) EDNY (b)(7)(E)

SDNY DUSMS (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Overtime: (b)(7)(E)
(b)(7)(E)
TOTAL (b)(7)(E)

Guard hire (b)(7)(E)

EDNY DUSMs (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Overtime (b)(7)(E)

Guard hire (b)(7)(E)

Special Equipment or Personnel Required:

(b)(7)(E)

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F) **12/28/2019**

Signature of U.S. Marshal, Chief Deputy or designee *Date*

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required: No. of DUSMs (b)(7)(E) SDUSMs A

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours (b)(7)(E) Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days	
In-District (1811)	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	1	=
In-District (082/1802)		x		=		x		x	1	=
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days	
Out-of-District (1811)	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	1	=
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=

18. Approval for **per diem?** (check one) **No**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS	
In-District	0	x	0	=	$0.00	x	0	=
Out-of-District	0	x	0	=	$0.00	x	0	=

19. Approval for **guard expense?** (check one) **Yes**

In-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		
(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	2		
Out-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		
(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	2		

20. Approval for detail **other expenses?** (check one) **No**

Expense:	**$0.00**
Description:	**See box 15 for complete cost breakdown**

TOTAL REQUESTED FUNDS	**$13,592.00**
TOTAL APPROVED FUNDS	**$13,592.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED

APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C);

DATE: 12/30/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; **''1/1/2020 - 1/5/2020 - SCJ Sotomayor Protection Detail,** (b)(6); (b)(7)(C) **NY''** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

S/NY (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(6); (b)(7)(C); (b)(7)(E);
(b)(7)(E) overtime funding approved
$0 travel funding approved
(b)(7)(E) guard funding approved

E/NY (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
$0 travel funding approved
(b)(7)(E) guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number:
(b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes:**
Org Code 2:
Org Code 4: (b)(7)(E) ***(Include the District #)***

Project Code:
(b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2:
Org Code 4: (b)(7)(E)
Project Code:
(b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (USMS)

Title: OPO Inspector

Circuit: 1

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCI Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
Protection Detail-Justice Sotomayor- Puerto Rico

Location of Event: *(Street Address)* Carlos Chardon

Event City: San Juan

Event State: PR

Host District: District of Puerto Rico

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)

Associate United States Supreme Court Justice Sonia Sotomayor will be traveling to Puerto Rico to attend several engagements. Advance preparations for this mission will begin on January 16, 2019 with D/PR. Out of town support will be traveling in between

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
1/17/2019	1/19/2019	1/25/2019

Number of Days/Weeks/Months: 9 Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	(b)(7)(E)						
End Time							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

(b)(7)(E)

Itemize Other expenses:

(b)(7)(E)

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 1/19/2019 Reporting Time: (b)(7)(E)

Address:	City:	State:
(b)(7)(E)	Rio Grande	PR

Special Equipment Required for Reporting Personnel:

(b)(7)(E)

Special Skills Requested:

none

Special Instructions for Reporting Personnel:

none

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
Ops Plan Sotomayor PR 011519.pdf

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
1/17/2019	1/19/2019	1/25/2019

Number of Days/Weeks/Months: 9 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

(b)(7)(E)

Itemize Other expenses:

(b)(7)(E)

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$33,610.50* *

Detail Status: *Completed* *

Name: (b)(6); *

Notes:

JSD APPROVAL

Special Assignment Number: (b)(7)(E) * **Project Code:** (b)(7)(E) *

Total Approved Amount: $44,050 *

< or = $25K	*Senior Inspector:*	(b)(6); (b)(7)(C); (b)(7)(F)	*2019-01-10*
>$25K - $50K	*Assistant Chief:*		2019-01-10

>$50K - $75K	Chief: (b)(6);		2019-01-08
>$75K - $100K	Deputy Assistant Director: Name will autopopulate		
>$100K	Assistant Director: Name will autopopulate		
Notes:			

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)
Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (USMS)
Title: OPO Inspector

Circuit: 2
District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCOTUS Sotomayor Detail, Operation Mockingbird

Location of Event: *(Street Address)* 26 Federal Plaza
Event City: New York
Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:
Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
Associate United States Supreme Court Justice Sonia Sotomayor will be traveling to New York, NY from January 30th to February 4th, 2019. During SCJ Sotomayor's visit, she will be attending several public events to include the Brooklyn Bar Association, a book tour school visit and a Broadway show

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
1/29/2019	1/30/2019	2/4/2019

Number of Days/Weeks/Months: 7 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

OUT OF DISTRICT

Are you requesting out of district assistance? Yes
Number of operational personnel requested: (b)(7)(
Number of administrative personnel requested: 0
Total estimated travel costs:

REPORTING INFORMATION

Reporting Date: 1/29/2019
Reporting Time: (b)(7)(E)
Address: 26 Federal Plaza
City: New York
State: NY
Special Equipment Required for Reporting Personnel: (b)(7)(E)
Special Skills Requested: (b)(7)(E)
Special Instructions for Reporting Personnel: N/A

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes
Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E) Several of the DUSMs will be rolling over from a previous assignment, therefore will not include airfare travel expenses.

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
SCJ Sotomayor Ops Plan Draft.doc

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
1/29/2019	1/30/2019	2/4/2019

Number of Days/Weeks/Months: 7 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No
Notes:

OUT OF DISTRICT

Number of operational personnel requested (b)(7)(E) **Number of administrative personnel requested:** 0
Total estimated travel costs:
Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$0.00* *
Detail Status: *Completed* *
Name: (b)(6); *

OPO COMPLETION

Comments:

Final Approved Amount: $50,267.00 **Is the AAR attached?**

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (USMS)

Title: OPO Inspector

Circuit: 11

District/Division: Northern District of Georgia

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
Supreme Court Jusitce Sotomayor Protection detail

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)

Event City:

Event State: FL

Host District: Southern District of Florida

Detail Type: Protection Detail (Risk Based)

Level:

Active/Retired:

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)

Associate United States Supreme Court Justice Sonia Sotomayor will be traveling (b)(6); (b)(6); Florida from January 26-30, 2019. During SCJ Sotomayor's visit, she will be visiting (b)(6); (b)(7)(C) Florida. Details for the Justice's itinerary are still pending and fluid at

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate: (b)(7)(E)

Estimated Local Per Diem Rate: (b)(7)(E)

Estimated Local Required Misc: $0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: 1/25/2019

Detail Start Date: 1/26/2019

Detail End Date: 1/31/2019

Number of Days/Weeks/Months: 7

Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)					(b)(7)(E)	
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
			$0.00

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)	1	(b)(7)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E	4	(b)(7	(b)(7)(E	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	(b)(7)(E)	

TOTAL OTHER

(b)(7)(E)			

Itemize Other expenses:

Other Expenditures:

Hotel Parking: (b)(7) 5 Days = (b)(7)(E)

Guard Backfill: 7 (b)(7)(E) Rdays = (b)(7)(E)

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 1/25/2019 Reporting Time: (b)(7)(E)

Address:	City:	State:
(b)(7)(E)	(b)(7)(E)	FL

Special Equipment Required for Reporting Personnel:

(b)(7)(E)

Special Skills Requested:

(b)(7)(E)

Special Instructions for Reporting Personnel:

Will present at the briefing.

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

E/AR (b)(6); (b)(7)(C); (b)(7)(E)

Overtime Expenditures:

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

Ops Plan Supreme Court Justice Sotomayor Jan. 2019.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
1/25/2019	1/26/2019	1/31/2019

Number of Days/Weeks/Months: 7 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)					(b)(7)(E)	
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
			$0.00
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**

(b)(7)(E) (b)(7)(E) (b)(7)(E) (b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	4	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	(b)(7)(E)	

TOTAL OTHER

(b)(7)(E)

Itemize Other expenses:

Other Expenditures: Hotel Parking (b)(7) 6 Days = (b)(7)(E) Guard Backfill: (b)(7)(E)

(b)(7)(E) 3days = (b)(7)(E)

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $13,988.00 *

Detail Status: Completed *

Name: (b)(6); *

OPO COMPLETION

Comments:

Final Approved Amount: $28,737.00 Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); USMS)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCI Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
Justice Sotomayor Protection Detail Winter Recess

Location of Event: *(Street Address)* Grand Concourse

Event City: Bronx

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)

Associate Justice Sonia Sotomayor, Supreme Court of the United States of America has requested United States Marshals Service protection and assistance while the court is in New York metropolitan area. This operation plan is for the period of January 23rd – 28th. The Justice (Court)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	650	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
1/23/2019	1/24/2019	1/27/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:							
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(E) **Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 1/23/2019 **Reporting Time:** (b)(7)(E)

Address: **City:** **State:**

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:

N/A

Special Instructions for Reporting Personnel:

(b)(7)(E)

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

Several districts are still pending confirmation to complete the projected staffing requirements for this detail. D/NE (b)(6); will be staying on/rolling over to work a second "back to back" Justice detail in NYC (b)(6); (b)(7)(C);

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	**Operational Title:**
(b)(6); (b)(7)(C);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

initial-field-draft_Ops Plan Justice Sotomayor_Winter_Recess-NYC-Jan_24-27-2019.pdf

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	**Detail Start Date:**	**Detail End Date:**
1/23/2019	1/24/2019	1/27/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) **Number of administrative personnel requested:** 0

Total estimated travel costs (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	$20,975.00 *
Detail Status:	Completed *
Name:	(b)(6); *
Notes:	

JSD APPROVAL

Special Assignment Number:	(b)(7)(E) *	Project Code:	(b)(7)(E) *	
Total Approved Amount:	$19,138 *			
< or = $25K	Senior Inspector:	(b)(6);		2019-01-18
>$25K - $50K	Assistant Chief:	Name will autopopulate		
>$50K - $75K	Chief:	Name will autopopulate		
>$75K - $100K	Deputy Assistant Director:	Name will autopopulate		
>$100K	Assistant Director:	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); USMS)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Sotomayor 02.05-02.09

Location of Event: *(Street Address)* 26 Federal PLZ

Event City: New York

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Sotomayor will be in the New York City area on Tuesday, February 05, 2019 and leaving on Sunday, February 10, 2019. (b)(7)(E) on Sunday, February 10, 2019. On Friday, February 8, 2019, she will attend the Golden Kite Gala (Grand Hyatt) as well as several other public and private events..

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate: (b)(7)(E)

Estimated Local Per Diem Rate: (b)(7)(E)

Estimated Local Required Misc: (b)(7)(E)

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: 2/4/2019

Detail Start Date: 2/5/2019

Detail End Date: 2/10/2019

Number of Days/Weeks/Months: 5

Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:			(b)(7)(E)				
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(

Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 2/5/2019

Reporting Time: (b)(7)(E)

Address: 26 Federal PLZ

City: NY

State: NY

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:
(b)(7)(E)

Special Instructions for Reporting Personnel:
OT not worked will not be claimed.

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

2019 02.05-02.10 Ops Plan Supreme Court Justice Sotomayor.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
2/4/2019	2/5/2019	2/10/2019

Number of Days/Weeks/Months: 5 Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $1,678.00 *

Detail Status: Approved *

Name: (b)(6); *

Notes:

JSD APPROVAL

Special Assignment Number: (b)(7)(E) * Project Code: (b)(7)(E) *

Total Approved Amount: $29,844 *

< or = $25K	*Senior Inspector:*	(b)(6); (b)(7)(C); (b)(7)(F)		*2019-01-30*
>$25K - $50K	*Assistant Chief:*			2019-01-30
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		

>$100K	Assistant Director: Name will autopopulate	
Notes: Approximately expected guests to attend the GALA is 1,000.		

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); USMS)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCI Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCOTUS Sotomayor Protection Detail - New York City

Location of Event: *(Street Address)* 26 Federal Plaza

Event City: New York

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCOTUS Sotomayor will be visiting New York City from March 3-11, 2019. During her visit there will be participating in a discussion at the Ground Zero 9/11 Memorial site and the New York Bar Association. there are approximately 100-150 people scheduled to attend the Memorial and approximately 300 people scheduled to attend the NY Bar event. There will

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
3/3/2019	2/5/2019	3/11/2019

Number of Days/Weeks/Months: 8 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	(b)(7)(E)						
End Time							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(E **Number of administrative personnel requested:** 0

Total estimated travel costs:

REPORTING INFORMATION

Reporting Date: 3/3/2019 **Reporting Time:**

Address: **City:** **State:**

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:
(b)(7)(E)

Special Instructions for Reporting Personnel:
N/A

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

SCJ SS Op Plan 03.03 - 03.11.19 Draft.pdf

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
3/3/2019	2/5/2019	3/11/2019

Number of Days/Weeks/Months: 8 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

Notes:

OUT OF DISTRICT

Number of operational personnel requested (b)(7)(E) **Number of administrative personnel requested:** 0

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $0.00 *

Detail Status: Completed *

Name: (b)(6); *

Notes:

JSD APPROVAL

Special Assignment Number: (b)(7)(E) * **Project Code:** (b)(7)(E) *

Total Approved Amount: $28,973 *

< or = $25K	***Senior Inspector:***	(b)(6); (b)(7)(C);	*2019-02-25*
>$25K - $50K	***Assistant Chief:***	(b)(7)(F)	2019-02-25

>$50K - $75K	Chief:	Name will autopopulate		
>$75K - $100K	Deputy Assistant Director:	Name will autopopulate		
>$100K	Assistant Director:	Name will autopopulate		
Notes:				

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6), USMS)

Title: OPO Inspector

Circuit: 3

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCI Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
Associate USSC Justice Sotomayor in NYC 3/14/2019

Location of Event: *(Street Address)* Multiple locations throughout NYC

Event City: New York

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
Associate U.S. Supreme Court Justice Sotomayor is traveling to New York City on Thursday, March 14th to meet with the Canadian General Consul at multiple locations in New York City.

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate: (b)(7)(E)

Estimated Local Per Diem Rate: (b)(7)(E)

Estimated Local Required Misc: (b)(7)(E)

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: 3/13/2019

Detail Start Date: 3/14/2019

Detail End Date: 3/15/2019

Number of Days/Weeks/Months: 3

Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:				(b)(7)(E)			
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? No

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(E

Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 3/14/2019

Reporting Time (b)(7)(E)

Address: To be determined

City: New York

State: NY

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:
N/A

Special Instructions for Reporting Personnel:
Please contact (b)(6), for additional details surrounding this mission

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(6); s overseeing this tour, (b)(7)(E) and asked me to submit the 535 on his behalf.

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
3/13/2019	3/14/2019	3/15/2019

Number of Days/Weeks/Months: 3 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)		(b)(7)(E)			
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) **Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$2,694.00* *

Detail Status: *Completed* *

Name: (b)(6); *

OPO COMPLETION

Comments:

Final Approved Amount: $1,778.00 **Is the AAR attached?**

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)	**Enter the Protective Assessment Number assigned:** (b)(7)(E)
Requested By: (b)(6); (USMS)	**Title:** OPO Inspector
Circuit: 11	**District/Division:** Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCI Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
Supreme Court Justice Sotomayor

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)	**Event City:**	**Event State:** FL

Host District: Southern District of Florida

Detail Type: Supreme Court Justice Assistance

Level:	**Active/Retired:** Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
The Supreme Court Police requested USMS assistance for Supreme Court Justice Sotomayor's travel to Florida. The Justice will be staying (b)(6); while she is in town. (b)(6); (b)(7)(C)
(b)(6);

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
		$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
4/30/2019	4/30/2019	5/4/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:			(b)(7)(E)				
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)(	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)(E	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	4	(b)(7)(E)	(b)(7)(E)	

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 4/30/2019 **Reporting Time:** (b)(7)(

Address: (b)(6); (b)(7)(C) **City:** **State:** FL

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:

Special Instructions for Reporting Personnel:

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
The Supreme Court has requested usms assistance for Justice Sotomayor's travel (b)(6); (b)(7)(C) she will be staying (b)(6); while in town. (b)(6); (b)(7)(C)

Has the Office of Protective Intelligence been notified? Yes

Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name: (b)(6); (b)(7)(C); **Operational Title:** OPO Inspector

Office Phone: (b)(6); **Cell Phone:** (b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
IR Sotomayor visit to N-FL.docx
OpsPlanSotomayorMay19.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
4/30/2019	4/30/2019	5/4/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)(E	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E	4	(b)(7)(	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(	**Number of administrative personnel requested:** 0
Total estimated travel costs: (b)(7)(E	

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	*$5,554.00* *
Detail Status:	*Completed* *
Name:	(b)(6); *

OPO COMPLETION

Comments:

Final Approved Amount: $8,252.00	**Is the AAR attached?**

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); USMS)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
05/16-05/19 SCJ Sotomayor Protection Detail

Location of Event: *(Street Address)* 1 Federal Plaza

Event City: New York

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Sotomayor has requested the assistance of JSD-NY, during her stay in the NY area. On Friday, May 17, 2019 the Justice will speak at Manhattan College Commencement (approximately 1,000 people). On Saturday May 18, 2019 the Justice will attend a public Cirque Du Soleil event (approximately 5,000 people).

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	5,000	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
5/15/2019	5/16/2019	5/19/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)				(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 5/16/2019 **Reporting Time:** (b)(7)(

Address:	City:	State:
1 Federal Plaza	New York	NY

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:
(b)(7)(E)

Special Instructions for Reporting Personnel:
OT not worked will not be claimed. Final Detail hours will be confirmed and forwarded to Detail personnel by the II...

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C);	(b)(6); (b)(7)(C);

DOCUMENTATION

District and Intel document attachments belong here:
2019 05.16-05.19 Ops Plan Supreme Court Justice Sotomayor.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
5/15/2019	5/16/2019	5/19/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)				(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)(	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(| Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $25,499.00 *

Detail Status: Completed *

Name: (b)(6); *

JSD APPROVAL

Special Assignment Number: (b)(7)(E) * | Project Code (b)(7)(E) *

Total Approved Amount: $25,499 *

< or = $25K	*Senior Inspector:*	(b)(6); (b)(7)(C); (b)(7)(F)		*2019-05-09*
>$25K - $50K	*Assistant Chief:*			2019-05-09
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		
>$100K	*Assistant Director:*	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); USMS)

Title: OPO Inspector

Circuit: 1

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Sotomayor, Memorial Weekend

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)

Event City:

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Sotomayor will be travelling (b)(6); (b)(7)(C) NY during the Memorial Weekend. Justice has requested assistance during her time in NY. The Justice will also be traveling (b)(6); NY during her time in NY. The Justice will be attending (b)(6); (b)(7)(C) during her stay. Attendance will be approximately 10-20 people.

