Exempto   Exempto   Exempto	Protective Assessment Number assigned:  th Protective Response, 12th Circuit Judicial Conference to City:  Event State:  File  Profeding to participants, national attention, media coverage tice John Paul Stevens will be traveling from  # of Defendants in Custody: 0    The protective Response   12th Circuit Judicial Conference   1
INSTRUCTIONS: Use this form to request funding for overtime, travel, and district so Note: All boxes with a red "*" are required.  Submission Number:  (b)(7)(F)  Requested By:  (b)(6); (b)(7)(C)  (c)  (c)  (c)  (c)  (c)  (c)  (c)	Protective Assessment Number assigned:  th Protective Response, 12th Circuit Judicial Conference  at City:  Event State:  FL  Pe/Retired:  red  er of participants, national attention, media coverage sice John Paul Stevens will be traveling from  : # of Defendants in Custody:
Submission Number:  [b)(7)(F)  Requested By:  [b)(6); (b)(7)(C)  Circuit:  [11  [11  [11  [11  [11  [11  [12]  [13]  [14  [15]  [15]  [15]  [15]  [15]  [16]  [17]  [17]  [18]  [19]  [10]	th Protective Response, 12th Circuit Judicial Conference In City:  Event State:  FL   re/Retired:  re of participants, national attention, media coverage ince John Paul Stevens will be traveling from  the following form of Witnesses in Custody:  In Custody:  In Rate:  Estimated Local Required Misc:
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District/Division:   District/Division:   Judicial Security Division	pe/Retired: pe/Retired: per of participants, national attention, media coverage per of participants will be traveling from per of participants will be traveling from per of participants in Coverage per of participants will be traveling from the per of participants will be travelin
Circuit:   District/Division:   Judicial Security Division    Mission Name: (ex. U.S. v. Smith, SCI Smith Assistance, USDCI Smith Retired SCI Stevens Airport    Location of Event: (Street Address)   Even    [5)(6): (6)(7)(C)    Host District:   Southern District of Florida    Detail Type:   Detail Type:    Supreme Court Justice Assistance    Level:   Active    Level:   Active    Provide a brief narrative describing the event to include the number extraordinary strain on district resources, etc.)    Retired Associate United States Supreme Court Just    [5)(6): (b)(7)(C)    # of Protected Persons: # of Attendees:   # of Defendants    [2]   Estimated Local Lodging Rate:    \$0.00    ANTICIPATED TOTAL DURATION OF EVENT    Travel Date:   Detail Start Date:	pe/Retired: pe/Retired: per of participants, national attention, media coverage per of participants will be traveling from per of participants will be traveling from per of participants in Coverage per of participants will be traveling from the per of participants will be travelin
Mission Name: (ex. U.S. v. Smith, SCI Smith Assistance, USDCI Smith Retired SCI Stevens Airport Location of Event: (Street Address)  [5)(6): (6)(7)(C) Host District: Southern District of Florida  Detail Type: Supreme Court Justice Assistance Level:  [Provide a brief norrative describing the event to include the number extraordinary strain on district resources, etc.)  Retired Associate United States Supreme Court Just  [5)(6): (b)(7)(C)  # of Protected Persons: # of Attendees: # of Defendants   2  Estimated Local Lodging Rate:   50.00  ANTICIPATED TOTAL DURATION OF EVENT  Travel Date: Detail Start Date:	pe/Retired: pe/Retired: per of participants, national attention, media coverage per of participants will be traveling from per of participants will be traveling from per of participants in Coverage per of participants will be traveling from the per of participants will be travelin
Mission Name: (ex. U.S. v. Smith, SCI Smith Assistance, USDCI Smith Retired SCI Stevens Airport  Location of Event: (Street Address)  Do(s): (b)(7)(C) Host District: Southern District of Florida  Detail Type: Soupreme Court Justice Assistance  Level:  Active Retired Provide a brief narrative describing the event to include the number extraordinary strain on district resources, etc.)  Retired Associate United States Supreme Court Just (b)(6): (b)(7)(C)  # of Protected Persons: # of Attendees: # of Defendants 2  Estimated Local Lodging Rate: Stimated Local Per Diem 50.00  ANTICIPATED TOTAL DURATION OF EVENT  Travel Date: Detail Start Date:	pe/Retired: pe/Retired: per of participants, national attention, media coverage per of participants will be traveling from per of participants will be traveling from per of participants in Coverage per of participants will be traveling from the per of participants will be travelin
Retired SCJ Stevens Airport  Location of Event: (Street Address)  [5)(6): (6)(7)(C)  Host District:  Southern District of Florida  Detail Type:  Supreme Court Justice Assistance  Level:  [Provide a brief narrative describing the event to include the number extraordinary strain on district resources, etc.)  Retired Associate United States Supreme Court Just  [5)(6): (6)(7)(C)  # of Protected Persons: # of Attendees: # of Defendants  2  Estimated Local Lodging Rate:   Estimated Local Per Diem    \$0.00  ANTICIPATED TOTAL DURATION OF EVENT  Travel Date:   Detail Start Date:	pe/Retired: pe/Retired: per of participants, national attention, media coverage per of participants will be traveling from per of participants will be traveling from per of participants in Coverage per of participants will be traveling from the per of participants will be travelin
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Hof Protected Persons:  # of Protected Persons:  # of Protected Persons:    Work   William   Wil	re/Retired: red er of participants, national attention, media coverage ice John Paul Stevens will be traveling from  # of Defendants in Custody: in Custody: in Custody: in Rate:  Estimated Local Required Misc:
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Will this detail include funding for Saturdays, Sundays, and/or Ho	lidays? ¥es

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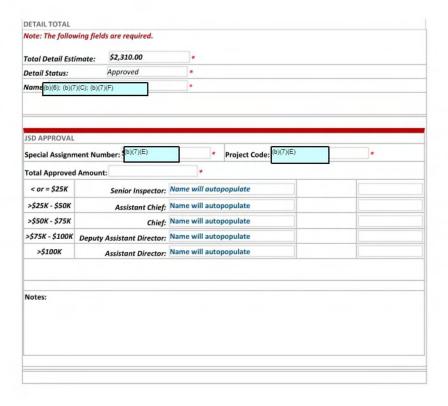
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xtraordinary	strain on a	district r	esource	es, etc.)			e Stevens.	Justice Stev	ens(b)(	(6); (b)(7)(C)	
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Has the Office	of Protect	tive In	telligence been	notified? Yes				
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Will this detail N DISTRICT Requesting Fu Overtime Hou b)(7)(E) Overtime Hou 0 GUARDS Hours per Day 0 TRAVEL Number of Full M&IE Days (Do not include first and last days) 0 TOTAL OTHER \$0.00 Notes:	include for ins/Day:  Full Day ins/Day	# of Da	for Saturdays, rict resources? # of Days: 1 # of Days: 0 ays: First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day) \$0.00	# of Person  O  Lodging Tota (Include taxes)	# of 1811:   b)(7)(E)	dourly Rate: (b)(7)(E)  Airfare Total  \$0.00	Total: \$0.00  Total: \$0.00  ATM, Laundry, Baggage, etc.	Subtotal \$0.00
Will this detail IN DISTRICT Requesting Fu Overtime Hou b)(7)(E) Overtime Hou 0 GUARDS Hours per Day 0 TRAVEL Number of Full M&IE Days (Do not include first and last days) 0 TOTAL OTHER \$0.00 Notes:	include for ins/Day:  Full Day ins/Day	# of Da	for Saturdays, rict resources? # of Days: 1 # of Days: 0 ays: First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day) \$0.00	# of Person  O  Lodging Tota (Include taxes)	# of 1811:   b)(7)(E)	dourly Rate: (b)(7)(E)  Airfare Total  \$0.00	Total: \$0.00  Total: \$0.00  ATM, Laundry, Baggage, etc.	Subtotal \$0.00
Will this detail  N DISTRICT Requesting Fu Overtime Hou b)(7)(E)  Overtime Hou 0  GUARDS Hours per Day 0  TRAVEL Number of Full M&IE Days (Do not include first and last days) 0  TOTAL OTHER \$0.00  Notes:	include for ins/Day:  Full Day ins/Day	# of Da	for Saturdays, rict resources? # of Days: 1 # of Days: 0 ays: First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day) \$0.00	# of Person  O  Lodging Tota (Include taxes)	# of 1811:   b)(7)(E)	dourly Rate: (b)(7)(E)  Airfare Total  \$0.00	Total: \$0.00  Total: \$0.00  ATM, Laundry, Baggage, etc.	Subtotal \$0.00
Will this detail  N DISTRICT Requesting Fu Overtime Hou b)(7)(E)  Overtime Hou 0  GUARDS Hours per Day 0  TRAVEL Number of Full M&IE Days (Do not include first and last days) 0  TOTAL OTHER \$0.00  Notes:	include for ins/Day:  Full Day ins/Day	# of Da	for Saturdays, rict resources? # of Days: 1 # of Days: 0 ays: First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day) \$0.00	# of Person  O  Lodging Tota (Include taxes)	# of 1811:   b)(7)(E)	dourly Rate: (b)(7)(E)  Airfare Total  \$0.00	Total: \$0.00  Total: \$0.00  ATM, Laundry, Baggage, etc.	Subtotal \$0.00