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
5/21/2019	5/23/2019	5/28/2019

Number of Days/Weeks/Months: 8 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
0	0	0	$0.00

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	1	(b)(7)(E	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00			

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel costs:

REPORTING INFORMATION

Reporting Date: 5/21/2019 **Reporting Time:** (b)(7)

Address: **City:** **State:**

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:
(b)(7)(E)

Special Instructions for Reporting Personnel:
Will be sent in a briefing email

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

Overtime: (b)(7)(E)

Lodging and ME&I for (b)(7)(E) from May 24-26th (b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name: (b)(6);
Operational Title: OPO Inspector

Office Phone: (b)(6);
Cell Phone: (b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
SCJ SS Op Plan 5.23 - 5.27.19 DRAFT.doc

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
5/21/2019	5/23/2019	5/28/2019

Number of Days/Weeks/Months: 8 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
0	0	0	$0.00
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	1	(b)(7)(	(b)(7)(E)	

TRAVEL

	Full Day M&IE				Airfare Total		Subtotal

Number of Full M&IE Days (Do not include first and last days)		First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total		ATM, Laundry, Baggage, etc.	
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(Number of administrative personnel requested: 0

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $3,889.50 *

Detail Status: Approved *

Name (b)(6); *

JSD APPROVAL

Special Assignment Number (b)(7)(E) * Project Code (b)(7)(E) *

Total Approved Amount: *

< or = $25K	*Senior Inspector:*	Name will autopopulate		
>$25K - $50K	*Assistant Chief:*	Name will autopopulate		
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		
>$100K	*Assistant Director:*	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (USMS)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Sotomayor Book Expo

Location of Event: *(Street Address)* Jacob Javits Center

Event City: New York

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Sotomayor will arrive into the NYC area (b)(7)(E) on 5/30. The Justice will attend a book expo that night scheduled to be attended by 1000+ individuals. The Justice will then have a (b)(7)(E) On May 31st the Justice will depart the NYC area, again (b)(7)(E)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	1,000	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
5/29/2019	5/30/2019	6/1/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:				(b)(7)(E)			
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00			

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested (b)(7)(E) **Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 5/29/2019 **Reporting Time:** (b)(7)(E)

Address:	City:	State:
1 Bowling Green	New York	NY

Special Equipment Required for Reporting Personnel:
N/A

Special Skills Requested:
N/A

Special Instructions for Reporting Personnel:
N/A

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
1000 Person Advertised/Public Event

Has the Office of Protective Intelligence been notified? Yes

Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
JSD OPS Plan S-NY SS Book Expo.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
5/29/2019	5/30/2019	6/1/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)		(b)(7)(E)			
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $6,420.00 *

Detail Status: Completed *

Name: (b)(6); *

OPO COMPLETION

Comments:

Final Approved Amount: $9,851.00 Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number:	Enter the Protective Assessment Number assigned:
(b)(7)(E)	(b)(7)(E)

Requested By:	Title:
(b)(6); (USMS)	SDUSM

Circuit:	District/Division:
2	Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Sotomayor - Fordham University

Location of Event: (Street Address)	Event City:	Event State:
441 East Fordham Rd	Bronx	NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:	Active/Retired:
	Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Sotomayor has requested the security of the USMS during her time in NYC from June 6-9, 2019. During her stay, the Justice will be visiting the Fordham University Bronx Book Festival as well as participate in a book signing event. The Justice (b)(6); (b)(7)(C) as well as visiting the Hudson Yards exhibit. (b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	6/5/2019	6/10/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)			(b)(7)(E)			
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
0	0	0	$0.00

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E	1	(b)(7)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel costs:

REPORTING INFORMATION

Reporting Date: 6/5/2019 **Reporting Time** (b)(7)(E

Address:	City:	State:
1 Federal Plaza	New York	NY

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:
(b)(7)(E)

Special Instructions for Reporting Personnel:
TBD

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Host District / NYPD Intel has been notified (b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
SCJ SS Op Plan 06.06 - 06.09.19 Draft.doc

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	6/5/2019	6/10/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)		(b)(7)(E)			
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
0	0	0	$0.00
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)(E)	1	(b)(7)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E

Number of administrative personnel requested: 0

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$1,204.00* *

Detail Status: *Completed* *

Name: (b)(6); *

OPO COMPLETION

Comments:

Final Approved Amount: $32,338.00

Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)	**Enter the Protective Assessment Number assigned:** (b)(7)(E)
Requested By: (b)(6), (USMS)	**Title:** OPO Inspector
Circuit: 2	**District/Division:** Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCI Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
Justice Sotomayor Protection Detail

Location of Event: *(Street Address)*	**Event City:**	**Event State:**
battery Park	New York	NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:	**Active/Retired:**
	Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)

Associate Justice Sonia Sotomayor, Supreme Court of the United States of America has requested United States Marshals Service protection and assistance while the court is in New York metropolitan area. This operation plan is for the period of June 17 – 29, 2019. The Justice will be

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	325	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
6/16/2019	6/16/2019	6/19/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested:	Number of administrative personnel requested:
Total estimated travel costs:	

REPORTING INFORMATION

Reporting Date: 6/16/2019	Reporting Time: (b)(7)(E)	
Address:	**City:**	**State:**

Special Equipment Required for Reporting Personnel:
none requested

Special Skills Requested:
none requested

Special Instructions for Reporting Personnel:
(b)(7)(E)

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? No

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	**Operational Title:**
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

field_draft_Ops Plan Justice Sotomayor_Operation-Manhattan DA dinner-June_17.pdf

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	**Detail Start Date:**	**Detail End Date:**
6/16/2019	6/16/2019	6/19/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: **Number of administrative personnel requested:**

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	$0.00 *
Detail Status:	Completed *
Name:	(b)(6); *

JSD APPROVAL

Special Assignment Number:	(b)(7)(E) *	Project Code:	(b)(7)(E) *
Total Approved Amount:	$9,535 *		

< or = $25K	Senior Inspector: (b)(6);		2019-06-13
>$25K - $50K	Assistant Chief: Name will autopopulate		
>$50K - $75K	Chief: Name will autopopulate		
>$75K - $100K	Deputy Assistant Director: Name will autopopulate		
>$100K	Assistant Director: Name will autopopulate		

Notes:

new item or edit this list

All Items Circuit SCJ ... Find an item SAVE THIS VIEW

ID	Submission Number	Mission Name	SA Numbe	USM535_SubmissionN...be_approv...
	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)	

61 - 90

USM535_JudicialSecurityEventTracking - View Submission

United States Marshals Service

U.S. Department of Justice

JSD Approved

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment I (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); **(USMS)**

Title: OPO Inspector

Circuit: 2

District/Division: Southern District of New York

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 1*
06/27-07/02 SCJ Sotomayor Protection Detail

Location of Event: *(Street Address)* 1 Federal Plaza, New York, NY

Event City: New York

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, nation extraordinary strain on district resources, etc.)
SCJ Sotomayor has requested the assistance of JSD-NY during her stay in the New York area
(b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendant in Custody:
1	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimat
(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail E

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (USMS)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
7/3 SCJ Sotomayor Detail

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)

Event City:

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
On Wednesday SCJ Sotomayor has requested USMS assistanc (b)(6); (b)(7)(C) along with her international departure out of (b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	7/3/2019	7/3/2019

Number of Days/Weeks/Months: 1 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:				(b)(7)(E)			
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E	1	(b)(7)(E	(b)(7)(E

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)(E	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00			

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel costs:	(b)(7)(

REPORTING INFORMATION

Reporting Date:	Reporting Time:	
Address:	City:	State:

Special Equipment Required for Reporting Personnel:
n/a

Special Skills Requested:
n/a

Special Instructions for Reporting Personnel:
n/a

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name: (b)(6);	Operational Title: OPO Inspector
Office Phone: (b)(6);	Cell Phone: (b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
7-03 Ops Plan Supreme Court Justice Sotomayor.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	7/3/2019	7/3/2019

Number of Days/Weeks/Months: 1 Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)		(b)(7)(E)			
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)(	1	(b)(7)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(	Number of administrative personnel requested: 0
Total estimated travel costs: (b)(7)(E)	

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $1,827.00 *

Detail Status: Completed *

Name: (b)(6); *

Notes:

JSD APPROVAL

Special Assignment Number: (b)(7)(E) * Project Code: (b)(7)(E) *

Total Approved Amount: $2,276 *

< or = $25K	*Senior Inspector:* (b)(6);		*2019-07-01*
>$25K - $50K	*Assistant Chief:* Name will autopopulate		
>$50K - $75K	*Chief:* Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:* Name will autopopulate		
>$100K	*Assistant Director:* Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (USMS)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Sotomayor - OCONUS return

Location of Event: *(Street Address)* 1 Federal Plaza

Event City: New York

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Sotomayor will be traveling to NYC via (b)(6); (b)(7)(C) on July 19th, 2019. The Justice will be travelling from OCONUS and requested the assistance of the USMS. After clearance through U.S. Customs, the Justice will be brought (b)(6); (b)(6); (b)(7)(C) there is not a date set for the Justices return to the courts as of this date.

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:

Detail Start Date: 7/18/2019

Detail End Date: 7/20/2019

Number of Days/Weeks/Months: 3

Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:					(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(

Number of administrative personnel requested: 0

Total estimated travel costs:

REPORTING INFORMATION

Reporting Date: 7/19/2019

Reporting Time: (b)(7)

Address:

City:

State:

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:
(b)(7)(E)

Special Instructions for Reporting Personnel:
TBD in later reporting instructions

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? No

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	7/18/2019	7/20/2019

Number of Days/Weeks/Months: 3 Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)			(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(Number of administrative personnel requested: 0

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $240.00 *

Detail Status: Completed *

Name: (b)(6); *

JSD APPROVAL

Special Assignment Number: (b)(7)(E) * Project Code: (b)(7)(E) *

Total Approved Amount: $4,053 *

< or = $25K	*Senior Inspector:* (b)(6);		*2019-07-05*
>$25K - $50K	*Assistant Chief:* Name will autopopulate		
>$50K - $75K			

	Chief:	Name will autopopulate		
>$75K - $100K	Deputy Assistant Director:	Name will autopopulate		
>$100K	Assistant Director:	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)
Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); (USMS)
Title: OPO Inspector

Circuit: 2
District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Sotomayor 07/23-07/31

Location of Event: *(Street Address)*: 1 Federal plaza
Event City: New York
Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:
Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Sotomayor has requested the assistance of the USMS, JSD-NY. (b)(6); (b)(7)(C) this time period. (b)(6); (b)(7)(C) On 07/24, Justice Sotomayor will attend and participate in the "Dream Big" at the Southern District of New York. there are approximately 500 guests scheduled to attend..

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	500	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
7/22/2019	7/23/2019	7/31/2019

Number of Days/Weeks/Months: 9 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:			(b)(7)(E)				
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7
Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 7/23/2019
Reporting Time: (b)(7)(E

Address: 1 Federal Plaza 5th Fl
City: New York
State: NY

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:
(b)(7)(E)

Special Instructions for Reporting Personnel:
OT not worked will not be claimed. Final Detail hours will be confirmed and forwarded to Detail personnel by the II...

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
2019 07.23-07.31 Ops Plan Supreme Court Justice Sotomayor.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
7/22/2019	7/23/2019	7/31/2019

Number of Days/Weeks/Months: 9 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)	(b)(7)(E)				
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E **Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$32,000.00* *

Detail Status: *Approved* *

Name: (b)(6); *

JSD APPROVAL

Special Assignment Number: (b)(7)(E) * **Project Code:** (b)(7)(E) *

Total Approved Amount: $31,123 *

< or = $25K	*Senior Inspector:*	(b)(6); (b)(7)(C); (b)(7)(E)		*2019-07-19*
>$25K - $50K	*Assistant Chief:*			2019-07-19
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		
>$100K	*Assistant Director:*	Name will autopopulate		

Notes:

OPO COMPLETION

Comments:

Final Approved Amount: $59,535.00 Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number:	**Enter the Protective Assessment Number assigned:**
(b)(7)(E)	(b)(7)(E)

Requested By:	**Title:**
(b)(6); (USMS)	OPO Inspector

Circuit:	**District/Division:**
2	Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
7/21 SCJ Sotomayor

Location of Event: *(Street Address)*	**Event City:**	**Event State:**
NYC	Manhattan	NY

Host District:
Southern District of New York

Detail Type:
Supreme Court Justice Assistance

Level:	**Active/Retired:**
	Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
On Sunday 7/21 SCJ Sotomayor has requested USMS assistance for her outbound trip to DC via (b)(7)(E)

# of Protected Persons:	**# of Attendees:**	**# of Defendants:**	**# of Defendants in Custody:**	**# of Witnesses in Custody:**
1	0	0	0	0

Estimated Local Lodging Rate:	**Estimated Local Per Diem Rate:**	**Estimated Local Required Misc:**
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	**Detail Start Date:**	**Detail End Date:**
	7/21/2019	7/21/2019

Number of Days/Weeks/Months: 1 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	**# of Days:**	**# of 1811:**	**Total:**
(b)(7)(E	1	(b)(7)(E)	(b)(7)(E)

Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	**# of Days:**	**# of Persons:**	**Hourly Rate:**	**Total:**
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	**Full Day M&IE**	**First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)**	**Lodging Total (Include taxes)**	**POV/Mileage Total**	**Airfare Total**	**ATM, Laundry, Baggage, etc.**	**Subtotal**
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? No
Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

all DUSMS will be supplied by SDNY (HOST)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
7-21 Ops Plan Supreme Court Justice Sotomayor.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	7/21/2019	7/21/2019

Number of Days/Weeks/Months: 1 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)(	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

Notes:

OUT OF DISTRICT

Number of operational personnel requested: **Number of administrative personnel requested:**

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	$1,800.00 *
Detail Status:	Approved *
Name:	(b)(6); (b)(7)(C); *

JSD APPROVAL

Special Assignment Number	(b)(7)(E) *	Project Code:	(b)(7)(E) *
Total Approved Amount:	*		

< or = $25K	Senior Inspector:	Name will autopopulate		
>$25K - $50K	Assistant Chief:	Name will autopopulate		
>$50K - $75K	Chief:	Name will autopopulate		
>$75K - $100K	Deputy Assistant Director:	Name will autopopulate		
>$100K	Assistant Director:	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (USMS)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
8/2-8/3 SCJ Sotomayor

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)

Event City:

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
Friday 8/2 - Saturday 8/3 SCJ Sotomayor has requested USMS assistance to attend (b)(6); (b)(7)(C); (b)(7)(E)
(b)(6); (b)(7)(C); (b)(7)(E)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	50,000	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:

Detail Start Date: 8/2/2019

Detail End Date: 8/3/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:						(b)(7)(E)	
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)(	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested (b)(7

Number of administrative personnel requested: 0

Total estimated travel costs: $0

REPORTING INFORMATION

Reporting Date: 8/2/2019 **Reporting Time:**

Address: **City:** **State:**

Special Equipment Required for Reporting Personnel:
None

Special Skills Requested:
none

Special Instructions for Reporting Personnel:
none

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name: (b)(6);
Operational Title: OPO Inspector

Office Phone: (b)(6);
Cell Phone: (b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
8-02-8-03 Ops Plan Supreme Court Justice Sotomayor.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: **Detail Start Date:** 8/2/2019 **Detail End Date:** 8/3/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)				(b)(7)(E)	
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) | Number of administrative personnel requested: 0

Total estimated travel costs: $0

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $6,330.00 *

Detail Status: Approved *

Name: (b)(6); *

JSD APPROVAL

Special Assignment Numbe: (b)(7)(E) * | Project Code: (b)(7)(E) *

Total Approved Amount: *

< or = $25K	*Senior Inspector:*	Name will autopopulate		
>$25K - $50K	*Assistant Chief:*	Name will autopopulate		
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		
>$100K	*Assistant Director:*	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (USMS)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
8/5-8/12 SCJ Sotomayor Detail

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)

Event City:

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
(b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	30,000	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
8/4/2019	8/5/2019	8/12/2019

Number of Days/Weeks/Months: 8 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00			

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7) | Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 8/5/2019 | Reporting Time: (b)(7)(

Address: | City: | State:

Special Equipment Required for Reporting Personnel:

None

Special Skills Requested:

None

Special Instructions for Reporting Personnel:

None

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name: (b)(6);

Operational Title: OPO Inspector

Office Phone: (b)(6); (b)(7)(C);

Cell Phone: (b)(6); (b)(7)(C);

DOCUMENTATION

District and Intel document attachments belong here:

8-05-8-12 Ops Plan Supreme Court Justice Sotomayor.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
8/4/2019	8/5/2019	8/12/2019

Number of Days/Weeks/Months: 8 | Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)	1	(b)(7)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $18,160.00 *

Detail Status: Approved *

Name (b)(6); *

JSD APPROVAL

Special Assignment Numbe (b)(7)(E) * Project Code: (b)(7)(E) *

Total Approved Amount: $41,394 *

< or = $25K	*Senior Inspector:*	(b)(6); (b)(7)(C); (b)(7)(F)		*2019-08-01*
>$25K - $50K	*Assistant Chief:*			2019-08-01
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		
>$100K	*Assistant Director:*	Name will autopopulate		

Notes:

(b)(7)(E)

OPO COMPLETION

Comments:

Final Approved Amount: $56,498.00 Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E

Requested By: (b)(6); USMS)

Title: OPO Inspector

Circuit: 11

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
USSCJ Sonia Sotomayor GA, MS, FL Book Tour

Location of Event: *(Street Address)* (b)(7)(E)

Event City:

Event State: MS

Host District: Southern District of Mississippi

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
The US Supreme Court Police has requested the assistance of the USMS in providing a protective detail for Supreme Court Justice Sonia Sotomayor. On August 12, 2019, Justice Sotomayor will
(b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
8/13/2019	8/14/2019	8/20/2019

Number of Days/Weeks/Months: 8 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)(	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(	4	(b)(7	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(	Number of administrative personnel requested: 0
Total estimated travel costs: (b)(7)(E)	

REPORTING INFORMATION

Reporting Date: 8/13/2019	Reporting Time: (b)(7)(E

Address:	City:	State:
(b)(6); (b)(7)(C)		MS

Special Equipment Required for Reporting Personnel:
none

Special Skills Requested:
none

Special Instructions for Reporting Personnel:
none

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
none

Has the Office of Protective Intelligence been notified? Yes

Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:
OPS Plan SCJ Sotomayor GA MS FL.docx
Sotomayor Book Tour GA MS FL Expense Worksheet.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
8/13/2019	8/14/2019	8/20/2019

Number of Days/Weeks/Months: 8 Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(	4	(b)(7	(b)(7)(	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $11,429.12 *

Detail Status: Approved *

Name: (b)(6); *

JSD APPROVAL

Special Assignment Number: (b)(7)(E) * Project Code: (b)(7)(E) *

Total Approved Amount: *

< or = $25K	*Senior Inspector:*	Name will autopopulate		
>$25K - $50K	*Assistant Chief:*	Name will autopopulate		
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		
>$100K	*Assistant Director:*	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number:	Enter the Protective Assessment Number assigned:
(b)(7)(E)	(b)(7)(E)

Requested By:	Title:
(b)(6); (USMS)	OPO Inspector

Circuit:	District/Division:
2	Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
8/20 SCJ Sotomayor Detail

Location of Event: (Street Address)	Event City:	Event State:
(b)(6); (b)(7)(C)		NY

Host District:
Southern District of New York

Detail Type:
Supreme Court Justice Assistance

Level:	Active/Retired:
	Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
On Tuesday 8/20 SCJ Sotomayor will be arriving (b)(6); (b)(7)(C); (b)(7)(E)
(b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	8/20/2019	8/20/2019

Number of Days/Weeks/Months: 1 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:			(b)(7)(E)				
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E	1	(b)(7)(E	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E	1	(b)(7)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes
Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

All DUSMs will be supplied by SDNY (b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
08-08-08-11 Ops Plan Supreme Court Justice Kennedy.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	8/20/2019	8/20/2019

Number of Days/Weeks/Months: 1 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)	(b)(7)(E)				
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)(	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)(E)	1	(b)(7)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

Notes:

OUT OF DISTRICT

Number of operational personnel requested: **Number of administrative personnel requested:**

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	***$1,404.00***	*
Detail Status:	*Completed*	*
Name:	(b)(6);	*

OPO COMPLETION

Comments:

Final Approved Amount:	**$2,952.00**	**Is the AAR attached?**	

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)
Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); USMS)
Title: SDUSM

Circuit: 2
District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Sotomayor, NYC - August 26-31, 2019

Location of Event: *(Street Address)* 1 Federal Plaza
Event City: New York
Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:
Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Sotomayor will be (b)(7)(E) from August 27th-31st, 2019. During her stay, the Justice will have several appointments and meetings for book related events. There are no know public events/venues that she will be in attendance as of August 13th, 2019. Attendance at the book related events will be approximately 50-100 people but is

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	100	0	0	0

Estimated Local Lodging Rate: (b)(7)(E)
Estimated Local Per Diem Rate: (b)(7)(
Estimated Local Required Misc:

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: 8/26/2019
Detail Start Date: 8/27/2019
Detail End Date: 8/31/2019

Number of Days/Weeks/Months: 6
Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? No

OUT OF DISTRICT

Are you requesting out of district assistance? Yes
Number of operational personnel requested: (b)(7)(E)
Number of administrative personnel requested: 0
Total estimated travel costs:

REPORTING INFORMATION

Reporting Date: 8/26/2019
Reporting Time (b)(7)(E

Address: 1 Federal Plaza
City: New York
State: NY

Special Equipment Required for Reporting Personnel: Will be sent out in subsequent email to DUSMs

Special Skills Requested: (b)(7)(E)

Special Instructions for Reporting Personnel: TBD

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? No

Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	**Operational Title:**
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C);	(b)(6); (b)(7)(C);

DOCUMENTATION

District and Intel document attachments belong here:
SCJ SS Op Plan 08.26 - 06.30.19 Draft.doc

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	**Detail Start Date:**	**Detail End Date:**
8/26/2019	8/27/2019	8/31/2019

Number of Days/Weeks/Months: 6 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$0.00* *

Detail Status: *Completed* *

Name: (b)(6); *

OPO COMPLETION

Comments:

Final Approved Amount: $18,152.00 **Is the AAR attached?**

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); (USMS)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Sonia Sotomayor

Location of Event: *(Street Address)* 1 Federal Plaza

Event City: New York

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
(b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate: (b)(7)(E)

Estimated Local Per Diem Rate: (b)(7)(E)

Estimated Local Required Misc: (b)(7)(E)

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: 8/20/2019

Detail Start Date: 8/21/2019

Detail End Date: 8/22/2019

Number of Days/Weeks/Months: 3

Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:			(b)(7)(E)				
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? No

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(E)

Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 8/21/2019

Reporting Time: (b)(7)

Address: 1 Federal Plaza

City: NY

State: NY

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:
(b)(7)(E)

Special Instructions for Reporting Personnel:
OT not worked will not be claimed. Final Detail hours will be confirmed and forwarded to Detail personnel by the II...

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name: (b)(6); (b)(7)(C);

Operational Title: OPO Inspector

Office Phone: (b)(6);

Cell Phone: (b)(6); (b)(7)(C);

DOCUMENTATION

District and Intel document attachments belong here:

2019 August 22.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
8/20/2019	8/21/2019	8/22/2019

Number of Days/Weeks/Months: 3 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)	(b)(7)(E)				
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel costs (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$11,000.00* *

Detail Status: *Completed* *

Name: (b)(6); *

OPO COMPLETION

Comments:

Final Approved Amount: $12,042.00 **Is the AAR attached?**

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)	**Enter the Protective Assessment Number assigned:** (b)(7)(E)
Requested By: (b)(6); USMS)	**Title:** OPO Inspector
Circuit: 9	**District/Division:** Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Sotomayor Book Tour Protection Detail

Location of Event: *(Street Address)*	**Event City:**	**Event State:**
400 Alcatraz Avenue	Berkeley	CA

Host District: Northern District of California

Detail Type: Supreme Court Justice Assistance

Level:	**Active/Retired:**
	Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Sotomayor will attend a public event where she will conduct a question/answer session followed by a book signing at a local church hall in Northern California. This event should garner in excess of 750 people and has been supplied with a press release.

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/5/2019	9/6/2019	9/7/2019

Number of Days/Weeks/Months: 3 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:					(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E	1	(b)(7)(E	(b)(7)(E	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested (b)(7) **Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 9/6/2019 **Reporting Time:** (b)(7)(

Address: (b)(6); (b)(7)(C) **City:** **State:** CA

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:
(b)(7)(E)

Special Instructions for Reporting Personnel:
(b)(7)(E)

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name: (b)(6);

Operational Title: OPO Inspector

Office Phone: (b)(6);

Cell Phone: (b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
08-31-19 and 09-17-19.doc
IR Sotomayor visit to N-CA.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/5/2019	9/6/2019	9/7/2019

Number of Days/Weeks/Months: 3 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)			(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	1	(b)(7)(	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7	Number of administrative personnel requested: 0
Total estimated travel costs: (b)(7)(	

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	*$3,200.00* *
Detail Status:	*Approved* *
Name:	(b)(6); *

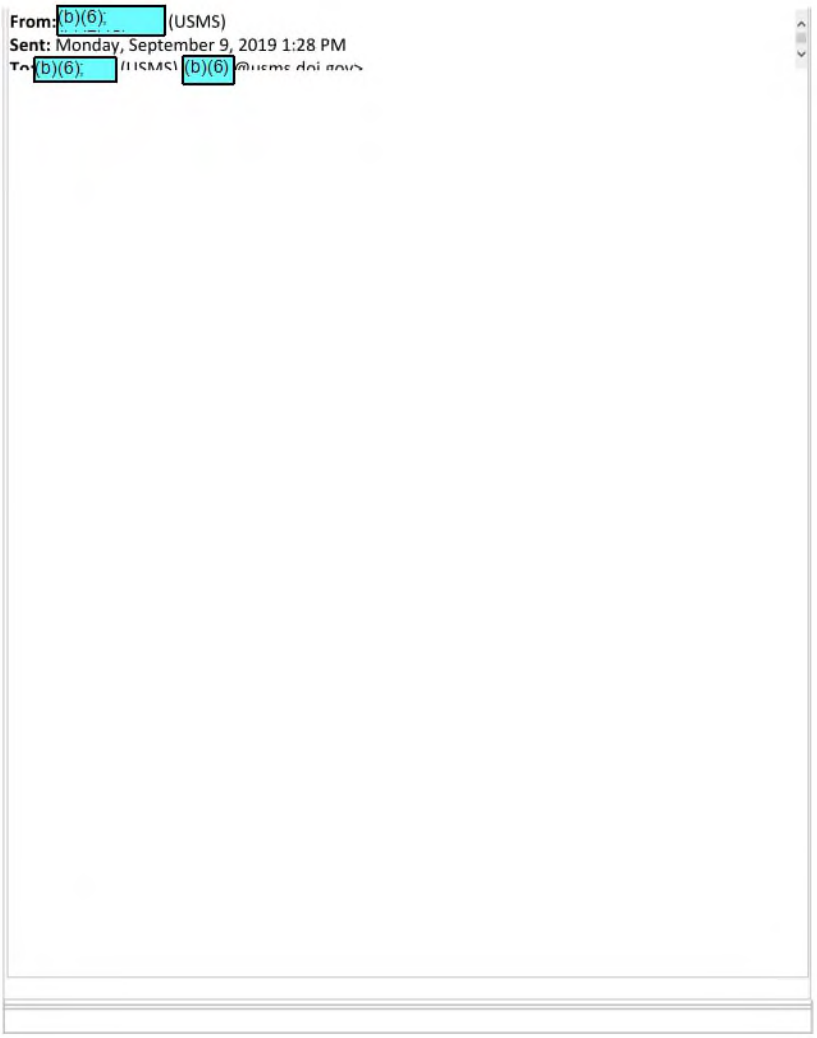
Notes:

JSD APPROVAL

Special Assignment Number:	(b)(7)(E) *
Project Code:	(b)(7)(E) *
Total Approved Amount:	$5,946 *

< or = $25K	*Senior Inspector:*	(b)(6);	*2019-08-29*
>$25K - $50K	*Assistant Chief:*	Name will autopopulate	
>$50K - $75K	*Chief:*	Name will autopopulate	
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate	
>$100K	*Assistant Director:*	Name will autopopulate	

Notes:


From: (b)(6); (USMS)
Sent: Monday, September 9, 2019 1:28 PM
To: (b)(6); (USMS) (b)(6);

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); USMS)

Title: OPO Inspector

Circuit: 6

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Sotomayor Protection Detail Cincinnati OH

Location of Event: *(Street Address)* 1501 Blair Ave

Event City: Cincinnati

Event State: OH

Host District: Southern District of Ohio

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Sonia Sotomayor will visit the Cincinnati, OH, area as part of her nationwide book tour on September 4-5, 2019. This event will include a public speaking/book signing event at a 1200 seat theater located within a public high school in the metro Cincinnati area. This event is open to the public and has been publicized. Media is expected. Other public location

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	1,200	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/2/2019	9/2/2019	9/5/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	3	(b)(7)(E	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E	3	(b)(7)(E	(b)(7)(E	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

(b)(7)(E)							

Itemize Other expenses:

Hotel GOV Parking (b)(7)(E)

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7) **Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E

REPORTING INFORMATION

Reporting Date: 9/2/2019 **Reporting Time** (b)(7)(E

Address:	City:	State:
(b)(6); (b)(7)(C)		OH

Special Equipment Required for Reporting Personnel:

(b)(7)(E)

Special Skills Requested:

(b)(7)(E)

Special Instructions for Reporting Personnel:

(b)(7)(E)

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

SCJ Sonia Sotomayor will travel to Cincinnati, OH as part of her nationwide book tour, September 4-5, 2019. This event will include public speaking engagements and book signings at a 1200 seat theater venue. This venue will be located within a public high school facility in the downtown Cincinnati metro area. SCJ has no known threats, however, her high

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C);	(b)(6); (b)(7)(C);

DOCUMENTATION

District and Intel document attachments belong here:

JSD OPS Plan Justice Details.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/2/2019	9/2/2019	9/5/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	3	(b)(7)(	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(	3	(b)(7)(	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

(b)(7)(E)

Itemize Other expenses:

Hotel GOV Parking (b)(7)(E)

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7 **Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$8,075.00* *

Detail Status: *Completed* *

Name: (b)(6); *

OPO COMPLETION

Comments:

Final Approved Amount: $5,428.00	Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); USMS)

Title: OPO Inspector

Circuit: 11

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Sotomayor Assistance

Location of Event: *(Street Address)* (b)(7)(E)

Event City: Decatur

Event State: GA

Host District: Northern District of Georgia

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
The US Supreme Court Police has requested the assistance of the USMS in providing a protective detail for Supreme Court Justice Sonia Sotomayor. On August 31, 2019, Justice Sotomayor will (b)(7)(E)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	800	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
8/31/2019	8/31/2019	9/1/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						(b)(7)(E)
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E	1	(b)(7)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

(b)(7)(E)

Itemize Other expenses:

Parking at (b)(7)(E) in Atlanta Georgia

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7 **Number of administrative personnel requested:**

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 8/31/2019 **Reporting Time:** (b)(7)(E

Address:	City:	State:
(b)(7)(E)	Atlanta	GA

Special Equipment Required for Reporting Personnel:

None

Special Skills Requested:

None

Special Instructions for Reporting Personnel:

None

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C); (b)(7)(E)	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

OPS Plan SCJ Sotomayor GA.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
8/31/2019	8/31/2019	9/1/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Start Time:	(b)(7)(E)					(b)(7)(E)
End Time:	(b)(7)(E)					

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)(E)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

(b)(7)(E)

Itemize Other expenses:

Parking (b)(7)(E) Georgia

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested:

Total estimated travel costs: (b)(7)(

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$16,676.00* *

Detail Status: *Completed* *

Name: (b)(6); *

OPO COMPLETION

Comments:

Final Approved Amount: $6,404.00 Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)	**Enter the Protective Assessment Number assigned:** (b)(7)(E)
Requested By: (b)(6); (USMS)	**Title:** OPO Inspector
Circuit: 2	**District/Division:** Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
Justice Sotomayor Just Ask protection detail

Location of Event: *(Street Address)*	**Event City:**	**Event State:**
New York	New York	NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:	**Active/Retired:**
	Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)

Associate Justice Sonia Sotomayor, Supreme Court of the United States of America has requested United States Marshals Service protection and assistance during this fall's cross-country speaking engagements. This operation plan is for the period of August 29 – September 5, 2019. The Justice

# of Protected Persons:	**# of Attendees:**	**# of Defendants:**	**# of Defendants in Custody:**	**# of Witnesses in Custody:**
1	900	0	0	0

Estimated Local Lodging Rate:	**Estimated Local Per Diem Rate:**	**Estimated Local Required Misc:**
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	**Detail Start Date:**	**Detail End Date:**
8/29/2019	8/29/2019	9/5/2019

Number of Days/Weeks/Months: 8 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:							
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7	1	(b)(7)(	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E	2	(b)(7)(	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 8/29/2019 **Reporting Time** (b)(7)(

Address: **City:** **State:**

Special Equipment Required for Reporting Personnel:

none

Special Skills Requested:

(b)(7)(E)

Special Instructions for Reporting Personnel:

(b)(7)(E)

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? No

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(6); (b)(7)(C); (b)(7)(F)

(N/NY) 8/29 – 9/05
(M/PA) 8/30 – 9/05
(W/NC) 8/30 – 9/05

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
draft_Ops Plan Justice Sotomayor_Just Ask-book tour-2019-NYC.pdf

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
8/29/2019	8/29/2019	9/5/2019

Number of Days/Weeks/Months: 8 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)(	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	2	(b)(7)(	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) **Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$18,560.00* *

Detail Status: *Approved* *

Name: (b)(6); *

Notes:

JSD APPROVAL

Special Assignment Number (b)(7)(E) * **Project Code:** (b)(7)(E) *

Total Approved Amount: $36,158 *

< or = $25K	Senior Inspector:	(b)(6); (b)(7)(C); (b)(7)(F)		2019-08-28
>$25K - $50K	Assistant Chief:			2019-08-28
>$50K - $75K	Chief:	Name will autopopulate		
>$75K - $100K	Deputy Assistant Director:	Name will autopopulate		
>$100K	Assistant Director:	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); **(USMS)**

Title: OPO Inspector

Circuit: 9

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Sotomayor - PDX Event

Location of Event: *(Street Address)* 7900 NE 82nd Ave.

Event City: Portland

Event State: OR

Host District: District of Oregon

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
Supreme Court Justice Sonia Sotomayor will be attending public events in Portland, Oregon (D/OR). She will arrive on Saturday, September 7, 2019 and will depart on Sunday, September 8, 2019. The itinerary includes public events at Doernbecher Hospital, 700 SW Campus Drive, Portland, Oregon

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	1,000	0	0	0

Estimated Local Lodging Rate: (b)(7)(E)

Estimated Local Per Diem Rate: (b)(7)(E)

Estimated Local Required Misc: $0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: 9/5/2019

Detail Start Date: 9/6/2019

Detail End Date: 9/9/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)				(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	5	(b)(7)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(	2	(b)(7)(	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7 **Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 9/6/2019 **Reporting Time:** (b)(7)(

Address: (b)(7)(E) **City:** **State:** OR

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:
(b)(6); (b)(7)(C); (b)(7)(F)

Special Instructions for Reporting Personnel:
None

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E) (b)(7)(E) This event is open to the public and media.

Has the Office of Protective Intelligence been notified? Yes

Explanation:
The attached ops plan is if draft form only and will be updated at advance is conducted and additional event information is provided.

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name: (b)(6); **Operational Title:** OPO Inspector

Office Phone: (b)(6); **Cell Phone:** (b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
OPS.DRAFT.pdf

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/5/2019	9/6/2019	9/9/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)			(b)(7)(E)		
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	5	(b)(7)(E	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	2	(b)(7)(E	(b)(7)(E	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$8,830.00* *

Detail Status: *Approved* *

Name (b)(6); *

OPO COMPLETION

Comments:

Final Approved Amount: $9,702.00 Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)	**Enter the Protective Assessment Number assigned:** (b)(7)(E)
Requested By: (b)(6); (USMS)	**Title:** OPO Inspector
Circuit: 10	**District/Division:** Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Sotomayor 10th Cir. Conf. and Book tour

Location of Event: *(Street Address)* (b)(7)(E)	**Event City:**	**Event State:** NM

Host District: District of New Mexico

Detail Type: Supreme Court Justice Assistance

Level:	**Active/Retired:** Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
The United States Supreme Court has requested the U.S. Marshals Service to provide protection for Associate Justice Sonia Sotomayor. The Justice will be traveling to New Mexico on Sept 8-11, 2019. On Sept. 8, SCJ Sotomayor will attend a conversation and book signing event at the Kimo Theater in Albuquerque. This is a

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	650	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/6/2019	9/7/2019	9/12/2019

Number of Days/Weeks/Months: 7 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						(b)(7)(E)
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
			$0.00

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	4	(b)(7)(	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	(b)(7)(E)		

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(| Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 9/6/2019 | Reporting Time:

Address: | City: | State:

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:
(b)(7)(E)

Special Instructions for Reporting Personnel:
(b)(7)(E)

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

Continuation of SCJ Book Tour from Portland, OR
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name: (b)(6); | Operational Title: OPO Inspector

Office Phone: (b)(6); | Cell Phone: (b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
Ops Plan Supreme Court Justice SS SF and ABQ 2019.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/6/2019	9/7/2019	9/12/2019

Number of Days/Weeks/Months: 7 | Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					(b)(7)(E)
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
			$0.00
Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E	1	(b)(7)(E)	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	4	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE		Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal

		First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)					
(b)(7)(E)			$0.00	(b)(7)(E)			

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$12,386.50* *

Detail Status: *Approved* *

Name: (b)(6), *

OPO COMPLETION

Comments:

Final Approved Amount: $19,830.00 Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (USMS)

Title: OPO Inspector

Circuit: 9

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SJC Sotomayor at Santa Monica CAC 2019 Book Tour

Location of Event: *(Street Address)* 600 Olympic Blvd

Event City: Santa Monica

Event State: CA

Host District: Central District of California

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Sotomayor will be attending the 2019 Children's Book Tour Lecture and Signing in Santa Monica, CA (open to public). Sotomayor is scheduled to arrive on September 5, via (b)(7)(E) and depart on September 6 (b)(7)(E) This event is a

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	1,250	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/3/2019	9/4/2019	9/7/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:			(b)(7)(E)				
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)	1	(b)(7)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)	1	(b)(7)	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7	4	(b)(7)(E	(b)(7)(E	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	(b)(7)(E)		

TOTAL OTHER

(b)(7)(E)				

Itemize Other expenses:

See calculations in Special Instructions to OSB

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)

Number of administrative personnel requested:

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 9/4/2019

Reporting Time: (b)(7)(E

Address: (b)(7)(E)

City:

State: CA

Special Equipment Required for Reporting Personnel:

None

Special Skills Requested:

None

Special Instructions for Reporting Personnel:

None

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

9/5-6/2019 SCJ Soto-Mayor at CA/C-Santa Monica.

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

1909 SJC SSM at CAC Santa Monica Special Instructions and Ops Plan.docx

IR Sotomayor visit to N-CA.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/3/2019	9/4/2019	9/7/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)	(b)(7)(E)				
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)(E	(b)(7)(E
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(	4	(b)(7)(E	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	(b)(7)(E)		

TOTAL OTHER

(b)(7)(E)				

Itemize Other expenses:

See calculations in Special Instructions to OSB

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) **Number of administrative personnel requested:**

Total estimated travel costs: (b)(7)(E

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$21,103.00* *

Detail Status: *Approved* *

Name (b)(6); (b)(7)(C); *

Notes:

JSD APPROVAL

Special Assignment Number:	(b)(7)(E) *	Project Code:	(b)(7)(E) *	
Total Approved Amount:	$11,637 *			
< or = $25K	Senior Inspector:	(b)(6);		2019-09-02
>$25K - $50K	Assistant Chief:	Name will autopopulate		
>$50K - $75K	Chief:	Name will autopopulate		
>$75K - $100K	Deputy Assistant Director:	Name will autopopulate		
>$100K	Assistant Director:	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); (USMS)

Title: OPO Inspector

Circuit: 1

District/Division: District of Massachusetts

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Sotomayor Boston

Location of Event: *(Street Address)* 360 Foley St

Event City: Somerville

Event State: MA

Host District: District of Massachusetts

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
From 9/12-9/13 Justice Sotomayor will be in Boston for her book tour. (b)(7)(E) includes (b)(7)(E) Her schedule includes a public ticketed event at Tufts University as well as at the Somerville Theater where 300 attendees will be present at each. There will be a

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	300	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/10/2019	9/11/2019	9/14/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:							
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)	1	(b)(7)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

(b)(7)(E)				

Itemize Other expenses:

OT. See Ops plan

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested (b)(7) **Number of administrative personnel requested:** 0

Total estimated travel costs (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 9/10/2019 **Reporting Time** (b)(7)(E)

Address:	City:	State:
1 Courthouse Way	Boston	MA

Special Equipment Required for Reporting Personnel:

NA

Special Skills Requested:

NA

Special Instructions for Reporting Personnel:

NA

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

Justice Sotomayor 9-13 Boston.doc

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/10/2019	9/11/2019	9/14/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Start Time:	(b)(7)(E)						
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

(b)(7)(E)

Itemize Other expenses:

OT. See Ops plan

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $14,630.00 *

Detail Status: Completed *

Name: (b)(6); *

OPO COMPLETION

Comments:

Final Approved Amount: $28,171.50 Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); (USMS)

Title: OPO Inspector

Circuit: 7

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
Protective Mission SCJ Sotomayor

Location of Event: *(Street Address)* 5900 N Glenwood Ave

Event City: Chicago

Event State: IL

Host District: Northern District of Illinois

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
The United States Supreme Court has requested the U.S. Marshals Service to provide protection for Associate Justice Sonia Sotomayor. SCJ Sotomayor is currently piloting a book tour which is making various stops in major cities throughout the United States. Chicago has been designated as a location

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:

Detail Start Date: 9/11/2019

Detail End Date: 9/12/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:			(b)(7)(E)				
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)	1	(b)(7)	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	2	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

TRAVEL

	Full Day M&IE		Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal

Number of Full M&IE Days (Do not include first and last days)		First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)					
(b)(7)(E)					$0.00	$0.00	(b)(7)(E)
TOTAL OTHER							
(b)(7)(E)							

Itemize Other expenses:

District Personnel Breakdown:

N/IL – In District will assign (b)(7)(E)

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 9/10/2019 **Reporting Time:** 1600

Address: 5900 N Glenwood Ave **City:** chicago **State:** IL

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:
(b)(7)(E)

Special Instructions for Reporting Personnel:
n/a

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
There is expected to be some media coverage at this event
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

Total for Other includes- Guard reimbursement, and projected overtime, for in district and out of district personnel. It also includes estimated travel cost, parking, and tolls.