Total Detail Estimate:	\$945.00	•
Detail Status:	Completed	•
Name (b)(6); (b)(7)(C); (b)(	7)(F)	•
OPO COMPLETION		
Comments:		
Final Approved Amoun	÷ \$2.940.00	Is the AAR attached?
rinai Approved Amoun	• • •	

	HARSH	AL.				d State			S TO SECOND	
U.S. D	epartment	of Jus	tice		JSD	Review		Ju	dicial Securit	y Event
	to request			ertime, trave	l, and dis	trict securit	y office	r staffing,		
Note: All box Submission N		ed "*" a	are requ	ired.	Ente	r the Prote	ctive A	ssessment Nun	her assigned	t .
b)(7)(E)	tuniber.				-	7)(E)			ibei ussigiieu	
Requested B			_	Title:	- Internal	70-7		_		
(b)(6); (b)(7)(0	; (b)(7)(F)			ОРО	Inspector	ŕ				
Circuit:				trict/Division						
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7/22-7/23 S		v. Smil	m, 3C/3	mith Assistan	ce, usuc.	J Smith Prot	ective	Response, 12th	Circuit Judicia	ii conference)
ocation of E		et Addr	ess)			Event City			Even	t State:
(b)(6); (b)(7)(C	)								NH	
lost District										
District of Ne	w Hampsh	ire								
Detail Type: Supreme Co	urt Justice A	Assistar	nce							
Level:						Active/Ret	tired:			
						Retired				
extraordinary	ef narrative strain on a 07/22/19 Re	district	resource	es, etc.)				ants, national a		ia coverage,
of Protecte	d Persons:	# of A	Attendee	es: #	of Defen	dants:		Defendants ustody:	# of Witn	
stimated Lo	cal Lodging	Rate:		Estimated	Local Per	Diem Rate	:	Estimated L	ocal Required	d Misc:
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ANTICIPATED Fravel Date:  Number of D DAILY SCHED	ays/Weeks	s/Mont		7/22/201		Specify: Wedne		Detail End C		Saturday
ANTICIPATED Travel Date:  Number of D DAILY SCHED Start Time: End Time:	ays/Weeks	s/Mont	ths: 2	7/22/201	9			Detail End D 7/23/2019		Saturday
ANTICIPATED Fravel Date: Number of D DAILY SCHED	ays/Weeks	s/Mont	ths: 2	7/22/201	9			Detail End D 7/23/2019		Saturda
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	narrativ		ibing any threa	ts associated v	vith the event:			
)(7)(E)								
as the Office	of Protes	rtive In	telligence been	notified? Yes				
xplanation:	OI FIOLE	cive in	temgence been	nouneur				
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OTES TO OPE	PATIONS	S SI IDD	OPT RPANCH					
III DUSMS will	be suppl	ied by	D/NH (HOST)					
ETAIL SUPER\ ame:	/I5OR, D	EPUTY	IN-CHARGE, INS		ARGE rational Title:			
h)/6)- /h)/7)/C\-	/h\/7\/F\				) Inspector			
Office Phone:			_		Phone; ; (b)(7)(C)			
b)(6); (b)(7)(C)				(0)(0)	, (b)(r)(o)			
OCUMENTAT	ION							
		nent at	tachments belo	ng here:				
7-22-07-22-19	Ops Plan	n Supre	eme Court Justic	e Souter.docx				
PO REVIEW								
TO NEVIEW								
NTICIPATED T	OTAL DI	JRATIC	N OF EVENT					
ravel Date:	OTALD	JIMIL		il Start Date:		Detail En	d Date:	
				2/2019		7/23/20		
lumber of Day	/s/Week	s/Mon	ths: 2		Specify: Days			
AILY SCHEDU		-,			,			
	Sun	day	Monday	Tuesday	Wednesda	Thursday	Friday	Saturday
Start Time:			(b)(7)(E)					
End Time:								
Vill this detail	include	funding	g for Saturdays,	Sundays, and	or Holidays? N	0		
N DISTRICT								
equesting Fur	nding for	in dist	rict resources?	Yes				
Overtime Hou			# of Days:		# of 1811:		Total:	
)(7)(E)			2		(b)(7)(E)			
Overtime Hou	rs/Day:		# of Days:					
			0		0		\$0.00	
GUARDS				# af n		under Date:	T-t-t	
GUARDS Hours per Day		# of D	ays:	# of Person	s: Ho	ourly Rate:	Total:	
GUARDS Hours per Day (b)(7)(E)	:		ays:		ss: Ho	ourly Rate:	Total:	
GUARDS Hours per Day (b)(7)(E)		# of D	ays: First and Last	(b)(7)(E)		ourly Rate: Airfare Total	Total:	Subtotal
GUARDS Hours per Day (b)(7)(E) RAVEL Number of Full M&IE		# of D	First and Last Days (75%	(b)(7)(E)  Lodging Total (Include			ATM, Laundry,	Subtotal
OUARDS  Sours per Day  b)(7)(E)  RAVEL  Number of  Full M&IE  Days (Do not		# of D	First and Last	(b)(7)(E)  Lodging Total	POV/Mileage		ATM,	Subtotal
OUARDS  JOURS per Day  b)(7)(E)  RAVEL  Number of  Full M&IE  Days (Do not include first		# of D	First and Last Days (75% M&IE x 2 days, if trip is longer than 1	(b)(7)(E)  Lodging Total (Include	POV/Mileage		ATM, Laundry,	Subtotal
SUARDS Iours per Day b)(7)(E) RAVEL Number of Full M&IE Days (Do not include first and last days)	Full Day	# of D	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	(b)(7)(E)  Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	
OUARDS IOURS PER Day b)(7)(E) RAVEL Number of Full M&IE Days (Do not include first nd last days)		# of D	First and Last Days (75% M&IE x 2 days, if trip is longer than 1	(b)(7)(E)  Lodging Total (Include	POV/Mileage		ATM, Laundry,	Subtotal \$0.00
OUARDS JOURS per Day D)(7)(E) RAVEL Number of Full M&IE Joays (Do not include first nd last days) OTAL OTHER	Full Day	# of D	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	(b)(7)(E)  Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	
OUARDS JOURS per Day D)(7)(E) RAVEL Number of Full M&IE Jours (Do not include first nd last days) OTAL OTHER 50.00	Full Day	# of D	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	(b)(7)(E)  Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	
SUARDS Sours per Day (b)(7)(E) RAVEL Number of Full M&IE Days (Do not include first and last days) O OTAL OTHER (50.00	Full Day	# of D	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	(b)(7)(E)  Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	
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Full M&IE Days (Do not include first and last days)  O  FOTAL OTHER \$0.00  lotes:	Full Day \$0.00	# of D 2  M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day) \$0.00	(b)(7)(E)  Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	\$0.00
SUARDS Hours per Day (b)(7)(E) RAVEL Number of Full M&IE Days (Do not include first include first include first on D OTAL OTHER \$0.00 lotes:	Full Day \$0.00	# of D 2  M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day) \$0.00	(b)(7)(E)  Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	\$0.00
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## U.S. Department of Justice United States Marshals Service

## REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

**APPROVED** 

		SPECIA	AL ASSIGNMENT No.	(b)(7)(E)		
		Р	ROJECT CODE	(b)(7)(E)		
FROM: (b)(6); (b)(7)(C)	Division (JSD, ISD, PSI					-
District:	Central District of Ca					Circuit:09
1. Detail Name:	10/01 SCI Sonia So	omayor travel (b)(6	); (b)(7)(C) <b>CA</b>			
			Extraditions use Case et No., and Judge's Na			
2. Location of Detail: Host District: Overseas Travel?:	(b)(6); (b)(7)(C) Central District No	of California		Circuit:09		
3. Starting Date:	10/01/2019 (mm/dd/yyyy)	Ending Date:	10/03/2019 (mm/dd/yyyy)	Number of Days/Weeks:	3 days	

_			
Program Type: Detail Type: ESU / SOG: Case Type:	Court Security Protection Detail - Supreme Court Jus	tices	
Brief Description of Detail: (Based upo submission of additional supportint do	on the complexity, national importance, or thre cumentation)	eat level of an assignment, the Operational Division may re	quire the
(b)(6); (b)(7)(C)			
No. of Defendants in custody:	Total No. of Defendants:	No. USMS In-Custody Witnesses:	
Reported Threats: (b)(7)(E)			
reported Tiredis.			
Has the Operational Plan been submitted	? Yes		
Host/Trial District Information: No. of District DUSMs on Special Assignr	mont:		
No. of In-District DUSMs committed to st	aff this detail: (b)(7)(E)		
Are you requesting Out-of-District Assist			
	No. of DUSMs SDUSM	ds	Admin.

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

Scheduled Detail Hours (b)(7)(	Scheduled Days: MonFri.
the same and the s	

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

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

Per Diem Estima	ate Computation:				1000000		7.67 20 20 20		
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	X	0	=	\$0.00	X	0	=	\$0.00
	76 LU 10-1								
A Section of the Common Control	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)

$\begin{array}{cccccccccccccccccccccccccccccccccccc$	ust of District										
	Ó	X	0	=	\$0.00	х	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)	

DEPUTY REPORTING INFORMATION		NS:	
on just a control of the control of	(b)(6); (b)(7)(C) CA		(b)(7)
Reporting Date/Time:	10/01/2019 (mm/dd/yyyy)		(-/(-/
	(IIIII/dd/yyyy)		(
Detail Supervisor:	(b)(6); (b)(7)(C);		
Detail Supervisor Phone:	(b)(7)(F)		
0	-tt		
Special Instructions/Other related in (b)(6); (b)(7)(C); (b)(7)(F)	ntormation:		
S/ IX			
Baggage(b)(7)(E) Taxi(b)(7)(E)			
	(7)/F		
Airport Parking(b)(7)(3)days(b)	(1)/(=		
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)		
Guard hire (b)(7)(E) (4days) Total S/TX			
Total S/TA			
C/CA			
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)			
O (b)(7)(F)			
Guard Hire (b)(7)(E) Special Equipment or Personnel R	a avviva de		
Standard USMS equipmer			
[Standard OSIVIS equipmen	ıt j		
I certify that the above manpower/	unds 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, Ch	ief Deputy or designee	Date	

Per Diem Rate: Hotel Name: Hotel Telephone:	
Hotel Telephone:	

# **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 Detail Hours (b)(7)(E)

Scheduled Days: Mon.-Fri.

	Hourly Rate	Э	Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTA
In-District (1811)	0	X	0	=	\$0.00	Х	0	X	0	=	\$0.00
In-District (082/1802)	0	х	0	=	\$0.00	x	0	x	0	=	\$0.00
	Hourly Rate	е	Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTA
Out-of-District (1811)	Ó	х	0	=	\$0.00	x	0	х	0	=	\$0.00
Out-of-District (082/1802)	0	x	0	=	\$0.00	х	0	×	0	=	\$0.00

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

Per Diem Estimate	e Computation:								
In-District	Daily Rate 0	×	No. of Days	=	Subtotal \$0.00	х	No. DUSMS 0	=	TOTAL \$0.00
Out-of-District	Daily Rate 0	×	No. of Days	=	Subtotal <b>\$0.00</b>	×	No. DUSMS	=	TOTAL \$0.00

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

-District Hourly Rate 0	x	Detail Hours 0	=	Subtotal \$0.00	×	No. Guards	x	No. Days 0	=	TOTAL \$0.00
				7.000						
ut-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	х	0	=	\$0.00	Х	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/DISAPPROVED BY: (b)(6); (b)(7)(C);

DATE: 09/27/2019

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);

overtime funding approved (contingent upon receipt of funding from FSD)

upon receipt of funding from FSD)

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)

(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:

)(7)(E)

To charge your <u>Overtime and Guard</u> <u>hours in WebTA</u>, use the <u>district's codes</u>:

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

Org Code 4: (Include the District #)

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

To charge your <u>travel in E2</u>, use <u>JSD's</u> codes:

Org Code 2: (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: COMMENTS:	DATE
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:	DATE
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:	DATE
SOTO (b)(6); (b)(7)(C) DOCX	

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

#### U.S. Department of Justice United States Marshals Service

#### **APPROVED**

SPECIAL ASSIGNMENT No. PROJECT CODE

TO:

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

JSD/OPO FROM:

United States Marshal, Chief Deputy, or designee

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

10/16 - 10/21; Justice Sotomayor YALE-LSR 2019 1. Detail Name:

> (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** 

Overseas Travel?:

No

3. Starting Date:

10/16/2019 (mm/dd/yyyy) Ending Date:

10/21/2019 (mm/dd/yyyy) Number of Days/Weeks:

Circuit:02

5 days

REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

#### 4. Description:

Program Type: Detail Type: ESU / SOG:

Case Type:

**Court Security** 

Protection Detail - Supreme Court Justices

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)

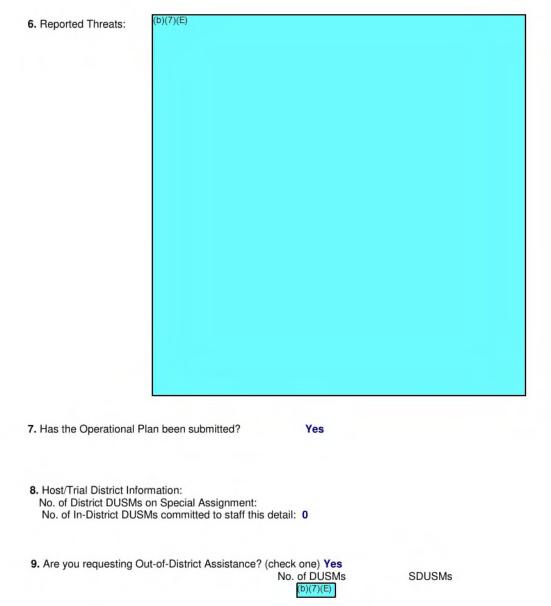
October 16 – October 21, 2019. The Justice travels into the northeast Meriden and New Haven, CT. The Justice will be speaking to a sold out auditorium of 950 students, parents and teachers in Meriden, CT. At the conclusion of the speaking program, the Justice will participate in a book signing.