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name: (b)(6); (b)(7)(C); **Operational Title:** OPO Inspector

Office Phone: (b)(6); **Cell Phone:** (b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
Ops Plan Supreme Court Justice SS 2019 sept book tour.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: **Detail Start Date:** 9/11/2019 **Detail End Date:** 9/12/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)	(b)(7)(E)				
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E	1	(b)(7)(E	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(	2	(b)(7)(E	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal

(b)(7)(E)	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

(b)(7)(E)			

Itemize Other expenses:

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E

Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $16,534.60 *

Detail Status: Completed *

Name (b)(6); *

OPO COMPLETION

Comments:

Final Approved Amount: $90.00

Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (USMS)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCI Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
Justice Sotomayor protection detail WHFI-2019

Location of Event: *(Street Address)* Seneca Falls

Event City: Seneca Falls

Event State: NY

Host District: Northern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)

Associate Justice Sonia Sotomayor, Supreme Court of the United States of America has requested United States Marshals Service protection and assistance when the Court receives the nornor of being induction at the 2019 Women's Hall of Fame Induction Ceeremony (WHFI-2019). Justice

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	1,700	0	0	0

Estimated Local Lodging Rate: (b)(7)(E)

Estimated Local Per Diem Rate: (b)(7)(E)

Estimated Local Required Misc: $0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: 9/12/2019

Detail Start Date: 9/12/2019

Detail End Date: 9/15/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	(b)(7)(E)				(b)(7)(E)		
End Time							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)(	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(	2	(b)(7)(	(b)(7)(E	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00			

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel cost: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 9/12/2019 **Reporting Time** (b)(7)(

Address:	City:	State:

Special Equipment Required for Reporting Personnel:

n/a

Special Skills Requested:

(b)(7)(E)

Special Instructions for Reporting Personnel:

(b)(7)(E)

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? No

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

field-draft_Ops Plan Justice Sotomayor_WHFI-Seneca Falls-2019.pdf

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/12/2019	9/12/2019	9/15/2019

Number of Days/Weeks/Months: 4 Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)			(b)(7)(E)		
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)	1	(b)(7	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	2	(b)(7)(E	(b)(7)(	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$9,937.50* *

Detail Status: *Completed* *

Name: (b)(6);

Notes:

From: (b)(6); (b)(7)(C); (USMS)
Sent: Thursday, September 12, 2019 11:14 AM
To: (b)(6); /USMS\ (b)(6); @usms.doi.gov>

JSD APPROVAL

Special Assignment Number (b)(7)(E) *		Project Code (b)(7)(E) *	
Total Approved Amount: $17,938 *			
< or = $25K	Senior Inspector: (b)(6);		2019-09-10
>$25K - $50K	Assistant Chief: Name will autopopulate		
>$50K - $75K	Chief: Name will autopopulate		

>$75K - $100K	Deputy Assistant Director:	Name will autopopulate		
>$100K	Assistant Director:	Name will autopopulate		
Notes:				

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (USMS)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCI Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
Justice Sotomayor Just Ask protection detail

Location of Event: *(Street Address)* New York City

Event City: New York

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)

Associate Justice Sonia Sotomayor, Supreme Court of the United States of America has requested United States Marshals Service protection and assistance during this fall's cross-country speaking engagements. This operation plan is for the period of September 12 – September 17, 2019. The

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	350	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/13/2019	9/13/2019	9/18/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)					(b)(7)(E)	
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 9/13/2019 **Reporting Time** (b)(7)(

Address: **City:** **State:**

Special Equipment Required for Reporting Personnel:
na

Special Skills Requested:
na

Special Instructions for Reporting Personnel:

na

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? No

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

9/24-9/15:

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	**Operational Title:**
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C); (b)(7)(E)	(b)(6); (b)(7)(C);

DOCUMENTATION

District and Intel document attachments belong here:

draft_Ops Plan Justice Sotomayor_Just Ask-book tour-Sept-13_17-2019-NYC.pdf

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	**Detail Start Date:**	**Detail End Date:**
9/13/2019	9/13/2019	9/18/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)				(b)(7)(E)	
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E **Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	*$18,000.00*	*
Detail Status:	*Completed*	*
Name:	(b)(6);	*

OPO COMPLETION

Comments:

Final Approved Amount:	$19,026.00	**Is the AAR attached?**	

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F)
United States Marshal, Chief Deputy, or designee

District: **Central District of California** Circuit:**09**

1. Detail Name: **09/30 SCJ Sonia Sotomayor travel** (b)(6); (b)(7)(C) **CA**
(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: (b)(6); (b)(7)(C) **CA**
Host District: **Central District of California** Circuit:**09**
Overseas Travel?: **No**

3. Starting Date: **09/30/2019** *(mm/dd/yyyy)* Ending Date: **09/30/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **1**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*
[SCJ Sotomayor will be traveling (b)(6); (b)(7)(C) CA from Oct 1-3, 2019 (b)(6); (b)(7)(C)

5. No. of Defendants in custody: Total No. of Defendants: No. USMS In-Custody Witnesses:

6. Reported Threats: (b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment:
No. of In-District DUSMs committed to staff this detail (b)(7)(E)

9. Are you requesting Out-of-District Assistance? (check one) **Yes**
No. of DUSMs SDUSMs Admin.
(b)(7)(

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one)

11. Will the detail incur **overtime?** (check one)

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one)

Are these guards being used as **backfill?** (check one)

In-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

Out-of-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

14. Will the detail incur **other expenses?** (check one) **Yes**

Expense:	$1,536.34
Description:	S/TX 1,536.34

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: (b)(6); (b)(7)(C) **CA**
Reporting Date/Time: **09/30/2019** (mm/dd/yyyy) (b)(7)(E) (hour)

Per Diem Rate: (b)(7)(E)
Hotel Name:
Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)
Detail Supervisor Phone:

Special Instructions/Other related information:
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Airline (b)(7)(E)
Baggage (b)(7)(E)
Tax (b)(7)(E)
Airport Parking (b)(7)(E)
Hotel tax (b)(7)(E)
Lodging
Per Diem (b)(7)(E)
Guard hire (b)(7)(E) 1days (b)(7)(E)
Total S/TX (b)(7)(E)

]

Special Equipment or Personnel Required:
[Standard USMS Equipment]

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F) — **09/27/2019**

Signature of U.S. Marshal, Chief Deputy or designee — *Date*

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required: No. of DUSMs (b)(7)(E) SDUSMs Admin.

17. Approval for **overtime?** (check one)

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

18. Approval for **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one)

In-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

Out-of-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	**$1,537.00**
Description:	**See breakdown in block 15**

TOTAL REQUESTED FUNDS	**$1,536.34**
TOTAL APPROVED FUNDS	**$1,537.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED

APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(F)

DATE: 09/27/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; **"09/30/2019 – SCJ Sotomayor Protection Detail,** (b)(6); (b)(7)(C) **CA"** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

S/TX (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
No overtime funding approved
(b)(7)(E) travel funding approved (contingent upon receipt of funding from FSD)
(b)(7)(E) guard funding approved (contingent upon receipt of funding from FSD)

Fiscal Year: **2019**
Fund Code: (b)(7)(E)
Special Assignment Number: (b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2: (b)(7)(E)
Org Code 4: ___ ***(Include the District #)***
Project Code: (b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2: (b)(7)(E)
Org Code 4:
Project Code: (b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document

and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.
Reimbursement for GOV fuel for this event is not authorized.
An After Action Report (AAR) must be completed and submitted to your Regional Chief within 7 business days of the assignment's completion.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F)
United States Marshal, Chief Deputy, or designee

District: **District of Utah** Circuit:**10**

1. Detail Name: **10/1/2019 SCJ Kennedy Protection Detail**
(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: **Salt Lake City**
Host District: **District of Utah** Circuit:**10**
Overseas Travel?: **No**

3. Starting Date: **10/01/2019** *(mm/dd/yyyy)* Ending Date: **10/03/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **3**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

[The United States Supreme Court has requested the U.S. Marshals Service to provide protection for Retired Associate Justice Anthony Kennedy. The Justice will be traveling to Salt Lake City, UT October 1-3, 2019. On Oct. 2, SCJ Kennedy will be attending events associated with the investiture and of Judge Howard Nielson at the United States District Courthouse. The events are open to the public and will be held at the United Sates Courthouse.]

5. No. of Defendants in custody: Total No. of Defendants: No. USMS In-Custody Witnesses:

6. Reported Threats: (b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment: **0**
No. of In-District DUSMs committed to staff this detail: (b)(7)(E)

9. Are you requesting Out-of-District Assistance? (check one) **No**
No. of DUSMs SDUSMs Admin.

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one) **Yes**

11. Will the detail incur **overtime?** (check one) **Yes**

Scheduled Detail Hours (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one) **No**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one) **Yes**

Are these guards being used as **backfill?** (check one) **Yes**

	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
In-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00

14. Will the detail incur **other expenses?** (check one) **Yes**

Expense:	**$2,569.00**
Description:	**See block 15 for breakdown**

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: **Salt Lake City**

Reporting Date/Time: **10/01/2019** (mm/dd/yyyy) (hour)

Per Diem Rate: (b)(7)(E

Hotel Name:

Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)

Detail Supervisor Phone:

Special Instructions/Other related information:
[D/UT - In-District
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Expenditure Breakdown:

D/UT
Overtime Expenditures:
(b)(7)(E)
Total OT (b)(7)(E)
Travel Expenditures: (Salt Lake City, UT (b)(7)(E)
$0
Other Expenses:
$0
Total Travel Expenditures = $0
Guard Backfill:
(b)(7)(E) 3 days (b)(7)(E)
Total to D/UT (b)(7)(E)

Detailed Itinerary:
10/1/2019 SCJ Kennedy Protection Detail

Tuesday, Oct. 1 (b)(7)(E)
(b)(7)(E)
(b)(7)(E) Await SCJ Arrival
Arrival
Travel to Dinner
Dinner
(b)(7)(E)

Wednesday, Oct. 2 (b)(7)(E)
(b)(7)(E)
(b)(7)(E) Breakfast
(b)(7)(E)
(b)(7)(E) Lunch with Judges
Investiture
RON
Travel to Dinner
Dinner
Travel to RON
(b)(7)(E)

Thursday, Oct. 3 (0hrs OT)
(b)(7)(E)
(b)(7)(E) Travel to airport
Departure of SCJ
Wheels up
(b)(7)(E)
Special Equipment or Personnel Required:
[ ]

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F) — 09/27/2019

Signature of U.S. Marshal, Chief Deputy or designee — *Date*

16. Approval for Out-of-District Assistance? (check one) **No**
Type/Number of Personnel Required: No. of DUSMs SDUSMs Admin.

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

18. Approval for **per diem?** (check one) **No**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one) **Yes**

In-District											
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	**$2,569.00**
Description:	**See block 15 for breakdown**

TOTAL REQUESTED FUNDS	**$2,569.00**
TOTAL APPROVED FUNDS	**$2,569.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED

APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C);

DATE: 09/27/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; **"10/01-03/2019 – SCJ Kennedy Ret. Protection Detail, Salt Lake City, UT"** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

D/UT ((b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved (contingent upon receipt of funding from FSD)
No travel funding approved
(b)(7)(E) guard funding approved (contingent upon receipt of funding from FSD)

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number: (b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2: (b)(7)(E)
Org Code 4: ***(Include the District #)***
Project Code: (b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2: (b)(7)(E)
Org Code 4:
Project Code: (b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.
Reimbursement for GOV fuel for this event is not authorized.
An After Action Report (AAR) must be completed and submitted to your Regional Chief within 7 business days of the assignment's completion.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

Ops Plan Supreme Court Justice AK SLC, UT.docx

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F) **OPO - SI**

United States Marshal, Chief Deputy, or designee

District: **Southern District of Ohio** Circuit:**06**

1. Detail Name: **10/10/19 – 10/11/19 Protective Mission Supreme Court Justice Kennedy**

(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: **Columbus**
Host District: **Southern District of Ohio** Circuit:**06**
Overseas Travel?: **No**

3. Starting Date: **10/09/2019** *(mm/dd/yyyy)* Ending Date: **10/12/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **4**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

[Associate US Supreme Court Justice Kennedy will be traveling to Columbus, OH October 10-11, 2019 to attend the Sixth Circuit Court of Appeals Investitures of Judges Chad A. Readler and Eric E. Murphy on Friday October 11, 2019, at the Joseph P. Kinneary Federal Courthouse in Columbus Ohio. Judge Murphy's ceremony will begin at 11:00 a.m. followed by a light luncheon from 12:15-1:45. Judge Readler's ceremony will begin at 2:00 p.m., followed by a reception from 3:30-5:00 p.m. The curricula for these events have not been completed, and while the times are probable they are not absolute. The final itinerary of the Justice has not been confirmed, but travel dates for the Justice are October 10th and October 11th, 2019. This has been designated a (b)(7)(E)]

5. No. of Defendants in custody: Total No. of Defendants: No. USMS In-Custody Witnesses:

6. Reported Threats: (b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignmen (b)(7)(E)
No. of In-District DUSMs committed to staff this detail (b)(7)(E)

9. Are you requesting Out-of-District Assistance? (check one) **Yes**
No. of DUSMs (b)(7)(E) SDUSMs Admin.

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one) **Yes**

11. Will the detail incur **overtime?** (check one) **Yes**
Scheduled Detail Hours (b)(7)(E) Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one)
Are these guards being used as **backfill?** (check one)

	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
In-District	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
Out-of-District	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**

14. Will the detail incur **other expenses?** (check one) **Yes**

Expense:	**$10,361.00**
Description:	**This mission is for guard reimbursement, overtime, and travel funds.**

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: **Columbus / S-OH**

Reporting Date/Time:

(mm/dd/yyyy) (hour)

Detail Supervisor:

Detail Supervisor Phone: (b)(6); (b)(7)(C); (b)(7)(F)

Per Diem Rate: (b)(7)(E)

Hotel Name:

Hotel Telephone:

Special Instructions/Other related information:
[District Personnel Breakdown:
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Expenditure Breakdown:
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Overtime Expenditures:
(b)(7)(E)

Guard Backfill:
Guard reimbursemen (b)(7)(E)
Travel Expenditures:
None for in district DUSM (b)(7)(E)

Lodging: $0
MIE: $0

Other expenses:
Hotel Parking: $0
Hotel Taxes: $0

Other expenses: $0

Total to (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Expenditure Breakdown:
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Overtime Expenditures:
(b)(7)(E)

Guard Backfill:
Guard reimbursement (b)(7)(E)
Travel Expenditures:
None for in district DUSM (b)(7)(E)

Lodging: $0
MIE: $0

Other expenses:
Hotel Parking: $0
Hotel Taxes: $0

Other expenses: $0

Total to (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Overtime Expenditures:
(b)(7)(E)

Guard Backfill:
Guard reimbursement (b)(7)(E)

Travel Expenditures:
District DUSM (b)(7)(E)

Lodging: (b)(7)(E) 3nights = Total (b)(7)(E)
MIE: (b)(7)(E) 4days) = (b)(7)(E)

Other expenses:
Hotel Parking: $0
Hotel Taxes: (b)(7)(E) 3nights = Total (b)(7)(E)

Other expenses: $0

Total to (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Overall Total to (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Overtime Expenditures:
(b)(7)(E)

Guard Backfill:
Guard reimbursement (b)(7)(E)

Travel Expenditures:
Lodging: (b)(7)(E) 3nights (b)(7)(E)
MIE: (b)(7)(E) (4days) = (b)(7)(E)

Other expenses:
Hotel Parking: $0
Hotel Taxes: (b)(7)(E) 3nights = Total (b)(7)(E

Other expenses: $0
Tolls: $0

Total to (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Overtime Expenditures:
(b)(7)(E)

Guard Backfill:
Guard reimbursement (b)(7)(E)

Travel Expenditures:
Lodging: (b)(7)(E) 3nights = Total (b)(7)(E)
MIE: (b)(7)(E) 4days) (b)(7)(E)

Other expenses:
Hotel Parking: $0
Hotel Taxes: (b)(7)(E) 3nights = Total (b)(7)(E)

Other expenses: $0

Tolls: $0

Total to (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Overall Total to (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Overtime Expenditures:
(b)(7)(E)

Guard Backfill:
Guard reimbursement (b)(7)(E)

Travel Expenditures:
Lodging: (b)(7)(E) 3nights = Total (b)(7)(E)
MIE: (b)(7)(E) (4days) (b)(7)(E)

Other expenses:
Hotel Parking: $0
Hotel Taxes: (b)(7)(E) 3nights = Total (b)(7)(E)

Other expenses: $0
Tolls: (b)(7)(E)

Total to (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Overtime Expenditures:
(b)(7)(E)

Guard Backfill:
Guard reimbursement (b)(7)(E)

Travel Expenditures:
Lodging: (b)(7)(E) 3nights = Total (b)(7)(E)
MIE: (b)(7)(E) (4days) = (b)(7)(E)

Other expenses:
Hotel Parking: $0

Hotel Taxes: (b)(7)(E) 3nights = Total (b)(7)(E)

Other expenses: $0
Tolls: (b)(7)(E)

Total to (b)(7)(E)

DETAIL TOTAL – $10,361]

Special Equipment or Personnel Required:

[Travel day - Wednesday, 9 October 2019

o (b)(7)(E)

o

o DETAILED ITINERARY

o Thursday, 10 Octoberber 2019

o (b)(7)(E)

o

o

o (b)(7)(E)

o

o (b)(7)(E) SCJ Kennedy Arrives at Columbus International

o (b)(7)(E) Proceed to the RON (b)(7)(E)

o (b)(7)(E) Arrive at RON

o depart RON en route to dinner

o 2130 SCJ will attend dinner (TBD)

o (b)(7)(E)

o Depart restaurant en route to RON

o (b)(7)(E)

o Friday,11 October 2019

o (b)(7)(E)

o

o (b)(7)(E) (b)(7)(E)

o - 1000 Breakfast

o - Depart RON en route to Federal Courthouse (office 85 Marconi Blvd.)

o (b)(7)(E) Judge Murphy Investiture

o Photo opportunities

o Luncheon

o (b)(7)(E) Depart Investiture en route to RON en route to Investiture (b)(7)(E)

o Arrive at RON

o Depart RON en route to Columbus International

o Depart Columbus International en route to DC Dulles

o (b)(7)(E)

o Saturday, 12 October 2019

o (b)(7)(E)

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F) — **10/03/2019**

Signature of U.S. Marshal, Chief Deputy or designee — *Date*

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required: No. of DUSMs (b)(7)(E) SDUSMs Admin.