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:



#### 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 Detail	Hours: (b)(7)(	•		Schedule	d Days: MonFri.						
Overtime Estimate In-District (1811)	te Computation: Hourly Rate <b>0</b>	х	Detail OT hours 0	=	Subtotal \$0.00	x	No. DUSMS 0	х	No. Days	=	TOTAI \$0.00
In-District (082/1802)	0	x	0	=	\$0.00	x	0	x	0	=	\$0.00
Out-of-District (1811)	Hourly Rate 0	x	Detail OT hours 0	-	Subtotal \$0.00	х	No. DUSMs 0	x	No. Days 0	=	**************************************
Out-of-District (082/1802)	0	х	0	=	\$0.00	х	0	х	0	=	\$0.00

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

Per Diem Estima	te Computation:		and the second second						
	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)

Tibuliy Tiato										
ut-of-District Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
n-District Hourly Rate <b>0</b>	x	Detail Hours 0	=	Subtotal \$0.00	х	No. Guards 0	x	No. Days	=	TOTAL \$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

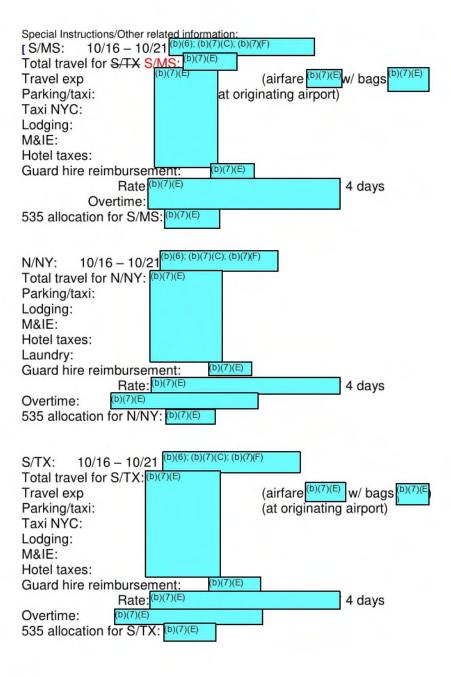
15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:
City/District Location: New York, NY
Reporting Date/Time: 10/16/2019

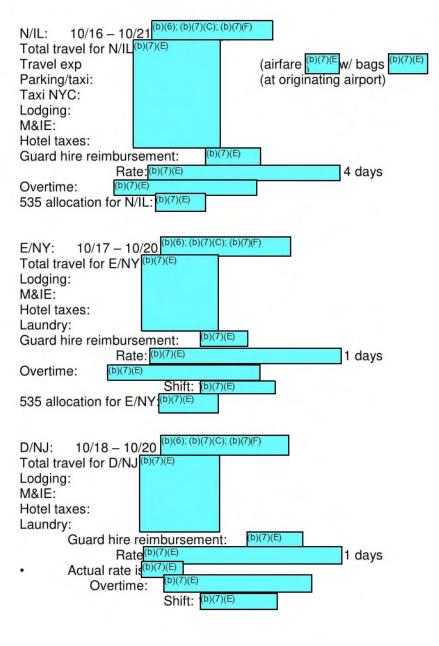
(mm/dd/yyyy)

Detail Supervisor: Detail Supervisor Phone:

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

Per Diem Rate: Hotel Name: (hour) Hotel Telephone:





DUTY HOURS

10-16-19 (b)(7)(E)

10-17-19:
10-18-19:
10-20-19:
10-21-19:

I Special Equipment or Personnel Required:
[ ]

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

| Discrete | Discrete | Discrete | Date | 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 Deta	ail Hours: (b)(7	7)(E)		Schedul	ed Days: MonFri.						
Overtime Estim	ate Computa Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No Davo		TOTAL
In-District (1811)	0	X	0	=	\$0.00	×	0	x	No. Days 0	=	\$0.00
In-District (082/1802)	0	x	0	=	\$0.00	x	0	x	0	=	\$0.00
Out-of-District (1811)	Hourly Rate	X	Detail OT hours 0	=	Subtotal \$0.00	x	No. DUSMs 0	x	No. Days 0	=	TOTAL \$0.00
Out-of-District	0	х	0	=	\$0.00	х	0	х	0	=	\$0.00

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

Per Diem Estimat	e Computation:								
In-District	Daily Rate  0	×	No. of Days	=	Subtotal \$0.00	x	No. DUSMS	=	TOTAL \$0.00
Out-of-District	Daily Rate 0	x	No. of Days	4 =	Subtotal \$0.00	х	No. DUSMS	=	TOTAL \$0.00

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

Hourly Rate <b>0</b>	×	Detail Hours 0	=	\$0.00	×	No. Guards 0	х	No. Days 0	=	**************************************
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

\$30,121.00

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

See breakdowns on block 15.

\$30,121.00 TOTAL REQUESTED FUNDS

TOTAL APPROVED FUNDS \$30,121.00

APPROVAL LEVEL REQUIRED **OST SUPERVISOR**  THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: APPROVED (b)(6);

DATE: 10/15/2019

(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.



overtime funding approved travel funding approved

(D)(7)(E) guard funding approved

Fiscal Year: 2020
Fund Code: DOIT (E)
Special Assignment Number: DOIT (E)

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

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

To charge your travel in E2, use JSD's codes:
Org Code 4: DOIT (E)

Project Code: DOIT (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: COMMENTS: APPROVED (b)(6); (b)(7)(C);

DATE: 10/15/2019

THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:

DATE:

THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:

DATE:



field draft-\_Ops Plan Justice Sotomayor\_YALE-LSR-2019.pdf

#### U.S. Department of Justice United States Marshals Service

#### **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 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:

3. Starting Date:

New Orleans, LA

Host District: Eastern District of Louisiana

Circuit:05

Overseas Travel?:

No

10/25/2019 (mm/dd/yyyy) Ending Date:

10/26/2019 (mm/dd/yyyy) Number of Days/Weeks:

2

REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

4. Description:						
Program Type: Detail Type: ESU / SOG: Case Type:	Court Se Protection	ecurity on Detail - Supreme (	Court Justices			
submission of additional supple The United States Supset Sotomayor. The Justic Tulane University. At the and book signing event	portint documentation, breme Court has re e will be traveling his time, no furthe at the New Orlea	requested the U.S to E/LA, New Orle ir info is available ins Convention Ce	. Marshals Servi eans from Oct. 2 for this event. O enter. This is a ti	an assignment, the Operational Division to provide protection for As 5-26, 2019. On Oct. 25, SCJ on Oct 26, SCJ Sotomayor will cketed event with approximate e public and will be held in cor	sociate Justice will attend even attend a conver ely 1000-5000	Sonia ts at rsation
5. No. of Defendants in custody:	0 Т	otal No. of Defendants	s: 0	No. USMS In-Custody Witnesse	s: 0	
6. Reported Threats: (b)(7)(l	Ε)					
7. Has the Operational Plan been	submitted?	Yes				
8. Host/Trial District Information: No. of District DUSMs on Specia No. of In-District DUSMs comm	al Assignmen <mark>(b)(7)(</mark> itted to staff t <del>his de</del> tai	(b)(7)(E)				
9. Are you requesting Out-of-Distr		k one) <b>Yes</b> . of DUSMs (b)(7)(E)	SDUSMs 0			Admin.
10. Will you accept GS-082 (DUS	Ms) / GS-1802 (DEOs	s)? (check one) Yes				

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

Overtire a Fatire at	to Computation										
Overtime Estimat In-District (1811)	Hourly Rate 0	x	Detail OT hours 0	=	Subtotal <b>\$0.00</b>	x	No. DUSMS 0	х	No. Days 0	=	**************************************
In-District (082/1802)	0	x	0	-	\$0.00	х	0	x	0	=	\$0.00
Out-of-District (1811)	Hourly Rate 0	×	Detail OT hours 0	=	Subtotal \$0.00	x	No. DUSMs 0	х	No. Days 0	=	TOTAL \$0.00
Out-of-District	0	v	0	_	\$0.00	v	0	v	0	_	\$0.00

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

(082/1802)

Per Diem Estima	te Computation:				1, -, 2, 2, 3, 4,				2.201.001.00
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	X	0	=	\$0.00	Х	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 0	x	Detail Hours 0	=	\$0.00	x	No. Guards 0	х	No. Days 0	=	**************************************
ut-of-District Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	Х	0	=	\$0.00	x	0	х	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:
Reporting Date/Time:

(mm/dd/yyyy)

Detail Supervisor: Detail Supervisor Phone:

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

The second second
(b)(7)(E)

(hour)

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<sup>(b)(7)(E)</sup> Travel Expenditures New Orleans, LA (b)(7)(E) 3 nights (b)(7)(E) 4 day 4 days (b)(7)(E) Other Expenses. Hotel Taxes (b)(7)(E) Hotel Parking

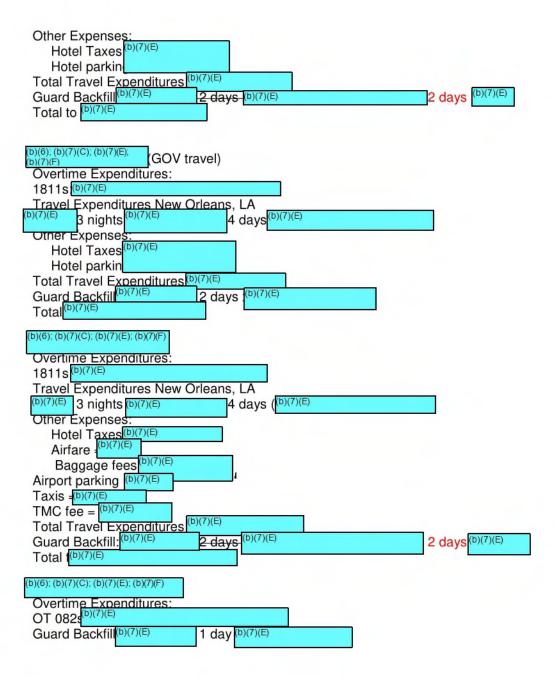
Total Travel Expenditures (b)(7)(E)

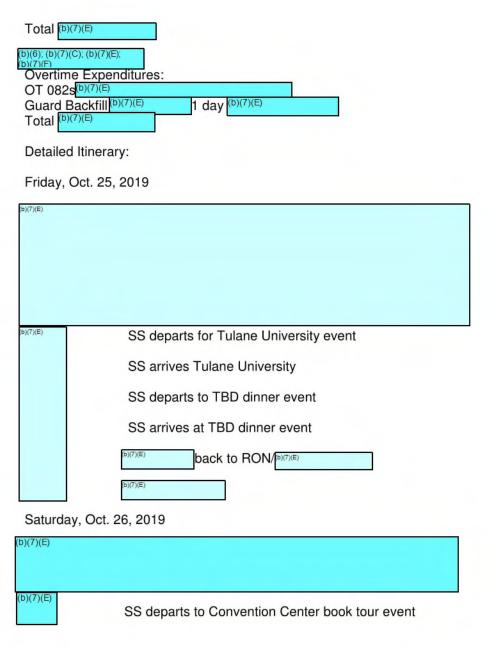
Guard Backfill: (b)(7)(E)

Total to (b)(7)(E) 2 days (b)(7)(E) 2 days (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 4 days (b)(7)(E)





Special Equipment or Personnel Required:		
[ N/A ]		
	n the above-captioned detail.	
I certify that the above manpower/funds will be expended only on	n the above-captioned detail. 10/15/2019	
(b)(6); (b)(7)(C); (b)(7)(F)	10/15/2019	
(b)(6); (b)(7)(C); (b)(7)(F)	10/15/2019	
	10/15/2019	

Arrival of SS to event

SS departs book tour event to MSY

## 17. Approval for overtime? (check one) Yes Scheduled Detail Hours (b)(7)(E)

Scheduled Deta	ail Hours (b)(7	)(E)		Schedule	ed Days: Sat. & Sun. incl.						
Overtime Estim	ate Computa Hourly Rate	е	Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	U	X	0	=	\$0.00	х	U	X	0	=	\$0.00
In-District (082/1802)	0	x	0	=	\$0.00	x	0	x	0	=	\$0.00
	Hourly Rate	е	Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	Ó	x	0	=	\$0.00	х	0	х	0	=	\$0.00
Out-of-District (082/1802)	0	х	0	=	\$0.00	х	0	х	0	=	\$0.00

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

Per Diem Estimat	e Computation:								
In-District	Daily Rate	×	No. of Days	=	Subtotal \$0.00	x	No. DUSMS 0	=	TOTAL \$0.00
Out-of-District	Daily Rate 0	x	No. of Days	=	Subtotal <b>\$0.00</b>	х	No. DUSMS 0	=	TOTAL \$0.00

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

t-of-District	_		\$0.00			\$0.00
Hourly Rate		Detail Hours	Subtotal	No. Guards	No. Davs	TOTAL

#### 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

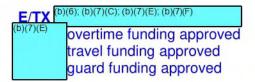
APPROVAL LEVEL REQUIRED OST

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

DATE: 10/17/2019

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.



N/FL (b)(6): (b)(7)(C): (b)(7)(E):

overtime funding approved travel funding approved

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

W/MO
(b)(7)(E)
(c)(7)(E)
(c)(7)(E)
(d)(7)(E)
(d)(7)(E)
(d)(7)(E)
(e)(7)(E)
(e)(7)(E)
(e)(7)(E)
(f)(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:
Org Code 4:
Project Code:

Include the District #)

To charge your travel in E2, use JSD's

codes:
Org Code 2:

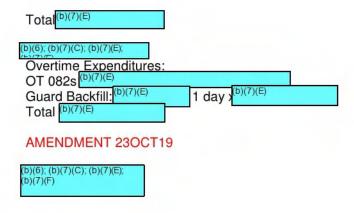
Org Code 2:

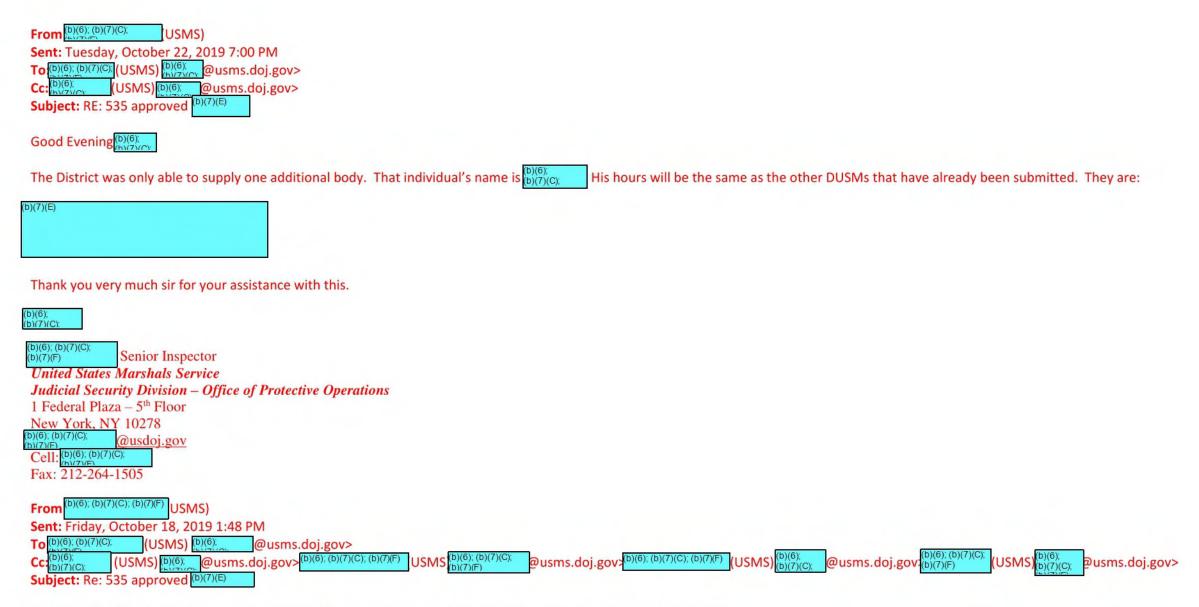
Project Code: (b)(7)(E)

Org Code 4:

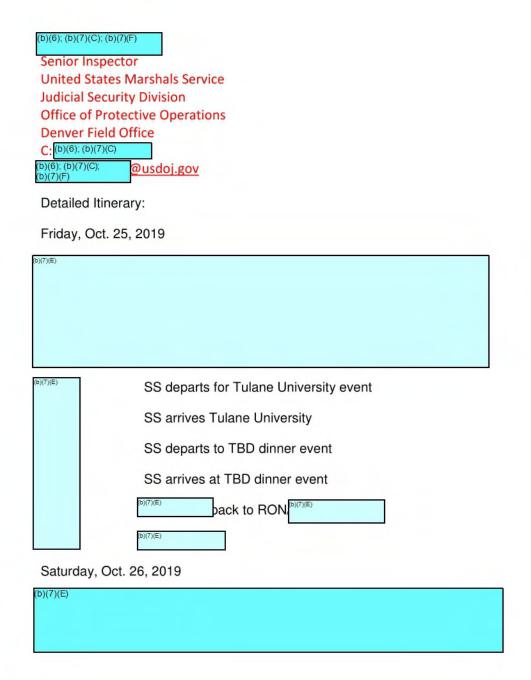
Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 should not be exceeded without prior authorization from OSB. To 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: COMMENTS:		DATE:	
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:		DATE:	
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:		DATE:	
w	10-25-19 Ops Plan SS Book Tour Nola.docx	ATTL	5OMB.docx





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



b)(7)(E)	SS departs to Convention Center	book tour event
	Arrival of SS to event	
	SS departs book tour event to MS	Υ
Special Equi	oment or Personnel Required:	
I certify that t	he above manpower/funds will be expended only o	n the above-captioned detail.
	(b)(6); (b)(7)(C); (b)(7)(F)	10/15/2019
Signatur	e 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.

### 17. Approval for overtime? (check one) Yes Scheduled Detail Hours: (0)(7)(E)

Scheduled Deta	ail Hours: (b)(7)	(E)		Schedul	ed Days: Sat. & Sun. incl.						
Overtime Estima			Datell OT have		Outstal		N- DUOMO		No Davis		TOTAL
1 5:	Hourly Rat		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	Ü	X	0	=	\$0.00	х	U	Х	0	=	\$0.00
In-District (082/1802)	0	x	0	=	\$0.00	x	0	x	0	=	\$0.00
	Hourly Rat	е	Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	Ó	x	0	=	\$0.00	х	0	x	0	=	\$0.00
Out-of-District	0	x	0	=	\$0.00	х	0	х	0	=	\$0.00

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

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

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

n-District Hourly Rate	_	Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
ó	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	×	0	=	\$0.00

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

\$17,502.00

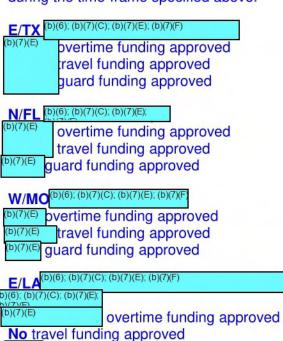
Expense: Description: Full mission price - see itemized breakdown in box 15

TOTAL REQUESTED FUNDS \$18,947.35

\$17,502.00 TOTAL APPROVED FUNDS

APPROVAL LEVEL REQUIRED OST 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.



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

guard funding approved

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: (D)(7)(E)

To charge your travel in E2, use JSD's
codes:
Org Code 2:
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

#### **APPROVED**

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

TO:

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

FROM:

United States Marshal, Chief Deputy, or designee

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

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

> (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: Number of Days/Weeks: 10/26/2019 Ending Date: 10/27/2019 2

(mm/dd/yyyy) (mm/dd/yyyy)

REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

4. Description:				
Program Type: Detail Type: ESU / SOG: Case Type:	Court Security Protection Detail - Supren	ne Court Justices		
submission of additional sup [SCJ Sotomayor will be	Based upon the complexity, national imposportint documentation) e traveling to Austin on her Book n. There will be up to 700 people	Tour. Justice Sotomayo	or will be attending the Texas	
5. No. of Defendants in custody:	Total No. of Defend	ants: N	lo. USMS In-Custody Witnesses:	
6. Reported Threats: (b)(7)(l)	Ξ)			
7. Has the Operational Plan been	submitted? Yes			
8. Host/Trial District Information: No. of District DUSMs on Special No. of In-District DUSMs comm				
9. Are you requesting Out-of-Distr	rict Assistance? (check one) <b>Yes</b> No. of DUSMs (b)(7)(E)	SDUSMs		Admin.
10. Will you accept GS-082 (DUS	Ms) / GS-1802 (DEOs)? (check one) No			

## 11. Will the detail incur **overtime?** (check one) Scheduled Detail Hours (b)(7)(E)

Overtime Estima	ate Computation:										
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	Ó	x	0	=	\$0.00	х	0	X	0	=	\$0.00
In-District (082/1802)	0	x	0	-	\$0.00	х	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

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

(082/1802)

Per Diem Estima	te Computation:				917 - 124 / 1				
	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	×	0	=	\$0.00

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

n-District Hourly Rate <b>0</b>	×	Detail Hours 0	=	Subtotal \$0.00	x	No. Guards	x	No. Days 0	=	TOTAL \$0.00
Out-of-District										
Hourly Rate		<b>Detail Hours</b>		Subtotal		No. Guards		No. Days		TOTAL
0	X	0	=	\$0.00	Х	0	Х	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:
Reporting Date/Time:

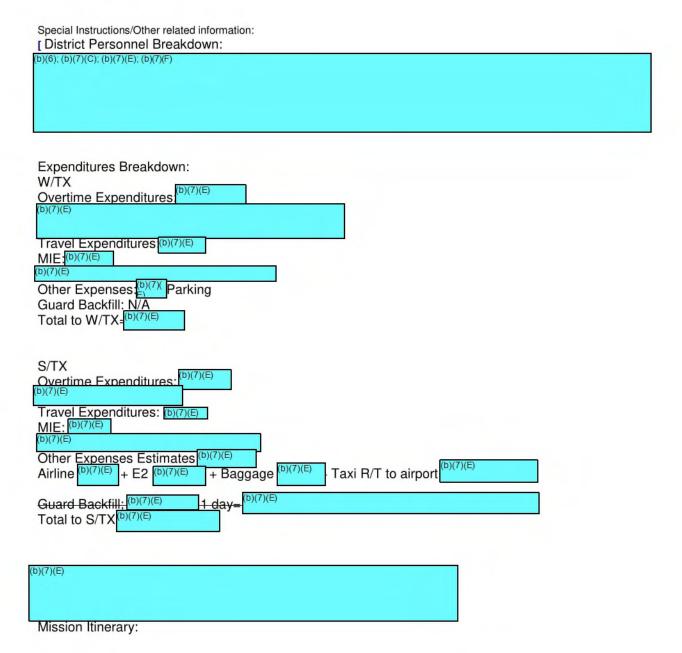
(mm/dd/yyyy)

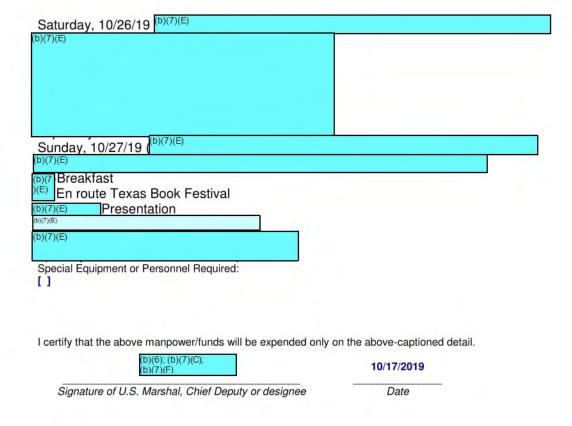
Detail Supervisor: Detail Supervisor Phone:

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

Per Diem Rate: Hotel Name: Hotel Telephone:

(hour)





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) Scheduled Detail Hours: (b)(7)(

Scheduled Deta	ail Hours:(b)(	(7)(		Schedule	ed Days: MonFri.			4 4			
Overtime Estim					400000				4		
	Hourly Rat	e	Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	×	0	=	\$0.00	х	0	X	0	=	\$0.00
In-District (082/1802)	0	x	0	=	\$0.00	x	0	x	0	=	\$0.00
	Hourly Rat	e	Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	Х	0	=	\$0.00	х	0	x	0	=	\$0.00
Out-of-District (082/1802)	0	х	0	=	\$0.00	х	0	x	0	=	\$0.00

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

Per Diem Estimat	e Computation:								
In-District	Daily Rate 0	x	No. of Days	=	Subtotal \$0.00	х	No. DUSMS	=	TOTAL \$0.00
Out-of-District	Daily Rate	x	No. of Days	_	Subtotal <b>\$0.00</b>	х	No. DUSMS	=	TOTAL \$0.00

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

Hourly Rate 0	x	Detail Hours 0	=	\$0.00	x	No. Guards 0	x	No. Days 0	=	**************************************
ut-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	Х	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/DISAPPROVED BY: APPROVED (b)(6); (b)(7)(C); (b)(7)(F)

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.