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours (b)(7)(E) Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
In-District (082/1802)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
Out-of-District (082/1802)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**

18. Approval for **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one)

In-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

Out-of-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	**$10,361.00**
Description:	**This mission is for guard reimbursement, overtime, and travel funds. See breakdowns in block 15.**

TOTAL REQUESTED FUNDS	**$10,361.00**
TOTAL APPROVED FUNDS	**$10,361.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED

APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(F)

DATE: 10/04/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; **"10/09-12/2019 – Ret. SCJ Kennedy Protection Detail, Columbus, OH"** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

S/OH (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved (contingent upon receipt of funding from FSD)
(b)(7)(E) travel funding approved (contingent upon receipt of funding from FSD)
(b)(7)(E) guard funding approved (contingent upon receipt of funding from FSD)

N/OH (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved (contingent upon receipt of funding from FSD)
(b)(7)(E) travel funding approved (contingent upon receipt of funding from FSD)
(b)(7)(E) guard funding approved (contingent upon receipt of funding from FSD)

E/KY (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved (contingent upon receipt of funding from FSD)
(b)(7)(E) travel funding approved (contingent upon receipt of funding from FSD)
(b)(7)(E) guard funding approved (contingent upon receipt of funding from FSD)

E/MI (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved (contingent upon receipt of funding from FSD)

(b)(7)(E) travel funding approved (contingent upon receipt of funding from FSD)
(b)(7)(E) guard funding approved (contingent upon receipt of funding from FSD)

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number: (b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2: (b)(7)(E)
Org Code 4: ***(Include the District #)***
Project Code: (b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2: (b)(7)(E)
Org Code 4:
Project Code: (b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding

authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.
Reimbursement for GOV fuel for this event is not authorized.
An After Action Report (AAR) must be completed and submitted to your Regional Chief within 7 business days of the assignment's completion.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

Ken Ops Oct 10 2019.docx

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F)
United States Marshal, Chief Deputy, or designee

District: **Eastern District of California** Circuit:**09**

1. Detail Name: **10/26/2019 - SCJ Ret. Kennedy** (b)(6); (b)(7)(C) **CA**
(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: (b)(6); (b)(7)(C) **CA**
Host District: **Eastern District of California** Circuit:**09**
Overseas Travel?: **No**

3. Starting Date: **10/26/2019** *(mm/dd/yyyy)* Ending Date: **10/31/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **6 days**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

(b)(6); (b)(7)(C); (b)(7)(E)

5. No. of Defendants in custody: Total No. of Defendants: No. USMS In-Custody Witnesses:

6. Reported Threats: (b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment: (b)(7)(
No. of In-District DUSMs committed to staff this detail: (b)(7)(E

9. Are you requesting Out-of-District Assistance? (check one) **Yes**

No. of DUSMs	SDUSMs	Admin.
(b)(7)(E		

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one)

11. Will the detail incur **overtime?** (check one)

Scheduled Detail Hours (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one)

Are these guards being used as **backfill?** (check one)

	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
In-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
Out-of-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00

14. Will the detail incur **other expenses?** (check one) **Yes**

Expense:	**$40,280.00**
Description:	**see box 15**

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: (b)(6); (b)(7)(C) **CA**

Reporting Date/Time: **10/26/2019** (mm/dd/yyyy) (b)(7)(E) (hour)

Per Diem Rate: (b)(7)(E)

Hotel Name:

Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)

Detail Supervisor Phone:

Special Instructions/Other related information:

[TDY Travel Costs:

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Airfare, (b)(7)(E)
Bags, (b)(7)(E)
Taxi,
Lodging, 4 nights (b)(7)(E) 1 night (b)(7)(E)
Per diem, 6 nights (b)(7)(E)
Guard hire, 4 days
Overtime, (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Airfare, (b)(7)(E)
Bags, (b)(7)(E)
Parking, (b)(7)(
Lodging, 4 nights (b)(7)(E) 1 night (b)(7)(E)
Per diem, 6 nights (b)(7)(E)
Guard hire, 4 days (b)(7)(E)
Overtime (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Airfare, (b)(7)(E)
Bags (b)(7)(E)
Taxi,
Lodging, 4 nights (b)(7)(E) 1 night (b)(7)(E)
Per diem, 6 nights (b)(7)(E)
Guard hire, 4 days (b)(7)(E)
Overtime (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Airfare, (b)(7)(E)
Bags (b)(7)(E)
Taxi,
Lodging, 4 nights (b)(7)(E) 1 night (b)(7)(E)
Per diem, 6 nights (b)(7)(E)
Guard hire, 4 days (b)(7)(E)

Overtime (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Airfare (b)(7)(E)
Bags, (b)(7)(E)
Taxi, (b)(7)(E)
Lodging, 4 nights (b)(7)(E) 2 nights (b)(7)(E)
Per diem, 7 nights (b)(7)(E)
Guard hire, 5 days
Overtime (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Airfare, (b)(7)(E)
Bags, (b)(7)(E)
Taxi, (b)(7)(E)
Lodging, 4 nights (b)(7)(E) 2 nights (b)(7)(E)
Per diem, 7 nights (b)(7)(E)
Guard hire, 5 days
Overtime (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Airfare, (b)(7)(E)
Bags, (b)(7)(E)
Taxi,
Lodging, 4 nights (b)(7)(E) 2 nights (b)(7)(E)
Per diem, 7 nights (b)(7)(E)
Guard hire, 5 days
Overtime, (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Lodging, 4 nights (b)(7)(E)
Per diem, 5 nights
Guard hire, 4 day
Overtime (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Lodging, 1 night (b)(7)(E)
Per diem, 2 nights (b)(7)(E)
Guard hire, 4 days (b)(7)(E)
Overtime (b)(7)(E)

DUTY SCHEDULE

10/26 (Travel Day), All,
(b)(7)(E)

10/27, All
(b)(7)(E)

10/28
(b)(7)(E)

Justice arrives at airport
(b)(7)(E)

10/29
(b)(7)(E)

Justice attends breakfast
(b)(7)(E)

(b)(7)(E)

10/30

(b)(7)(E)

Justice attends breakfast

(b)(7)(E)

10-31

(b)(7)(E)

(b)(7)(E) Wheels up

(b)(7)(E)

11-1

(b)(7)(E)

]
Special Equipment or Personnel Required:
[Required equipment will be emailed to all.]

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F) _____ **10/18/2019**

Signature of U.S. Marshal, Chief Deputy or designee *Date*

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required:	No. of DUSMs	SDUSMs	Admin.
	(b)(7)(E)		

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
In-District (082/1802)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
Out-of-District (082/1802)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**

18. Approval for **per diem?** (check one) **Yes**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one) **Yes**

In-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

Out-of-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	$39,280.00
Description:	see box 15

TOTAL REQUESTED FUNDS $40,280.00

TOTAL APPROVED FUNDS $39,280.00

APPROVAL LEVEL REQUIRED OST SUPERVISOR

THIS ASSIGNMENT IS: APPROVED

APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(F)

DATE: 10/21/2019

COMMENTS: (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(F) is the **P.O.C.** for this assignment, USE THE SA# WHEN SENDING QUESTIONS,

The supplemental funding request; **"10/26-31/2019 – SCJ Ret. Kennedy Protection Detail** (b)(6); (b)(7)(C) **CA"** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

D/HI (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E) overtime funding approved
travel funding approved
guard funding approved

S/CA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

W/WA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E) overtime funding approved
travel funding approved
guard funding approved

E/WA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

D/AZ (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E) overtime funding approved

(b)(7)(E) travel funding approved
guard funding approved

D/OR (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
(b)(7)(E) travel funding approved
guard funding approved

N/CA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
guard funding approved

E/CA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
(b)(7)(E) travel funding approved
(b)(7)(E) guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number: (b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2: (b)(7)(E)
Org Code 4: ***(Include the District #)***
Project Code: (b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2: (b)(7)(E)
Org Code 4:
Project Code: (b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.
Reimbursement for GOV fuel for this event is not authorized.
The attached After Action Report must be completed by the host district and returned to OSB within 7 business days of the assignment's completion.

THIS ASSIGNMENT IS: APPROVED
APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(E)
DATE: 10/22/2019
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

SCJ Kennedy (b)(7)(=\ Oct 2019.doc

Special Instructions/Other related information:

[TDY Travel Costs:

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Airfare (b)(7)(E)
Bags (b)(7)(E)
Taxi, (b)(7)(E)
Lodging, 4 nights (b)(7)(E) 1 night (b)(7)(E)
Per diem, 6 nights (b)(7)(E)
Guard hire, 4 days (b)(7)(E)
Overtime, (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Airfare, (b)(7)(E)
Bags, (b)(7)(E)
Parking (b)(7)(E)
Lodging, 4 nights (b)(7)(E) 1 night (b)(7)(E)
Per diem, 6 nights (b)(7)(E)
Guard hire, 4 days (b)(7)(E)
Overtime (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Airfare, (b)(7)(E)
Bags (b)(7)(E)
Taxi, (b)(7)(E)
Lodging, 4 nights (b)(7)(E) 1 nigh (b)(7)(E)
Per diem, 6 nights (b)(7)(E)
Guard hire, 4 days (b)(7)(E)
Overtime (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Airfare, (b)(7)(E)
Bags (b)(7)(E)
Taxi, (b)(7)(E)
Lodging, 4 nights (b)(7)(E) 1 night (b)(7)(E)
Per diem, 6 nights (b)(7)(E)
Parking (b)(7)(E)

Guard hire, 4 days (b)(7)(E)
Overtime (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Airfare, (b)(7)(E)
Bags, (b)(7)(
Taxi, (b)(7)(
Lodging, 4 nights (b)(7)(E) 2 nights (b)(7)(E)
Per diem, 7 nights (b)(7)(E)
Guard hire, 5 days
Overtime, (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Airfare (b)(7)(E)
Bags (b)(7)(E)
Taxi, (b)(7)(E)
Lodging, 4 nights (b)(7)(E) 2 nights (b)(7)(E)
Per diem, 7 nights (b)(7)(E)
Guard hire, 5 days
Overtime (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Airfare, (b)(7)(E
Bags (b)(7)(E)
Taxi,
Lodging, 4 nights (b)(7)(E) 2 nights (b)(7)(E)
Per diem, 7 nights (b)(7)(E)
Guard hire, 5 days
Overtime, (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Lodging, 4 nights X (b)(7)(E)
Per diem, 5 nights
Guard hire, 4 days (b)(7)(E)
Overtime, (b)(7)(E)

(b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Lodging, 1 night (b)(7)(E)

Per diem, 2 nights (b)(7)(E)

Parking (b)(7)(E)

Guard hire, 4 days (b)(7)(E)

Overtime, (b)(7)(E)

DUTY SCHEDULE

10/26 (Travel Day), All,

(b)(7)(E)

10/27, All

(b)(7)(E)

10/28

(b)(7)(E)

Justice arrives at airport

(b)(7)(E)

10/29

(b)(7)(E)

Justice attends breakfast

(b)(7)(E)

10/30

(b)(7)(E)

Justice attends breakfast

(b)(7)(E)

10-31

(b)(7)(E)

(b)(7)(E) Wheels up

(b)(7)(E)

11-1

(b)(7)(E)

COMMENTS: (b)(7)(E)

The supplemental funding request; **"10/26-31/2019 – SCJ Ret. Kennedy Protection Detail,** (b)(6); (b)(7)(C) **CA"** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

D/HI (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E)
overtime funding approved
travel funding approved
guard funding approved

S/CA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E)
overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

W/WA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E)
overtime funding approved
travel funding approved
guard funding approved

E/WA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E)
overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

D/AZ (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E)
overtime funding approved
travel funding approved
guard funding approved

D/OR (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E) overtime funding approved
(b)(7)(E) travel funding approved
guard funding approved

N/CA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
guard funding approved

E/CA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
(b)(7)(E) travel funding approved
(b)(7)(E) guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number: (b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2: (b)(7)(E)
Org Code 4: ***(Include the District #)***
Project Code: (b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2: (b)(7)(E)
Org Code 4:
Project Code: (b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable)

approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.
Reimbursement for GOV fuel for this event is not authorized.
The attached After Action Report must be completed by the host district and returned to OSB within 7 business days of the assignment's completion.

THIS ASSIGNMENT IS: APPROVED
APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(F) **DATE:** 10/22/2019
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

SCJ Kennedy (b)(7)(Oct 2019.doc

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F) **JSD-OPO-NY, 2nd Circuit**

United States Marshal, Chief Deputy, or designee

District: **Southern District of New York** Circuit:**02**

1. Detail Name: **11/26/2019 - 12/01/2019 - Retired SCJ Kennedy Protection Detail** (b)(6); (b)(7)(C) **NY**

(For WITSEC use W.C. No.; For Extraditions use Case No.;
For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: (b)(6); (b)(7)(C)
Host District: **Southern District of New York** Circuit:**02**
Overseas Travel?: **No**

3. Starting Date: **11/26/2019** *(mm/dd/yyyy)* Ending Date: **12/01/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **5**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

(b)(6); (b)(7)(C); (b)(7)(E)

Tue, Nov 26

(b)(7)(E) Travel Day

Wed, Nov 27 (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

Thurs, Nov 28 -Thanksgiving Day, (8hrs Holiday Worked, (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

Fri, Nov 29 (No OT)

(b)(6); (b)(7)(C); (b)(7)(E)

Saturday, Nov 30 – (b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

(b)(7)(E)

Sunday, Dec 1

(b)(7)(E) Travel Day (Travel Comp authorized)]

5. No. of Defendants in custody: **0** Total No. of Defendants: **0** No. USMS In-Custody Witnesses: **0**

6. Reported Threats:

(b)(7)(E)

(b)(7)(E)

7. Has the Operational Plan been submitted? **No**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment: **0**
No. of In-District DUSMs committed to staff this detail: (b)(7)(E)

9. Are you requesting Out-of-District Assistance? (check one) **Yes**

No. of DUSMs	SDUSMs	Admin.
(b)(7)(E	**0**	**0**

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one) **Yes**

11. Will the detail incur **overtime?** (check one) **Yes**

Scheduled Detail Hours (b)(7)(E) Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one) **Yes**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one) **Yes**

Are these guards being used as **backfill?** (check one) **Yes**

In-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

Out-of-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

14. Will the detail incur **other expenses?** (check one) **Yes**

Expense:	**$10,662.00**
Description:	**See Box 15. for complete expense breakdown (Guard Hire/Overtime/Travel)**

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: (b)(6); **NY**

Reporting Date/Time: **11/26/2019** (mm/dd/yyyy) (b)(7)(E) (hour)

Per Diem Rate: (b)(7)(E)

Hotel Name:

Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)

Detail Supervisor Phone:

Special Instructions/Other related information:
[Due to several protection details during the same time frame, the host district is only able to staff this assignment(b)(7)(E)
****
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Travel Expense: NONE
Guard Hire: (b)(7)(E)
Overtime: $

Total to(b)(7)(E)

****
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Lodging(b)(7)(E) 4days =(b)(7)(E) departing on 11/30/19 evening*
M&IE (b)(7)(E) 5 days =(b)(7)(E)
Misc. Taxes(b)(7)(E) 4 days =(b)(7)(E)
Airfare:(b)(7)(E)
Baggage fee: (b)(7)(E)
R/T Taxi:(b)(7)(E)
GOV Parking at Airport:(b)(7)(E)

Travel Expenses:(b)(7)(E)
Guard Hire(b)(7)(E)
Overtime: $
Total (b)(7)(E)
****
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Lodging(b)(7)(E) 5days(b)(7)(E)
M&IE (b)(7)(E) 6 days =
Misc. Taxes(b)(7)(E) 5 days (b)(7)(E)
Airfare(b)(7)(E)
Baggage fee: (b)(7)(E)
R/T Taxi:(b)(7)(E)

Travel Expenses:(b)(7)(E)
Guard Hire:(b)(7)(E)
Overtime(b)(7)(E)
Total(b)(7)(E)

Special Equipment or Personnel Required:

[Only overtime worked will be claimed. Final detail hours will be confirmed and forwarded to Detail personnel by the IIC at the conclusion of the mission.

(b)(7)(E)

(b)(7)(E)

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F)

Signature of U.S. Marshal, Chief Deputy or designee

11/20/2019

Date

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required:	No. of DUSMs	SDUSMs	Admin.
	(b)(7)(E)	**0**	**0**

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(E

Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
In-District (082/1802)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
Out-of-District (082/1802)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**

18. Approval for **per diem?** (check one) **Yes**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one) **Yes**

In-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

Out-of-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	$10,530.00
Description:	See Box 15 for complete expense breakdown

TOTAL REQUESTED FUNDS	$10,662.00
TOTAL APPROVED FUNDS	$10,530.00
APPROVAL LEVEL REQUIRED	OST

THIS ASSIGNMENT IS: APPROVED

APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(E)

DATE: 11/20/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; **''11/26/2019 - 12/1/2019 - SCJ (Ret.) Kennedy Protection Detail** (b)(6); (b)(7)(C) **NY''** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

S/NY (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
$0 travel funding approved
(b)(7)(E) guard funding approved

N/TX (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

N/IL (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number:
(b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2: (b)(7)(E)
Org Code 4: ***(Include the District #)***
Project Code: (b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2: (b)(7)(E)
Org Code 4:
Project Code: (b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding

authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F) **JSD OPO**

United States Marshal, Chief Deputy, or designee

District: **Southern District of New York** Circuit:**02**

1. Detail Name: **12/16/19 - 12/19/19 - Retired SCJ Kennedy Protection Detail**

(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: (b)(6);
Host District: **Southern District of New York** Circuit:**02**
Overseas Travel?: **No**

3. Starting Date: **12/16/2019** *(mm/dd/yyyy)* Ending Date: **12/19/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **3 days**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*

(b)(6); (b)(7)(C)

DUSM itinerary below:

Tuesday, December 17, 2019

Hour

(b)(6); (b)(7)(C); (b)(7)(E)

Wednesday, December 18, 2019

(b)(6); (b)(7)(C); (b)(7)(E)

5. No. of Defendants in custody: **0** Total No. of Defendants: **0** No. USMS In-Custody Witnesses: **0**

6. Reported Threats: (b)(7)(E)

(b)(7)(E)

7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment: **0**
No. of In-District DUSMs committed to staff this detail: **0**

9. Are you requesting Out-of-District Assistance? (check one) **Yes**
No. of DUSMs (b)(7)(E) SDUSMs Admin.

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one) **Yes**

11. Will the detail incur **overtime?** (check one) **Yes**
Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
In-District (082/1802)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	**1**	=	(b)(7)(E)
Out-of-District (082/1802)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**

12. Will the detail incur **per diem?** (check one) **Yes**

Per Diem Estimate Computation:	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	(b)(7)(E)	x	1	=	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)

13. Will the detail incur **guard expense?** (check one) **Yes**
Are these guards being used as **backfill?** (check one) **Yes**

	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
In-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	4	=	(b)(7)(E)

14. Will the detail incur **other expenses?** (check one) **Yes**

Expense: (b)(7)(E)
Description: (b)(7)(**per day x 4 days for parking** (b)(7)(E) **hotel taxes and fees**

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: (b)(6); (b)(7)(C)

Reporting Date/Time: **12/17/2019** (mm/dd/yyyy) (b)(7)(E) (hour)

Per Diem Rate:
Hotel Name:
Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)
Detail Supervisor Phone:

Special Instructions/Other related information:

(b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Overtime (b)(7)(E)

Per Diem (b)(7)(E) 3 nights (b)(7)(E)

(b)(7)(E)

Other expenses (parking) (b)(7)(E) per day x 4 days (b)(7)(E)

(hotel taxes and fees) (b)(7)(E)

Guard Hire - (b)(7)(E) 4 days x (b)(7)(E)

TOTAL (b)(7)(E)

OT not worked will not be claimed. Final Detail hours will be confirmed and forwarded to Detail personnel by the IIC at the conclusion of the mission.

(b)(7)(E)

Special Equipment or Personnel Required:

(b)(7)(E)

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F) **12/13/2019**

_____ _____

Signature of U.S. Marshal, Chief Deputy or designee *Date*

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required:	No. of DUSMs	SDUSMs	Admin.
	(b)(7)(E)		

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
In-District (082/1802)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	**1**	=	(b)(7)(E)
Out-of-District (082/1802)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**

18. Approval for **per diem?** (check one) **Yes**

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	**0**	x	**0**	=	**$0.00**	x	**0**	=	**$0.00**
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	(b)(7)(E)	x	**1**	=	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)

19. Approval for **guard expense?** (check one) **Yes**

In-District												
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		**TOTAL**
0	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
Out-of-District												
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		**TOTAL**
(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	**4**	=	(b)(7)(E)

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	(b)(7)(E)
Description:	(b)(7)(E) **per day x 4 days for parking** (b)(7)(E) **hotel taxes and fees**

TOTAL REQUESTED FUNDS	**$2,952.00**
TOTAL APPROVED FUNDS	**$2,952.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED

APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(E)

DATE: 12/13/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; **''12/16-19/2019 - SCJ Ret. Kennedy Protection Detail,** (b)(6); (b)(7)(C) **NY''** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

E/PA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
(b)(7)(E) travel funding approved
(b)(7)(E) guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number:
(b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2:
Org Code 4: (b)(7)(E) ***(Include the District #)***
Project Code:
(b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2:
Org Code 4: (b)(7)(E)

Project Code:

(b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.
An After Action Report (AAR) must be completed and submitted to your Regional Chief within 7 business days of the assignment's completion.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

U.S. Department of Justice
United States Marshals Service

REQUEST FOR
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

SPECIAL ASSIGNMENT No.	(b)(7)(E)
PROJECT CODE	(b)(7)(E)

TO: Program Manager
Operational Division (JSD, ISD, PSD, etc.): **JSD**

FROM: (b)(6); (b)(7)(C); (b)(7)(F) **SI - JSD/OPO-2nd Circuit**
United States Marshal, Chief Deputy, or designee

District: **Southern District of New York** Circuit:**02**

1. Detail Name: **12/22/19 - 12/27/19, Ret. Justice Kennedy** (b)(6); (b)(7)(C) **2019**
(For WITSEC use W.C. No.; For Extraditions use Case No.; For Trials, use Case Title, Docket No., and Judge's Name)

2. Location of Detail: (b)(6); (b)(7)(C)
Host District: **Southern District of New York** Circuit:**02**
Overseas Travel?: **No**

3. Starting Date: **12/22/2019** *(mm/dd/yyyy)* Ending Date: **12/27/2019** *(mm/dd/yyyy)* Number of Days/Weeks: **6 days**

4. Description:

Program Type: **Court Security**
Detail Type: **Protection Detail - Supreme Court Justices**
ESU / SOG:
Case Type:

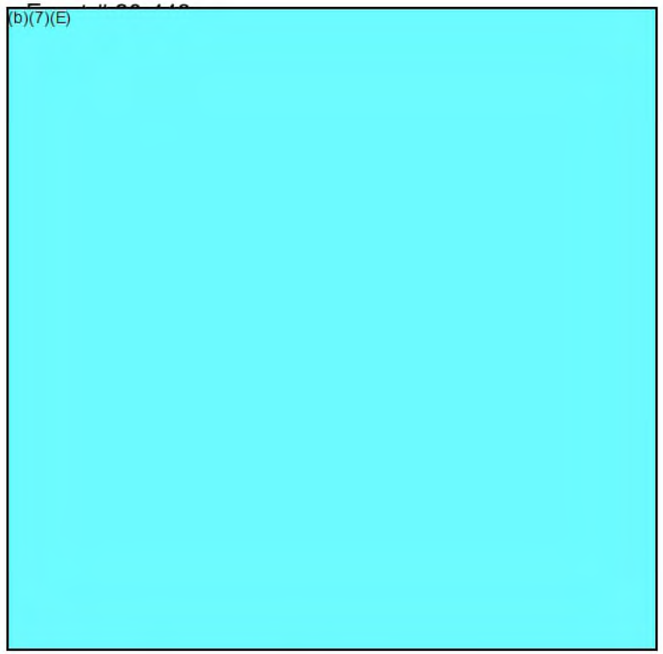
Brief Description of Detail: *(Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)*
[

(b)(6); (b)(7)(C); (b)(7)(E)

5. No. of Defendants in custody: Total No. of Defendants: No. USMS In-Custody Witnesses:

6. Reported Threats:

(b)(7)(E)



7. Has the Operational Plan been submitted? **Yes**

8. Host/Trial District Information:
No. of District DUSMs on Special Assignment:
No. of In-District DUSMs committed to staff this detail (b)(7)(E)

9. Are you requesting Out-of-District Assistance? (check one) **Yes**

No. of DUSMs	SDUSMs	Admin.
(b)(7)(E)		

10. Will you accept GS-082 (DUSMs) / GS-1802 (DEOs)? (check one) **Yes**

11. Will the detail incur **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

12. Will the detail incur **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

13. Will the detail incur **guard expense?** (check one)

Are these guards being used as **backfill?** (check one)

	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
In-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	x	0	=	$0.00

14. Will the detail incur **other expenses?** (check one) **Yes**

Expense:	**$8,745.00**
Description:	**Listed in Sec #15: airfare, parking, taxi fees, guard hire, per diem**

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: (b)(6); (b)(7)(C)

Reporting Date/Time: **12/22/2019** (mm/dd/yyyy) (b)(7)(E) (hour)

Per Diem Rate:

Hotel Name:

Hotel Telephone:

Detail Supervisor: (b)(6); (b)(7)(C); (b)(7)(F)

Detail Supervisor Phone:

Special Instructions/Other related information:

(b)(7)(E)

(b)(7)(E)

(b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Airfare: (b)(7)(E)
Lodging (b)(7)(E) 5 days (b)(7)(E)
Lodging Taxes (b)(7)(E) 5 days (b)(7)(E)
Full MIE: $ (b)(7)(E) 6 days (b)(7)(E)
Name of item (baggage, atm, SATO fees, local parking, (b)(6); (b)(7)(C) taxi (r/t) etc.) (b)(7)(E)
TOTAL TRAVEL (b)(7)(E)

OT: (b)(7)(E)
Guards: (b)(7)(E) 4 days (b)(7)(E)
(b)(7)(E) Sun (b)(7)(E)
Mon
Tue
Wed (b)(7)(E)
Thu (b)(7)(E)
Fri

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Airfare: N/A
Lodging: N/A
Lodging Taxes: N/A
Full MIE: N/A
Name of item (baggage, atm, SATO fees, local parking, (b)(6); (b)(7)(C) taxi (r/t) etc.): $00
TOTAL TRAVEL: NONE

OT (b)(7)(E)
Guards: (b)(7)(E) 3days (b)(7)(E)
(b)(7)(E) Mon (b)(7)(E)
Tues
Wed
Thu

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Airfare: N/A
Lodging: N/A
Lodging Taxes: N/A
Full MIE: N/A
Name of item (baggage, atm, SATO fees, local parking (b)(6); (b)(7)(C) axi (r/t) etc.): $00
TOTAL TRAVEL: NONE

OT: (b)(7)(E)
Guards: (b)(7)(E) 3days (b)(7)(E)

(b)(7)(E)
Mon
Tues
Wed
Thu
(b)(7)(E)

Sunday, December 22, 2019
Sun (b)(7)(E)
(b)(7)(E)
(b)(7)(E)
(b)(7)(E)

Monday, December 23, 2019
(b)(7)(E)

(b)(7)(E)

Tuesday, December 24, 2019
(b)(7)(E)

(b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

Wednesday, December 25, 2019

(b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

Thursday, December 26, 2019

(b)(7)(E)

(b)(7)(E)

End of day

Friday, December 27, 2019

(b)(7)(E)

Special Equipment or Personnel Required:
(b)(7)(E)

OT not worked will not be claimed. Final Detail hours will be confirmed and forwarded to Detail personnel by the IIC at the conclusion of the mission.]

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F) — **12/14/2019**

Signature of U.S. Marshal, Chief Deputy or designee — *Date*

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required: No. of DUSMs (b)(7)(E) SDUSMs Admin.

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
In-District (082/1802)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**
Out-of-District (082/1802)	**0**	x	**0**	=	**$0.00**	x	**0**	x	**0**	=	**$0.00**

18. Approval for **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one)

In-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

Out-of-District

Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	**$8,745.00**
Description:	**Listed in Sec #15: airfare, parking, taxi fees, guard hire, per diem**

TOTAL REQUESTED FUNDS	**$8,745.00**
TOTAL APPROVED FUNDS	**$8,745.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED

APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(F)

DATE: 12/17/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; ''**12/22-27/2019 - SCJ Ret. Kennedy Protection Detail, NY**'' has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

W/NC (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
travel funding approved
(b)(7)(E) guard funding approved

S/NY (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
No travel funding approved
(b)(7)(E) guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number:
(b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes**:
Org Code 2:
Org Code 4: (b)(7)(E) ***(Include the District #)***
Project Code:
(b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2: (b)(7)(E)
Org Code 4:
Project Code:
(b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.
An After Action Report (AAR) must be completed and submitted

to your Regional Chief within 7 business days of the assignment's completion.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

draft Ops Plan Justice Kennedy_Operation-(b)(6); (b)(7)(C) pdf

Special Instructions/Other related information:
(b)(7)(E)

(b)(7)(E)

(b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Airfare: (b)(7)(E)
Lodging 5 days (b)(7)(E)
Lodging Taxes: (b)(7)(E) 5 days = (b)(7)(E)
Full MIE (b)(7)(E) 6 days (b)(7)(E)
Name of item (baggage, atm, SATO fees, local parking, (b)(6); (b)(7)(C) taxi (r/t) etc.): (b)(7)(E)
TOTAL TRAVEL (b)(7)(E)

OT: $(b)(7)(E) in OT for 24DEC19
Guards: (b)(7)(E) 4 days (b)(7)(E)
(b)(7)(E) Sun (b)(7)(E)
Mon
Tue
Wed (b)(7)(E)
Thu (b)(7)(E)
Fri

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Airfare: N/A
Lodging: N/A
Lodging Taxes: N/A
Full MIE: N/A
Name of item (baggage, atm, SATO fees, local parking (b)(6); (b)(7)(C) taxi (r/t) etc.): $00
TOTAL TRAVEL: NONE

OT (b)(7)(E) in OT for 24DEC19
Guards: (b)(7)(E) 3days (b)(7)(E)
(b)(7)(E) Mon (b)(7)(E)
Tues
Wed
Thu

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Airfare: N/A
Lodging: N/A
Lodging Taxes: N/A
Full MIE: N/A
Name of item (baggage, atm, SATO fees, local parking, (b)(6); (b)(7)(C) taxi (r/t) etc.): $00
TOTAL TRAVEL: NONE

OT (b)(7)(E) in OT for 24DEC19
Guards (b)(7)(E) 3days (b)(7)(E)

(b)(7)(E) Mon (b)(7)(E)
Tues
Wed
Thu

Sunday, December 22, 2019
Sun (b)(7)(E)
(b)(7)(E)
(b)(7)(E)
(b)(7)(E) End of day.

Monday, December 23, 2019
(b)(7)(E)

(b)(7)(E)

Tuesday, December 24, 2019
(b)(7)(E)

(b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

Wednesday, December 25, 2019

(b)(7)(E)

(b)(6); (b)(7)(C); (b)(7)(E)

Thursday, December 26, 2019

(b)(7)(E)

(b)(7)(E)

End of day

Friday, December 27, 2019

(b)(7)(E)

From: (b)(6); (b)(7)(C); (b)(7)(F) (USMS)
Sent: Thursday, December 19, 2019 9:47 AM
To: (b)(6); (b)(7)(C); (b)(7)(F) (USMS) (b)(6); (b)(7)(C); @usms.doj.gov>; (b)(6); (b)(7)(C); (USMS) (b)(6); @usms.doj.gov>; (b)(6); (b)(7)(C); (b)(7)(F) (USMS) (b)(6); (b)(7)(C); @usms.doj.gov>
Cc: (b)(6); (b)(7)(C); (b)(7)(F) (USMS) (b)(6); (b)(7)(C); @usms.doj.gov>
Subject: AMENDMENT REQUEST/ USM-535 / APPROVED-(b)(7)(E)

Good Morning (b)(6); (b)(7)(C); (b)(7)(F)

Based on this re-classification of 12/24/19, I concur with the amendment requests for the previously submitted and approved USM-535.

If you have any questions or require any additional assistance, please contact me at your convenience.

Thank you,

(b)(6); (b)(7)(C);

(b)(6); (b)(7)(C); (b)(7)(F)
Assistant Chief Inspector
JSD/OPO
Region I
Cell : (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C); (b)(7)(F) (USMS)
Sent: Thursday, December 19, 2019 9:31 AM
To: (b)(6); (b)(7)(C); (USMS) (b)(6); (b)(7)(C); @usms.doj.gov>; (b)(6); (b)(7)(C); (b)(7)(F) (USMS) (b)(6); (b)(7)(C); @usms.doj.gov>
Cc: (b)(6); (b)(7)(C); (b)(7)(F) (USMS) (b)(6); (b)(7)(C); @usms.doj.gov>
Subject: Re: 535 approved (b)(7)(E)

Good morning gentlemen,

Due to the new declaration about Dec 24th (being classified as a holiday), I am therefore requesting an increase (b)(7)(E) hours Overtime (b)(7)(E) and (b)(7)(E) OT (b)(7)(E)

I am on leave today and limited operations on my iPhone.

(b)(6); (b)(7)(C); (b)(7)(F) Senior Inspector
United States Marshals Service
Judicial Security Division
(b)(6); (b)(7)(C)

]
Special Equipment or Personnel Required:
(b)(7)(E)

OT not worked will not be claimed. Final Detail hours will be confirmed and forwarded to Detail personnel by the IIC at the conclusion of the mission.]

I certify that the above manpower/funds will be expended only on the above-captioned detail.

(b)(6); (b)(7)(C); (b)(7)(F) **12/14/2019**

Signature of U.S. Marshal, Chief Deputy or designee *Date*

16. Approval for Out-of-District Assistance? (check one) **Yes**

Type/Number of Personnel Required:	No. of DUSMs	SDUSMs	Admin.
	(b)(7)(E)		

17. Approval for **overtime?** (check one) **Yes**

Scheduled Detail Hours: (b)(7)(E) Scheduled Days: **Mon.-Fri.**

Overtime Estimate Computation:

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
In-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District (082/1802)	0	x	0	=	$0.00	x	0	x	0	=	$0.00

18. Approval for **per diem?** (check one)

Per Diem Estimate Computation:

	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	x	0	=	$0.00	x	0	=	$0.00
Out-of-District	0	x	0	=	$0.00	x	0	=	$0.00

19. Approval for **guard expense?** (check one)

In-District											
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00
Out-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	$0.00	x	0	x	0	=	$0.00

20. Approval for detail **other expenses?** (check one) **Yes**

Expense:	**$10,005.00**
Description:	**Listed in Sec #15: airfare, parking, taxi fees, guard hire, per diem**

TOTAL REQUESTED FUNDS	**$8,745.00**
TOTAL APPROVED FUNDS	**$10,005.00**
APPROVAL LEVEL REQUIRED	**OST**

THIS ASSIGNMENT IS: APPROVED
APPROVED/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(E)

DATE: 12/17/2019

COMMENTS: (b)(7)(E)

The supplemental funding request; **''12/22-27/2019 - SCJ Ret. Kennedy Protection Detail,** (b)(6); (b)(7)(C) **NY''** has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

W/NC (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
(b)(7)(E) travel funding approved
(b)(7)(E) guard funding approved

S/NY (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
(b)(7)(E) overtime funding approved
No travel funding approved
(b)(7)(E) guard funding approved

Fiscal Year: **2020**
Fund Code: (b)(7)(E)
Special Assignment Number:
(b)(7)(E)

To charge your **Overtime and Guard hours in WebTA**, use the **district's codes:**
Org Code 2:
Org Code 4: (b)(7)(E) ***(Include the District #)***

Project Code:
(b)(7)(E)

To charge your **travel in E2**, use **JSD's codes**:
Org Code 2:
Org Code 4: (b)(7)(E)
Project Code:
(b)(7)(E)

Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.

An After Action Report (AAR)
must be completed and submitted
to your Regional Chief within 7
business days of the
assignment's completion.

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY: **DATE:**
COMMENTS:

draft Ops Plan Justice Kennedy_Operation (b)(6); (b)(7)(C) pdf

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)	**Enter the Protective Assessment Number assigned:** (b)(7)(E)
Requested By: (b)(6); USMS)	**Title:** OPO Inspector
Circuit: 9	**District/Division:** Central District of California

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Anthony Kennedy travel (b)(6); CA

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)	**Event City:**	**Event State:** CA

Host District: Central District of California

Detail Type: Supreme Court Justice Assistance

Level:	**Active/Retired:** Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
(b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
1/26/2019	1/27/2019	2/9/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)			(b)(7)(E)			
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes
Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6); (b)(7)(C);

DOCUMENTATION

District and Intel document attachments belong here:
Kennedy (b)(6); 2019.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
1/26/2019	1/27/2019	2/9/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)		(b)(7)(E)			
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: **Number of administrative personnel requested:**
Total estimated travel costs:
Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	***$1,301.00*** *
Detail Status:	*Completed* *
Name:	b)(6); (b)(7)(C) *

OPO COMPLETION

Comments:

Final Approved Amount:	**$4,566.00**	**Is the AAR attached?**	

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)	**Enter the Protective Assessment Number assigned:** (b)(7)(E)
Requested By: (b)(6); (USMS)	**Title:** OPO Inspector
Circuit: 9	**District/Division:** Northern District of California

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Kennedy in SF and Sacramento

Location of Event: *(Street Address)*	**Event City:**	**Event State:**
(b)(7)(E)	San Francisco	CA

Host District: Northern District of California

Detail Type: Supreme Court Justice Assistance

Level:	**Active/Retired:**
	Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Kennedy (b)(6); (b)(7)(C) are visiting San Francisco with a possible trip to Sacramento, CA. During his visit to San Francisco, he will be attending a law program at the University of San Francisco, Hastings Law School. The event is ticketed and not open to the public. It will be attended by 400+ guests. In addition, he will be attending two off-

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
(b)(7)(E)	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
1/29/2019	1/30/2019	1/3/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)		(b)(7)(E)				
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E	1	(b)(7)(E)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	4	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	(b)(7)(E)	

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 1/29/2019 Reporting Time: (b)(7)(

Address: (b)(7)(E) City: San Francisco State: CA

Special Equipment Required for Reporting Personnel:

N/A

Special Skills Requested:

N/A

Special Instructions for Reporting Personnel:

N/A

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? No

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name: (b)(6); Operational Title: OPO Inspector

Office Phone: (b)(6); Cell Phone: (b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

Justice Kennedy visit.docx

SCJ Kennedy 2019 FEB 2019 SF.doc

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
1/29/2019	1/30/2019	1/3/2019

Number of Days/Weeks/Months: 5 Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)	(b)(7)(E)				
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	4	(b)(7)(E	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	(b)(7)(E)	

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(	Number of administrative personnel requested: 0
Total estimated travel costs: (b)(7)(E)	

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	*$34,829.00* *
Detail Status:	*Completed* *
Name: (b)(6);	*

Notes:

JSD APPROVAL

Special Assignment Number: (b)(7)(E) *	Project Code: (b)(7)(E) *
Total Approved Amount: $26,197 *	

< or = $25K	*Senior Inspector:*	(b)(6); (b)(7)(C); (b)(7)(F)		*2019-01-28*
>$25K - $50K	*Assistant Chief:*			2019-01-28
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		
>$100K	*Assistant Director:*	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)	**Enter the Protective Assessment Number assigned:** (b)(7)(E)
Requested By: (b)(6); (USMS)	**Title:** OPO Inspector
Circuit: 9	**District/Division:** Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Anthony Kennedy travel to Long Beach, CA

Location of Event: *(Street Address)*	**Event City:**	**Event State:**
Long Beach, CA	Long beach	CA

Host District: Central District of California

Detail Type: Supreme Court Justice Assistance

Level:	**Active/Retired:**
	Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Kennedy (b)(6); will be traveling from Palm Spring, CA to Long Beach, CA. on February 11, 2019. While in Long Beach the Justice will be receiving an award and also speaking on board the Queen Mary February 12, 2019

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	200	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
2/10/2019	2/11/2019	2/13/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(	3	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00			

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes
Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C);	Judicial Security Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:
Kennedy in Palm Spring 2019.docx
Kennedy visit to Long Beach.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
2/10/2019	2/11/2019	2/13/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	3	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: **Number of administrative personnel requested:**

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	*$17,023.00* *
Detail Status:	*Completed* *
Name:	(b)(6); *

Notes:

JSD APPROVAL

Special Assignment Number:	(b)(7)(E) *	Project Code:	(b)(7)(E) *
Total Approved Amount:	$10,082 *		

< or = $25K	*Senior Inspector:*	(b)(6);		*2019-02-05*
>$25K - $50K	*Assistant Chief:*	Name will autopopulate		
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		
>$100K	*Assistant Director:*	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (USMS)

Title: OPO Inspector

Circuit: 11

District/Division: Southern District of Florida

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
Retired SCJ Anthony Kennedy

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)

Event City:

Event State: FL

Host District: Southern District of Florida

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
The United States Supreme Court Police has requested the assistance of the USMS in providing a Protective Detail for Retired Associate Supreme Court Justice Anthony Kennedy while he travels to (b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
2/26/2019	2/26/2019	3/4/2019

Number of Days/Weeks/Months: 1 **Specify:** Weeks

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)			(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)	1	(b)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E	3	(b)(7)	(b)(7)(	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? No

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

Ops Plan Supreme Court Justice Kennedy FEB 2019.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
2/26/2019	2/26/2019	3/4/2019

Number of Days/Weeks/Months: 1 **Specify:** Weeks

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)			(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E\	1	(b)(7)(E	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)(E	1	(b)(7)(E	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E	3	(b)(7)(	(b)(7)(E	(b)(7)(E)

TRAVEL

	Full Day M&IE			POV/Mileage Total	Airfare Total		Subtotal

Number of Full M&IE Days (Do not include first and last days)		First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)			ATM, Laundry, Baggage, etc.	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested:		Number of administrative personnel requested:	

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$1,966.00* *

Detail Status: *Completed* *

Name: (b)(6); *

OPO COMPLETION

Comments:

Final Approved Amount: $2,075.00	Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (USMS)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
5/21 - 5/23 SCJ Kennedy Detail

Location of Event: *(Street Address)* Manhattan

Event City: Manhattan

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
On May 21-23 SCJ Kennedy (b)(6); will be travelling to the NYC (b)(6); (b)(7)(C) and attend and speak at his grandson public HS graduation in CT. Attendance will be approximately several hundred people. The Justice will be (b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
(b)(7)(E)	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
5/20/2019	5/21/2019	5/23/2019

Number of Days/Weeks/Months: 3 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:			(b)(7)(E)				
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? No

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 5/21/2019 **Reporting Time:** (b)(7)(

Address:

City:

State:

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:
none

Special Instructions for Reporting Personnel:
none

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
05-21-05-23 Ops Plan Supreme Court Justice Kennedy.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
5/20/2019	5/21/2019	5/23/2019

Number of Days/Weeks/Months: 3 Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)	b)(7)(E)				
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $6,000.00 *

Detail Status: Approved *

Name: (b)(6); *

JSD APPROVAL

Special Assignment Number (b)(7)(E) * Project Code: (b)(7)(E) *

Total Approved Amount: *

< or = $25K	*Senior Inspector:*	Name will autopopulate	
>$25K - $50K	*Assistant Chief:*	Name will autopopulate	
>$50K - $75K	*Chief:*	Name will autopopulate	
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate	
>$100K	*Assistant Director:*	Name will autopopulate	

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)	**Enter the Protective Assessment Number assigned:** (b)(7)(E)
Requested By: (b)(6); USMS)	**Title:** OPO Inspector
Circuit: 11	**District/Division:** Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCI Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
U.S. Suprem Court Justice Kennedy

Location of Event: *(Street Address)*	**Event City:**	**Event State:**
(b)(6); (b)(7)(C)		FL

Host District: Southern District of Florida

Detail Type: Supreme Court Justice Assistance

Level:	**Active/Retired:**
	Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
The Supreme Court Police has requested USMS assistance for Justice Kennedy's travel to South Florida. Justice (b)(6); (b)(6); (b)(7)(C) to South Florida on Thursday May 23 and departing on Saturday May 25. (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) The Justice is only requesting pick-up and drop-off. He doesn't want

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	5/23/2019	5/25/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:					(b)(7)(E)		(b)(7)(E)
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)(	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(	1	(b)(7)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(	1	(b)(7)(	(b)(7)(E	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

OpsPlanKennedyMay19.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	5/23/2019	5/25/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)			(b)(7)(E)		(b)(7)(E)
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)(E	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)(E)	1	(b)(7)(E	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E	1	(b)(7)(	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

Notes:

OUT OF DISTRICT

Number of operational personnel requested: **Number of administrative personnel requested:**

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	*$1,539.50* *
Detail Status:	*Completed* *
Name:	(b)(6); *

JSD APPROVAL

Special Assignment Number	(b)(7)(E) *	Project Code:	(b)(7)(E) *
Total Approved Amount:	$1,756 *		

< or = $25K	*Senior Inspector:*	(b)(6);		*2019-05-17*
>$25K - $50K	*Assistant Chief:*	Name will autopopulate		
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		
>$100K	*Assistant Director:*	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number:	Enter the Protective Assessment Number assigned:
(b)(7)(E)	(b)(7)(E)

Requested By:	Title:
(b)(6); (USMS)	OPO Inspector

Circuit:	District/Division:
2	Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
5/31-6/1 SCJ Kennedy Detail

Location of Event: (Street Address)	Event City:	Event State:
(b)(6);	(b)(6);	NY

Host District:
Southern District of New York

Detail Type:
Supreme Court Justice Assistance

Level:	Active/Retired:
	Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
(b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	5/31/2019	6/1/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:						(b)(7)(E)	
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E	1	(b)(7)(E	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	1	(b)(7)(E	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel costs: $0

REPORTING INFORMATION

Reporting Date: 5/31/2019 **Reporting Time:**

Address: **City:** **State:**

Special Equipment Required for Reporting Personnel:
(b)(7)(E)

Special Skills Requested:
none

Special Instructions for Reporting Personnel:
none

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name: (b)(6);
Operational Title: OPO Inspector

Office Phone: (b)(6);
Cell Phone: (b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
05-31-06-01 Ops Plan Supreme Court Justice Kennedy.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:
Detail Start Date: 5/31/2019
Detail End Date: 6/1/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)				(b)(7)(E)	
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E	1	(b)(7)(	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	1	(b)(7)(E	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)	Number of administrative personnel requested: 0
Total estimated travel costs: $0	

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	*$3,285.00* *
Detail Status:	*Completed* *
Name: (b)(6);	*

OPO COMPLETION

Comments:

Final Approved Amount: $7,952.00	Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (USMS)

Title: OPO Inspector

Circuit: 9

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
Justice Kennedy at SF and SAC CA June 2-8

Location of Event: *(Street Address)* (b)(7)(E)

Event City: San Francisco

Event State: CA

Host District: Northern District of California

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Kennedy (AMK) will be visiting San Francisco, CA, (b)(7)(E) on June 4. He will be attending events in San Francisco through June 6. On June 6, AMK will travel to Sacramento (b)(7)(E) where he will attend events on June 6 and 7. On June 7. AMK

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	200	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
6/2/2019	6/3/2019	6/8/2019

Number of Days/Weeks/Months: 7 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	6	(b)(7)(E	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)(	5	(b)(7)(E)	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	5	(b)(7)(	(b)(7)(E	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	(b)(7)(E)		

TOTAL OTHER

(b)(7)(E)							

Itemize Other expenses:

TRAVEL EXPENSES

OUT OF DISTRICT

Are you requesting out of district [illegible] (b)(7)(E)

MIE/Lodging:

Number of operational personnel requested: (b)(7)(Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 6/2/2019 Reporting Time: (b)(7)(

Address: (b)(7)(E) City: San Francisco State: CA

Special Equipment Required for Reporting Personnel:

None

Special Skills Requested:

None

Special Instructions for Reporting Personnel:

None

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

OVERTIME CALCULATIONS

CA/N (b)(7)(E) Hours OT (b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

1906 ak at sf special instructions and ops plan.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
6/2/2019	6/3/2019	6/8/2019

Number of Days/Weeks/Months: 7 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E	6	(b)(7)(	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)(E	5	(b)(7)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	5	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	(b)(7)(E)		

TOTAL OTHER

(b)(7)(E)				

Itemize Other expenses:

TRAVEL EXPENSES MIE/Lodging: (b)(7)(E)

DUSMs (b)(7)(Lodging - (b)(7)(E) x6 nights) (b)(7)(E (b)(7)(E

Total (b)(7)(E TOTAL ESTIMATED TRAVEL COSTS (b)(7)(E) Travel Expenses

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7) **Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$26,151.50* *

Detail Status: *Approved* *

Name: (b)(6); *

OPO COMPLETION

Comments:

Final Approved Amount: $28,848.50 **Is the AAR attached?**

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)	**Enter the Protective Assessment Number assigned:** (b)(7)(E)
Requested By: (b)(6); (USMS)	**Title:** OPO Inspector
Circuit: 2	**District/Division:** Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
7/12 - 7/14 SCJ Kennedy Detail

Location of Event: *(Street Address)* (b)(6);	**Event City:** (b)(6);	**Event State:** NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:	**Active/Retired:** Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
(b)(6); (b)(7)(C); (b)(7)(E)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	100	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	7/12/2019	7/14/2019

Number of Days/Weeks/Months: 3 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)					(b)(7)(E)	
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel costs	(b)(7)(E

REPORTING INFORMATION

Reporting Date:	7/12/2019
Reporting Time:	(b)(7)(

Address:	City:	State:

Special Equipment Required for Reporting Personnel:
n/a

Special Skills Requested:
n/a

Special Instructions for Reporting Personnel:
n/a

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:
07-12-07-14 Ops Plan Supreme Court Justice Kennedy.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	7/12/2019	7/14/2019

Number of Days/Weeks/Months:	Specify:
3	Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)				(b)(7)(E)	
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E	1	(b)(7)(	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)(E)	1	(b)(7)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	1	(b)(7)(	(b)(7)(E	(b)(7)(

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)	Number of administrative personnel requested: 0
Total estimated travel costs: (b)(7)(E)	

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	*$6,296.00* *
Detail Status:	*Approved* *
Name: (b)(6);	*

JSD APPROVAL

Special Assignment Number: (b)(7)(E	* Project Code: (b)(7)(E) *
Total Approved Amount:	*

< or = $25K	*Senior Inspector:*	*Name will autopopulate*		
>$25K - $50K	*Assistant Chief:*	Name will autopopulate		
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		
>$100K	*Assistant Director:*	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); USMS)

Title: OPO Inspector

Circuit: 9

District/Division: Central District of California

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Anthony Kennedy's travel (b)(6);

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)

Event City: (b)(6);

Event State: CA

Host District: Central District of California

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
(b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	20	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
7/15/2019	7/16/2019	7/18/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
0	0	0	$0.00
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)(	1	(b)(7)	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E	4	(b)(7	(b)(7)(	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E

TOTAL OTHER

(b)(7)(E)

Itemize Other expenses:

Parking (b)(7 3days= (b)(7)

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

Kennedy's visit (b)(6); docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
7/15/2019	7/16/2019	7/18/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
0	0	0	$0.00
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:

(b)(7)(E)	4	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(

TOTAL OTHER

(b)(7)(E)			

Itemize Other expenses:

Parking (b)(3days (b)(7)

Notes:

OUT OF DISTRICT

Number of operational personnel requested: **Number of administrative personnel requested:**

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$4,059.00* *

Detail Status: *Completed* *

Name: (b)(6); *

Notes:

JSD APPROVAL

Special Assignment Number: (b)(7)(E) * **Project Code:** (b)(7)(E) *

Total Approved Amount: $6,310 *

< or = $25K	*Senior Inspector:*	(b)(6);		*2019-07-15*
>$25K - $50K	*Assistant Chief:*	Name will autopopulate		
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		
>$100K	*Assistant Director:*	Name will autopopulate		

Notes:

Guard hire funding reduced (b)(7)(E)

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)	**Enter the Protective Assessment Number assigned:** (b)(7)(E)
Requested By: (b)(6); (USMS)	**Title:** OPO Inspector
Circuit: 9	**District/Division:** Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Anthony Kennedy Security Detail

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)	**Event City:** (b)(6);	**Event State:** CA

Host District: Northern District of California

Detail Type: Supreme Court Justice Assistance

Level:	**Active/Retired:** Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
(b)(6); (b)(7)(C); (b)(7)(E)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
7/18/2019	7/18/2019	7/21/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)				(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)(	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	2	(b)(7)(E	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

Kennedy 535 Ops SF 2019.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
7/18/2019	7/18/2019	7/21/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)			(b)(7)(E)		
End Time	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)(	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)(	1	(b)(7)(E	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E	2	(b)(7)(	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: **Number of administrative personnel requested:**

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	$3,888.50 *
Detail Status:	Completed *
Name:	(b)(6); *

JSD APPROVAL

Special Assignment Number	(b)(7)(E) *	Project Code	(b)(7)(E) *
Total Approved Amount:	$2,620 *		

< or = $25K	Senior Inspector:	(b)(6);		2019-07-16
>$25K - $50K	Assistant Chief:	Name will autopopulate		
>$50K - $75K	Chief:	Name will autopopulate		
>$75K - $100K	Deputy Assistant Director:	Name will autopopulate		
>$100K	Assistant Director:	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number:	Enter the Protective Assessment Number assigned:
(b)(7)(E)	(b)(7)(E)

Requested By:	Title:
(b)(6); USMS)	OPO Inspector

Circuit:	District/Division:
2	Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
8/8-8/11 SCJ Kennedy

Location of Event: (Street Address)	Event City:	Event State:
(b)(6);	(b)(6);	NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:	Active/Retired:
	Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
From 8/8 - 8/11 SCJ Kennedy will be travelling (b)(6); (b)(7)(C) has requested USMS assistance for this trip. The Justice is NOT requesting USMS assistance on Saturday 8/10.

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	8/8/2019	8/11/2019

Number of Days/Weeks/Months: 4 Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)				(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(	1	(b)(7)(	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E	2	(b)(7)(	(b)(7)(E	(b)(7)(E

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7) | Number of administrative personnel requested: 0

Total estimated travel costs: $0

REPORTING INFORMATION

Reporting Date: 8/8/2019 | Reporting Time:

Address: | City: | State:

Special Equipment Required for Reporting Personnel:

None

Special Skills Requested:

N/A

Special Instructions for Reporting Personnel:

N/A

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

above overtime calculations are for SDNY are:

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name: (b)(6);

Operational Title: OPO Inspector

Office Phone: (b)(6);

Cell Phone: (b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

Click here to attach a file

08-08-08-11 Ops Plan Supreme Court Justice Kennedy.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: | Detail Start Date: 8/8/2019 | Detail End Date: 8/11/2019

Number of Days/Weeks/Months: 4 | Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)			(b)(7)(E)		
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(	(b)(7)(E)

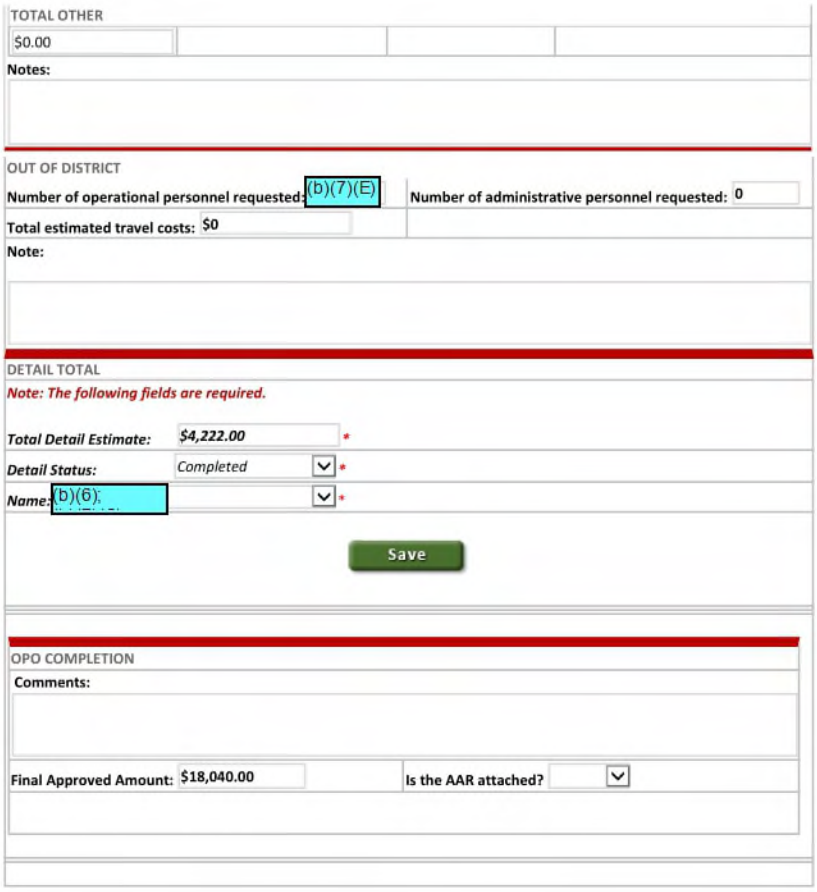
Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E	2	(b)(7)(	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00



TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: $0

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$4,222.00* *

Detail Status: Completed *

Name: (b)(6); *

Save

OPO COMPLETION

Comments:

Final Approved Amount: $18,040.00 Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)	**Enter the Protective Assessment Number assigned:** (b)(7)(E)
Requested By: (b)(6); USMS)	**Title:** OPO Inspector
Circuit: 11	**District/Division:** Southern District of Florida

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Kennedy Assistance

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)	**Event City:** (b)(6);	**Event State:** FL

Host District: Southern District of Florida

Detail Type: Supreme Court Justice Assistance

Level:	**Active/Retired:** Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)

The United States Supreme Court Police has requested the assistance of the USMS in providing a Protective Detail for Retired Associate Supreme Court Justice Anthony Kennedy while he travels (b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
(b)(7)(E)	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
8/25/2019	8/26/2019	8/30/2019

Number of Days/Weeks/Months: 6 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E	1	(b)(7)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)(E	1	(b)(7)(	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(	5	(b)(7)(	(b)(7)(E	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

(b)(7)(E)

Itemize Other expenses:

1) S/FL (b)(6); (b)(7)(C); (b)(7)(E); 535 worksheet submitted

Overtime Expenditures:

(b)(7)(E)

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:
Ops Plan Supreme Court Justice Kennedy Aug 2019 update.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
8/25/2019	8/26/2019	8/30/2019

Number of Days/Weeks/Months: 6 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	5	(b)(7)(	(b)(7)(E	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

(b)(7)(E)				

Itemize Other expenses:

1) S/FL (b)(6); (b)(7)(C); 535 worksheet submitted Overtime Expenditures: (b)(7)(E

(b)(7)(E) Guard Backfill: (b)(7)(E) 5days (b)(7)(E) Other

Expenditures: Lodging: $0x 0 nights = Per Diem: (full) $0 x 0 + (3/4)0 = 0 Lodge

Notes:

OUT OF DISTRICT

Number of operational personnel requested:	Number of administrative personnel requested:
Total estimated travel costs:	

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	$6,875.00	*
Detail Status:	Completed	*
Name:	(b)(6);	*

OPO COMPLETION

Comments:

Final Approved Amount:	$14,246.00	Is the AAR attached?	

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6), (USMS)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
9/12-9/16 SCJ Kennedy Detail

Location of Event: *(Street Address)* Manhattan

Event City: NYC

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Kennedy (b)(6), (b)(7)(C), attend the American Academy of Achievements Summit. The Justice has requested USMS assistance for this trip. this summit will host approx. 5,000 guests. (b)(7)(E)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	5,000	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/11/2019	9/12/2019	9/16/2019

Number of Days/Weeks/Months: 7 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)				(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(**Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(

REPORTING INFORMATION

Reporting Date: 9/12/2019 **Reporting Time:** (b)(7)(E)

Address:

City:

State:

Special Equipment Required for Reporting Personnel:
n/a

Special Skills Requested:
n/a

Special Instructions for Reporting Personnel:
n/a

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

09-12-09-16 Ops Plan Supreme Court Justice Kennedy.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/11/2019	9/12/2019	9/16/2019

Number of Days/Weeks/Months: 7 Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)			(b)(7)(E)		
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: $12,000.00 *

Detail Status: Approved *

Name: (b)(6); *

Notes:

JSD APPROVAL

Special Assignment Number: (b)(7)(E) * Project Code: (b)(7)(E) *

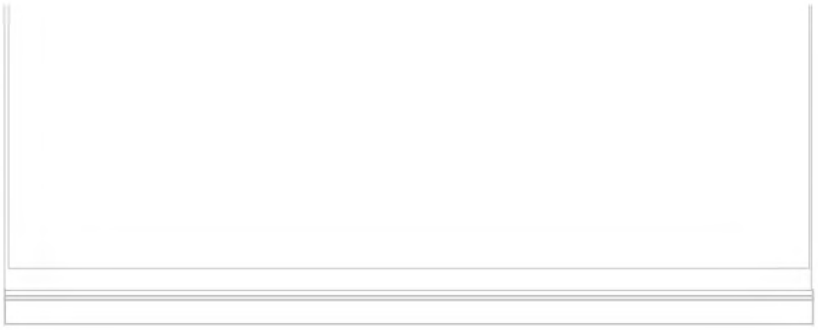
Total Approved Amount: $27,058 *

< or = $25K	*Senior Inspector:*	(b)(6); (b)(7)(C); (b)(7)(F)	*2019-09-06*
>$25K - $50K	*Assistant Chief:*		2019-09-06

>$50K - $75K	Chief:	Name will autopopulate		
>$75K - $100K	Deputy Assistant Director:	Name will autopopulate		
>$100K	Assistant Director:	Name will autopopulate		

Notes:
NOTE: The summit is being held (b)(7)(E) and it is not open to the public

NEW YORK: 2019 International Summit



United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number:	Enter the Protective Assessment Number assigned:
(b)(7)(E)	(b)(7)(E)

Requested By:	Title:
(b)(6); USMS)	OPO Inspector

Circuit:	District/Division:
10	Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Kennedy (ret.) Protection Detail

Location of Event: (Street Address)	Event City:	Event State:
Cody, WY	Cody	WY

Host District: District of Wyoming

Detail Type: Supreme Court Justice Assistance

Level:	Active/Retired:
	Retired

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
The United States Supreme Court has requested the U.S. Marshals Service to provide protection for Retired Associate Justice Anthony Kennedy. The Justice will be traveling to Cody, Wyoming September 20-22, 2019. SCJ Kennedy will have (b)(7)(E)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	100	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)	(b)(7)(E)	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/19/2019	9/20/2019	9/20/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)				(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6);	(b)(6);

DOCUMENTATION

District and Intel document attachments belong here:

Ops Plan Supreme Court Justice AK Cody Wy.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/19/2019	9/20/2019	9/20/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)			(b)(7)(E)		
End Time:	(b)(7)(E)						

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E	1	(b)(7)(	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: **Number of administrative personnel requested:**

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	***$2,930.50***	*
Detail Status:	*Completed*	*
Name:	(b)(6); (b)(7)(C);	*

OPO COMPLETION

Comments:

Final Approved Amount:	**$2,517.50**	**Is the AAR attached?**	

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); (b)(7)(F) (USMS)

Title: OPO Inspector

Circuit: 11

District/Division: Southern District of New York

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
USSCJ Brett Kavanugh Academy of Achievement NYC

Location of Event: *(Street Address)* 57 E 57th Street, New York

Event City: New York

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)

Associate United States Supreme Court Justice Brett Kavanaugh (b)(6); (b)(7)(C) will be traveling into and out of the NYC, NY area on Sept. 13 – 15, 2019 from and to Washington D.C. The Justice will be utilizing Amtrak at Penn Station for this trip. The Justice will be attending the American Academy of Achievements Summit (b)(6); (b)(7)(C) Attendance is approximately 250-300 people.

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	250	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	9/13/2019	9/15/2019

Number of Days/Weeks/Months: 3 Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)				(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name: (b)(6); (b)(7)(C); (b)(7)(F)

Operational Title: OPO Inspector

Office Phone: (b)(6); (b)(7)(C)

Cell Phone: (b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

Click here to attach a file

09-12-09-16 Ops Plan Supreme Court Justice Kavanuagh.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:

Detail Start Date: 9/13/2019

Detail End Date: 9/15/2019

Number of Days/Weeks/Months: 3

Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)			(b)(7)(E)		

End Time:	(b)(7)(E)			(b)(7)(E)

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)

Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

Notes:

OUT OF DISTRICT

Number of operational personnel requested: Number of administrative personnel requested:

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	$7,560.00	*
Detail Status:	Approved	*
Name:	(b)(6); (b)(7)(C); (b)(7)(F)	*

Save Submit

JSD APPROVAL

Special Assignment Number (b)(7)(E) * Project Code: (b)(7)(E) *

Total Approved Amount: *

< or = $25K	*Senior Inspector:*	Name will autopopulate		
>$25K - $50K	*Assistant Chief:*	Name will autopopulate	Approve	
>$50K - $75K	*Chief:*	Name will autopopulate	Approve	
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate	Approve	
>$100K	*Assistant Director:*	Name will autopopulate	Approve	

Disapprove Cancel

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); (b)(7)(F)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
Justice Kagan Protection Detail

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)

Event City:

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)

(b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
2/1/2019	2/1/2019	2/6/2019

Number of Days/Weeks/Months: 6 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:							
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	

Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	(b)(7)(E)			$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00			

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 2/1/2019 Reporting Time (b)(7)(E)

Address:	City:	State:

Special Equipment Required for Reporting Personnel:

(b)(7)(E)

Special Skills Requested:

none

Special Instructions for Reporting Personnel:

contact IIC

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

W/NC and M/GA has each confirmed (b)(7)(E) for the entire duration of this mission. D/NJ is attempting to provide (b)(7)(E) during he dates of 2/2 - 2/3. There are five unconfirmed responses from out of area districts. Each of these districts will require travel related expenses. S/NY will be requested to assist on Sunday 2/3 upon arrival in (b)(7) while the

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C); (b)(7)(F)	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

initial-draft_Ops Plan Justice Kagan-Operation (b)(7)(E) Feb_01-06-2019.pdf

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
2/1/2019	2/1/2019	2/6/2019

Number of Days/Weeks/Months: 6 Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	(b)(7)(E)		0.00		$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel cost: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$10,646.50* *

Detail Status: *Completed* *

Name: (b)(6); (b)(7)(C); (b)(7)(F) *

OPO COMPLETION

Comments:

Final Approved Amount: $22,579.00 Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); (b)(7)(F)

Title: OPO Inspector

Circuit: 4

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Elena Kagan, (b)(7)(E)

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)

Event City:

Event State: NC

Host District: Eastern District of North Carolina

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)

(b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	1	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)		$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
7/11/2019	7/11/2019	7/12/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:					(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
0	0	0	$0.00
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	(b)(7)(E)			.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00			

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? No

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

E/NC (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Arrive: July 11 - Return: July 12

(b)(7)(E)

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C); (b)(7)(F)	Judicial Security Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

Ops Plan (b)(7)(E) ly 2019.pdf

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
7/11/2019	7/11/2019	7/12/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
0	0	0	$0.00
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	(b)(7)(E)			$0.00	$0.00	$0.00	(b)(7)(E)

TOTAL OTHER

$0.00

Notes:

OUT OF DISTRICT

Number of operational personnel requested: **Number of administrative personnel requested:**

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$223.00* *

Detail Status: *Completed* *

Name: (b)(6); (b)(7)(C); (b)(7)(F) *

Notes:

JSD APPROVAL

Special Assignment Number (b)(7)(E) * **Project Code** (b)(7)(E) *

Total Approved Amount: $223 *

< or = $25K	*Senior Inspector:*	(b)(6); (b)(7)(C); (b)(7)(F)		*2019-07-12*
>$25K - $50K	*Assistant Chief:*	Name will autopopulate		
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		
>$100K	*Assistant Director:*	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number:	Enter the Protective Assessment Number assigned:
(b)(7)(E)	(b)(7)(E)

Requested By:	Title:
(b)(6); (b)(7)(C); (b)(7)(E)	OPO Inspector

Circuit:	District/Division:
1	District of Massachusetts

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Kagan

Location of Event: *(Street Address)*	Event City:	Event State:
(b)(6); (b)(7)(C)		MA

Host District:
District of Massachusetts

Detail Type:
Supreme Court Justice Assistance

Level:	Active/Retired:
	Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
(b)(6); (b)(7)(C); (b)(7)(E)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	8/24/2019	8/24/2019

Number of Days/Weeks/Months:	Specify:
1	Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	(b)(7)(E)						
End Time							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	

Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C); (b)(7)(F)	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

Protective Escort August 24 2019.doc

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	8/24/2019	8/24/2019

Number of Days/Weeks/Months: 1 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	(b)(7)(E)						
End Time							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	(b)(7)(E)	$0.00

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

Notes:

OUT OF DISTRICT

Number of operational personnel requested: **Number of administrative personnel requested:**

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:	*$900.00*	*
Detail Status:	*Completed*	*
Name	(b)(6); (b)(7)(C); (b)(7)(F)	*

OPO COMPLETION

Comments:

Final Approved Amount:	$1,000.00	**Is the AAR attached?**	

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); (b)(7)(E)

Title: OPO Inspector

Circuit: 1

District/Division: District of Massachusetts

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Kagan

Location of Event: *(Street Address)* (b)(7)(E)

Event City: Cambridge

Event State: MA

Host District: District of Massachusetts

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
Justice Kagan will be at Harvard Law School from 8/26 to 8/30. One 535 has already been submitted and approved for (b)(7)(E) assist with this during an overlapping Justice Breyer detail.

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
0	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:

Detail Start Date: 8/26/2019

Detail End Date: 8/30/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	

Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	2	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

Only OT worked will be claimed.

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C); (b)(7)(F)	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

Justice Kagan-Breyer Aug 22 to Aug 30 2019.doc

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	8/26/2019	8/30/2019

Number of Days/Weeks/Months: 2 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	

Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	2	(b)(7)(E)	(b)(7)(E)	

TRAVEL

	Full Day M&IE			POV/Mileage Total	Airfare Total		Subtotal

Number of Full M&IE Days (Do not include first and last days)		First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)			ATM, Laundry, Baggage, etc.	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: **Number of administrative personnel requested:**

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$930.00* *

Detail Status: *Completed* *

Nam (b)(6); (b)(7)(C); (b)(7)(F) *

OPO COMPLETION

Comments:

Final Approved Amount: $1,487.00 **Is the AAR attached?**

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); (b)(7)(F)

Title: OPO Inspector

Circuit: 2

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
08/30-09/02 SCJ Kagan

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)

Event City:

Event State: NY

Host District: Southern District of New York

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
(b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)		

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
8/29/2019	8/30/2019	9/2/2019

Number of Days/Weeks/Months: 4 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)(E)	

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	1	(b)(7)(E)		

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
4	(b)(6); (b)(7)(C); (b)(7)(F)			$0.00	$0.00	(b)(7)(E)	

TOTAL OTHER

$600.00			

Itemize Other expenses:

Parking (b)(7)(E) Toll (b)(7)(E) Cab (b)(7)(E)

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 8/29/2019 Reporting Time: (b)(7)(E)

Address:	City:	State:
(b)(7)(E)		NY

Special Equipment Required for Reporting Personnel:

(b)(7)(E)

Special Skills Requested:

(b)(7)(E)

Special Instructions for Reporting Personnel:

(b)(7)(E)

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C); (b)(7)(F)	OPO Inspector
Office Phone:	Cell Phone:
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

2019 (b)(7)(E) 8.30-09.02 OPS Plan.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
8/29/2019	8/30/2019	9/2/2019

Number of Days/Weeks/Months: 4 Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Start Time: (b)(7)(E)
End Time:

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	

Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	1	(b)(7)(E)	

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	1	(b)(7)(E)		

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
4	(b)(7)(E)			$0.00	$0.00	(b)(7)(E)	

TOTAL OTHER

(b)(7)(E)

Itemize Other expenses:

Parking (b)(7)(E) Toll (b)(7)(E) (b)(7)(E)

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) **Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$15,989.00* *

Detail Status: *Completed* *

Name: (b)(6); (b)(7)(C); (b)(7)(F) *

OPO COMPLETION

Comments:

Final Approved Amount: $17,500.00 **Is the AAR attached?**

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); (b)(7)(F)

Title: OPO Inspector

Circuit: 1

District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
09/10-09/13 SCJ Kagan Protection Detail

Location of Event: *(Street Address)* (b)(7)(E)

Event City: New Haven

Event State: CT

Host District: District of Connecticut

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Kagan has requested the assistance of JSD during her stay in the New Haven, CT area. The Justice will attend the Global Constitutional Seminar at Yale Law School (dates 09/10-09/13). Approximately 200 attendees.

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	200	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
(b)(7)(E)		

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/9/2019	9/10/2019	9/13/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	

Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	4	(b)(7)(E)		

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
4	(b)(7)(E)			$0.00	(b)(7)(E)		

TOTAL OTHER

$8,222.00			

Itemize Other expenses:

Parking (b)(7)(E) + travel for (b)(7)(E)

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requeste (b)(7)(E) **Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 9/9/2019 **Reporting Time:** 08:00

Address:	City:	State:
157 Yale Law School	New Haven	CT

Special Equipment Required for Reporting Personnel:

(b)(7)(E)

Special Skills Requested:

(b)(7)(E)

Special Instructions for Reporting Personnel:

(b)(7)(E)

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

OT not worked will not be claimed. Final detail hours will confirmed and forwarded to detail personnel by the IIC at the conclusion of the mission .

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C); (b)(7)(F)	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

09.09-09.13 Justice Kagan Ops Plan.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/9/2019	9/10/2019	9/13/2019

Number of Days/Weeks/Months: 5 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Start Time:
End Time:
(b)(7)(E)

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	(b)(7)(E)			

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
4	(b)(7)(E)			$0.00	(b)(7)(E)		

TOTAL OTHER

(b)(7)(E)

Itemize Other expenses:

Parking (b)(7)(E) - travel for (b)(7)(E)

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$28,997.50* *

Detail Status: *Completed* *

Name (b)(6); (b)(7)(C); (b)(7)(F) *

OPO COMPLETION

Comments:

Final Approved Amount: $17,572.50 Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Review** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: 19-2519

Requested By: (b)(6); (b)(7)(C); (b)(7)(F)

Title: OPO Inspector

Circuit: 9

District/Division: Northern District of California

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Elena Kagan

Location of Event: *(Street Address)* (b)(7)(E)

Event City: San Francisco

Event State: CA

Host District: Northern District of California

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Kagan requested the USMS to provide Judicial Security during her visit to San Francisco from Sept. 21-25. While in N/CA the Justice will visit and speak at the UC Berkeley Law School (public event) and at the 9th Circuit Court of Appeals (private event). (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate: (b)(7)(E)

Estimated Local Per Diem Rate:

Estimated Local Required Misc: $0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: 9/19/2019

Detail Start Date: 9/21/2019

Detail End Date: 9/25/2019

Number of Days/Weeks/Months: 7

Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	

Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	4	(b)(7)(E)		

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
5	(b)(7)(E)			$0.00	(b)(7)(E)		

TOTAL OTHER

(b)(7)(E)

Itemize Other expenses:

Parking (b)(7)(E)

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 9/19/2019 Reporting Time:

Address:	City:	State:
(b)(7)(E)	San Francisco	CA

Special Equipment Required for Reporting Personnel:

(b)(7)(E)

Special Skills Requested:

None

Special Instructions for Reporting Personnel:

Will be sent via email

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C); (b)(7)(F)	OPO Inspector

Office Phone:	Cell Phone:
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

IR Keagan visits Berkely.docx

SCJ KAGAN 535 OPS PLAN SF 2019.doc

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
9/19/2019	9/21/2019	9/25/2019

Number of Days/Weeks/Months: 7 Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	(b)(7)(E)			

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
5	(b)(7)(E)			$0.00	(b)(7)(E)		

TOTAL OTHER

(b)(7)(E)

Itemize Other expenses:

Parking (b)(7)(E)

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) **Number of administrative personnel requested:** 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$23,474.00* *

Detail Status: *Approved* *

Name: (b)(6): (b)(7)(C): (b)(7)(F) *

Notes:

Any 1811 OT that was not approved prior to the Admin work week WILL NOT be approved on the worksheets. The IIC and ACI were both notified by OSB prior to processing.

JSD APPROVAL

Special Assignment Number: (b)(7)(E) * **Project Code** (b)(7)(E) *

Total Approved Amount: $34,232 *

< or = $25K	*Senior Inspector:*	(b)(6): (b)(7)(C): (b)(7)(F)		*2019-09-19*
>$25K - $50K	*Assistant Chief:*			*2019-09-19*
>$50K - $75K	*Chief:*	Name will autopopulate		
>$75K - $100K	*Deputy Assistant Director:*	Name will autopopulate		
>$100K	*Assistant Director:*	Name will autopopulate		

Notes:

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)
Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); (USMS)
Title: OPO Inspector

Circuit: 10
District/Division: District of Colorado

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Gorsuch Protection Detail (Transport only)

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)
Event City:
Event State: CO

Host District: District of Colorado

Detail Type: Supreme Court Justice Assistance

Level:
Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
The United States Supreme Court has requested the U.S. Marshals Service to provide protection for Associate Justice Neil Gorsuch. (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	0	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	1/2/2019	1/2/2019

Number of Days/Weeks/Months: 1 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:				(b)(7)(E)			
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00			

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C); (b)(7)(F)	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:
Ops Plan Supreme Court Justice NG (b)(6); docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	1/2/2019	1/2/2019

Number of Days/Weeks/Months: 1 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)		(b)(7)(E)			
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? No

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

Notes:

OUT OF DISTRICT

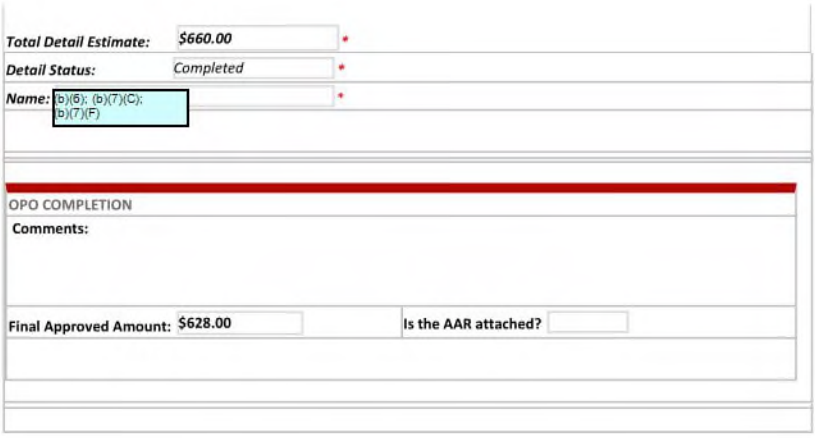
Number of operational personnel requested: **Number of administrative personnel requested:**

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.



Total Detail Estimate:	*$660.00*	*
Detail Status:	*Completed*	*
Name:	(b)(6); (b)(7)(C); (b)(7)(F)	*

OPO COMPLETION

Comments:

Final Approved Amount:	$628.00	**Is the AAR attached?**	

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)

Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); USMS)

Title: OPO Inspector

Circuit: 10

District/Division: District of Colorado

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SCJ Gorsuch Protection Detail

Location of Event: *(Street Address)* (b)(6); (b)(7)(C)

Event City:

Event State: CO

Host District: District of Colorado

Detail Type: Supreme Court Justice Assistance

Level:

Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
The United States Supreme Court has requested the U.S. Marshals Service to provide protection for Associate Justice Neil Gorsuch. The Justice will be traveling to Denver, CO on Jan. 27 and will over night a (b)(7)(E) On Jan. 28, USMS will provide protection for an official event at the

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	230	0	0	0

Estimated Local Lodging Rate:	Estimated Local Per Diem Rate:	Estimated Local Required Misc:
$0.00	$0.00	$0.00

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	1/27/2019	2/1/2019

Number of Days/Weeks/Months: 6 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)					(b)(7)(E)	
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	2	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00

OUT OF DISTRICT

Are you requesting out of district assistance? No

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? No

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE

Name:	Operational Title:
(b)(6); (b)(7)(C);	OPO Inspector
Office Phone:	**Cell Phone:**
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

Ops Plan Supreme Court Justice NG (b)(6); (b)(7)(C) docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:	Detail Start Date:	Detail End Date:
	1/27/2019	2/1/2019

Number of Days/Weeks/Months: 6 **Specify:** Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)					(b)(7)(E)	
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)
Overtime Hours/Day:	**# of Days:**	**# of 082:**	**Total:**
0	0	0	$0.00

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	2	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

TRAVEL

	Full Day M&IE			POV/Mileage Total	Airfare Total		Subtotal

Number of Full M&IE Days (Do not include first and last days)		First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)			ATM, Laundry, Baggage, etc.	
0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

TOTAL OTHER

$0.00			

Notes:

OUT OF DISTRICT

Number of operational personnel requested: Number of administrative personnel requested:

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: *$2,400.00* *

Detail Status: *Completed* *

Name: (b)(6); (b)(7)(C); (b)(7)(F) *

OPO COMPLETION

Comments:

Final Approved Amount: $4,672.00 Is the AAR attached?

United States Marshals Service

U.S. Department of Justice | **JSD Approved** | Judicial Security Event

INSTRUCTIONS:
Use this form to request funding for overtime, travel, and district security officer staffing.
Note: All boxes with a red "*" are required.

Submission Number: (b)(7)(E)
Enter the Protective Assessment Number assigned: (b)(7)(E)

Requested By: (b)(6); (b)(7)(C); (USMS)
Title: OPO Inspector

Circuit: 9
District/Division: Judicial Security Division

Mission Name: *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*
SJC Gorsuch Assistance, La Quinta, CA

Location of Event: *(Street Address)* 49499 Eisenhower Dr
Event City: La Quinta
Event State: CA

Host District: Central District of California

Detail Type: Supreme Court Justice Assistance

Level:
Active/Retired: Active

Description of Event:
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)
SCJ Gorsuch will be attending the 2019 Spring Conference for the American College of Trial Lawyers at the La Quinta Resort and Club in La Quinta, CA. Gorsuch is scheduled to arrive on March 1, (b)(7)(E) (b)(7)(E) and depart on March 5. This event is a private function open to only invited guests. It will

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	800	0	0	0

Estimated Local Lodging Rate: (b)(7)(E)
Estimated Local Per Diem Rate: (b)(7)(E)
Estimated Local Required Misc:

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: 2/28/2019
Detail Start Date: 3/1/2019
Detail End Date: 3/5/2019

Number of Days/Weeks/Months: 6
Specify: Days

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)				(b)(7)(E)		
End Time:							

Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes

IN DISTRICT

Requesting Funding for in district resources? No

OUT OF DISTRICT

Are you requesting out of district assistance? Yes

Number of operational personnel requested: (b)(7)(E)
Number of administrative personnel requested: 0

Total estimated travel cost: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 2/28/2019
Reporting Time: (b)(7)(E)

Address: (b)(7)(E)
City:
State: CA

Special Equipment Required for Reporting Personnel: None

Special Skills Requested: None

Special Instructions for Reporting Personnel: Addressed Directly

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:

(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

2/28-3/5/2019 SCJ Gorsuch at CA/N-Palm Springs/La Quinta.

(b)(7)(E)