0)(0), (0	)(7)(C); (b)(7)(E); (b)(7)(F)
o)(7)(E)	overtime funding approved
b)(7)(E	travel funding approved
<b>60</b> gu	ard funding approved
0	3 11
S/TX	(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
)(7)(E)	overtime funding approved
(7)(E)	travel funding approved
V- //-/	

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

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

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

Project Code: (D)(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: COMMENTS:

DATE:

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

# U.S. Department of Justice United States Marshals Service

#### REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

**APPROVED** 

(mm/dd/yyyy)

		SPECI	AL ASSIGNMENT No.	(b)(7)(E)		
		F	PROJECT CODE	(b)(7)(E)		
	Division (JSD, ISD, PSD, etc.)	: JSD				
FROM: (b)(6); (b)(7)(0	(b)(7)(F)					
United State	es Marshal, Chief Deputy, or de	esignee	_			
District:	Central District of Californi	a				Circuit:09
1. Detail Name:	10/25/19 SCJ Sotomayor	Sec Detail				
	(For WITSEC use I For Trials, use Cas	N.C. No.; For se Title, Dock	Extraditions use Case No., et No., and Judge's Name)	•		
2. Location of Detail: Host District: Overseas Travel?:	Los Angeles Central District of Ca No	lifornia		Circuit:09		
3. Starting Date:	10/25/2019 E	nding Date:	10/30/2019	Number of Days/Weeks:	6	

(mm/dd/yyyy)

4. Description:							
Program Type: Detail Type: ESU / SOG: Case Type:	Court Security Protection Detail - Supreme Court Justices						
submission of additional supportint do [SCJ Sotomayor requested US	cumentation)	level of an assignment, the Operational Division may recurrity Detail. The Justice will arrive in Los Angustice will attend business (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 Assign  No. of In-District DUSMs committed to st	ment: <mark>[b)(7)[</mark> aff this detail. <mark>[b)(7)(</mark>						
9. Are you requesting Out-of-District Assist	ance? (check one) <b>Yes</b> No. of DUSMs SDUSMs (b)(7)(E)		Admin.				
10. Will you accept GS-082 (DUSMs) / GS	-1802 (DEOs)? (check one) <b>Ves</b>						

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

Scheduled	Detail	Hours: (b)(7)(E	

	Scheduled	Davs:	Sat. 8	& Sun.	incl
--	-----------	-------	--------	--------	------

	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	х	0	х	0	=	\$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	Ó	x	0	=	\$0.00	x	0	x	0	=	\$0.00
Out-of-District	0	Х	0	=	\$0.00	х	0	x	0	=	\$0.00

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

Per Diem Estima	te Computation:				V17 x 22 x 24				
	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 0	×	Detail Hours 0	=	Subtotal \$0.00	x	No. Guards 0	х	No. Days	=	TOTAL \$0.00
Out-of-District										
Hourly Rate		<b>Detail Hours</b>		Subtotal		No. Guards		No. Days		TOTAL
0	Х	0	=	\$0.00	Х	0	Х	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:
Reporting Date/Time:

10/25/2019

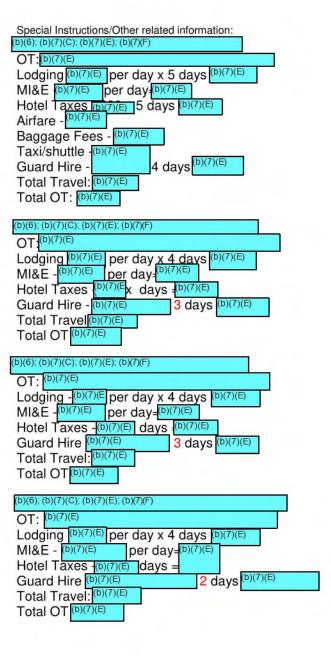
(mm/dd/yyyy)

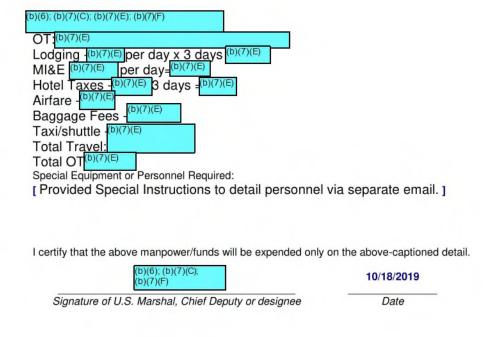
Detail Supervisor: Detail Supervisor Phone:

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

(hour)

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





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)(

Scheduled Deta	ail Hours:(b)(	7)(		Schedul	ed Days: Sat. & Sun. incl.						
Overtime Estim			Data'll OT haves		0.44-4-1		N- DUOMO		No Davis		TOTAL
In District	Hourly Rat	е	Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	U	X	0	=	\$0.00	×	0	X	0	=	\$0.00
In-District (082/1802)	0	х	0	=	\$0.00	x	0	x	0	=	\$0.00
	Hourly Rat	Θ.	Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	0	х	0	=	\$0.00	х	0	х	0	=	\$0.00
Out-of-District	0	х	0	=	\$0.00	x	0	х	0	=	\$0.00

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

(082/1802)

Per Diem Estimat	e Computation:								
In-District	Daily Rate 0	x	No. of Days	=	Subtotal \$0.00	x	No. DUSMS	=	TOTAL \$0.00
Out-of-District	Daily Rate 0	x	No. of Days	_	Subtotal <b>\$0.00</b>	x	No. DUSMS 0	=	TOTAL \$0.00

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

Hourly Rate 0	×	Detail Hours <b>0</b>	=	\$0.00	x	No. Guards 0	х	No. Days 0	=	**************************************
out-of-District	_									
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	×	0	=	\$0.00	x	0	x	0	=	\$0.00

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

Expense: Description: \$17,151.00 For complete breakdown of expenses, see box 15

OT(b)(7)(E) Guard Hire (b)(7)(E) Travel (b)(7)(E)

\$19,060.00 TOTAL REQUESTED FUNDS

TOTAL APPROVED FUNDS \$17,151.00

OST APPROVAL LEVEL REQUIRED

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

overtime funding approved travel funding approved

[D)(7)(E) guard funding approved

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

overtime funding approved travel funding approved guard funding approved

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

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

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

overtime funding approved travel funding approved

\$0 guard funding approved

Fiscal Year: 2020 Fund Code: (b)(7)(E)

Special Assignment Number:

7)(E)

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

To charge your travel in E2, use JSD's codes:
Org Code 2: (D)(7)(E)
Org Code 4: (D)(7)(E)
Project Code: (D)(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: COMMENTS:		DATE:
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:		DATE:
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:		DATE:
w	SOTO Los Angeles 102719 DOCX	

SOTO Los Angeles 102719.DOCX

#### U.S. Department of Justice United States Marshals Service

#### **APPROVED**

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

Circuit:09

TO:

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

FROM:

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:

3. Starting Date:

Host District:

Los Angeles, CA Central District of California

Overseas Travel?:

11/15/2019 (mm/dd/yyyy)

No

Ending Date: 11/17/2019

(mm/dd/yyyy)

Number of Days/Weeks:

3

REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

Description:				
Program Type: Detail Type: ESU / SOG: Case Type:	Court Security Protection Detail - Supre	me Court Justices		
Brief Description of Detail: (Based upo submission of additional supportint do	n the complexity, national imp	ortance, or threat level	of an assignment, the Operational Division may requ	uire the
[SCJ Sotomayor requested US	SMS to provide her with	a Judicial Security	detail. The Justice will arrive in Los Ange	
15th and depart Los Angeles Neetings (b)(6); (b)(7)(C)	lov 17th. While in Los A	naeles the Justice	will attend business (b)(6); (b)(7)(C)	land
(b)(6); (b)(7)(C)				
No of Defendants in sustantin	Tatal Na of Datas	dk	No LIGNO In Control William	
No. of Defendants in custody:	Total No. of Defen	dants:	No. USMS In-Custody Witnesses:	
Reported Threats: (b)(7)(E)				
Has the Operational Plan been submitted	? Yes			
rias the Operational Flan been submitted	: 165			
. Host/Trial District Information:				
No. of District DUSMs on Special Assignr				
No. of In-District DUSMs committed to st	aff this detail:			
. Are you requesting Out-of-District Assist				
	No. of DUSMs	SDUSMs		Admin.
D. Will you accept GS-082 (DUSMs) / GS-	1802 (DEOs)? (check one)			

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

Overtime Estimat											
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	x	0	=	\$0.00	х	0	х	0	=	\$0.00
In-District (082/1802)	0	x	0	-	\$0.00	х	0	X	0	=	\$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District	0	x	O nodis	_	\$0.00	x	0	~	0	=	\$0.00
(1811)			•		ψο.σο	^					Ψ0.00
Out-of-District (082/1802)	0	х	0	=	\$0.00	х	0	х	0	=	\$0.00

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

Per Diem Estima	te Computation:				1 2.42				
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	X	0	=	\$0.00	X	0	=	\$0.00
100000000000000000000000000000000000000	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 <b>0</b>	x	Detail Hours 0	=	\$0.00	x	No. Guards 0	х	No. Days 0	=	**************************************
ut-of-District Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	X	0	=	\$0.00	Х	0	x	0	=	\$0.00

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

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:
City/District Location:
Reporting Date/Time:
11/15/2019

(mm/dd/yyyy)

Detail Supervisor: Detail Supervisor Phone:

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

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

(hour)



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

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.

	Hourly Rate	)	Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTA
In-District (1811)	0	×	0	=	\$0.00	×	0	х	0	=	\$0.00
In-District (082/1802)	0	х	0	=	\$0.00	x	0	х	0	=	\$0.00
	Hourly Rate	1	Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	Ó	Х	0	=	\$0.00	х	0	×	0	=	\$0.00
Out-of-District (082/1802)	0	x	0	=	\$0.00	х	0	X	0	=	\$0.00

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

Per Diem Estimate	e Computation:								
In-District	Daily Rate 0	x	No. of Days 0	=	Subtotal \$0.00	x	No. DUSMS	=	TOTAL \$0.00
Out-of-District	Daily Rate 0	x	No. of Days	=	Subtotal <b>\$0.00</b>	х	No. DUSMS	=	TOTAL \$0.00

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

Hourly Rate 0	×	Detail Hours 0	=	\$0.00	×	No. Guards 0	х	No. Days 0	=	**************************************
it-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	х	0	=	\$0.00	x	0	×	0	=	\$0.00

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

TOTAL REQUESTED FUNDS \$13,198.00

TOTAL APPROVED FUNDS \$13,198.00

APPROVAL LEVEL REQUIRED OST

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

DATE: 11/12/2019

)(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)

overtime funding approved travel funding approved guard funding approved

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

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

SOTO Los Angeles 2.DOCX

## U.S. Department of Justice United States Marshals Service

#### REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

**APPROVED** 

3. Starting Date:

(mm/dd/yyyy)

			Р	ROJECT CODE	(b)(7)(E)		
	Program Ma Operational	anager Division (JSD, ISD, PSD,	etc.): JSD				
FROM:	b)(6); (b)(7)(0	C); (b)(7)(F)					
ī	Jnited State	es Marshal, Chief Deputy,	or designee	_			
D	istrict:	Southern District of Flo	orida				Circuit:11
1. Detail Na	ame:	11/22/19 - U.S. Supre	me Court Justice	Sotomayor			
				Extraditions use Case let No., and Judge's Nar			
2. Location Host Dis Oversea		(b)(6); (b)(7)(C)  Southern District No	of Florida		Circuit:11		
3. Starting	Date:	11/22/2019	Ending Date:	11/29/2019	Number of Days/Weeks:	9 days	

SPECIAL ASSIGNMENT No.

(mm/dd/yyyy)

Description:			
Program Type: Detail Type: ESU / SOG: Case Type:	Court Security Protection Detail - Supreme Court Justice	∌s	
Brief Description of Detail: (Based upo submission of additional supportint do (b)(6); (b)(7)(C)	on the complexity, national importance, or threat ocumentation)	level of an assignment, the Operational Division may req	quire the
5. No. of Defendants in custody:	Total No. of Defendants:	No. USMS In-Custody Witnesses:	
6. Reported Threats: (b)(7)(E)			
Has the Operational Plan been submitted	d? Yes		
Host/Trial District Information:     No. of District DUSMs on Special Assign     No. of In-District DUSMs committed to s	ment( <sup>(D)(7)(E)</sup> taff this detail: <sup>(D)(7)(E)</sup>		
Are you requesting Out-of-District Assist	tance? (check one) <b>Yes</b> No. of DUSMs SDUSMs (b)(7)(E)		Admin.
Io. 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 Detail	Hours (b)(7)(E)			Schedule	d Days: Sat. & Sun. incl.						
Overtime Estimate In-District (1811)	te Computation: Hourly Rate <b>0</b>	x	Detail OT hours 0	-	Subtotal <b>\$0.00</b>	х	No. DUSMS	x	No. Days 0	=	TOTAL \$0.00
In-District (082/1802)	0	x	0	=	\$0.00	x	0	x	0	=	\$0.00
Out-of-District (1811)	Hourly Rate 0	x	Detail OT hours 0	=	Subtotal \$0.00	x	No. DUSMs 0	x	No. Days 0	=	**************************************
Out-of-District (082/1802)	0	х	0	=	\$0.00	х	0	х	0	=	\$0.00

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

Per Diem Estima	te Computation:				1 2.4 8				
	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 \$0.00		No. Guards		No. Days		**TOTAL
Out-of-District										
n-District Hourly Rate <b>0</b>	x	Detail Hours 0	=	Subtotal \$0.00	x	No. Guards 0	x	No. Days 0	=	TOTAL \$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

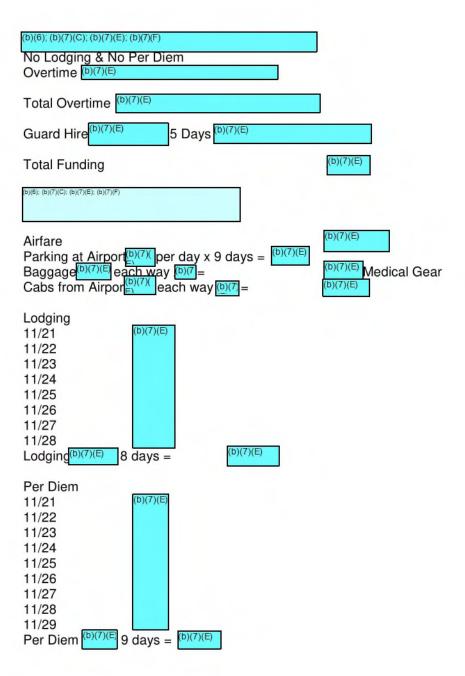
(mm/dd/yyyy)

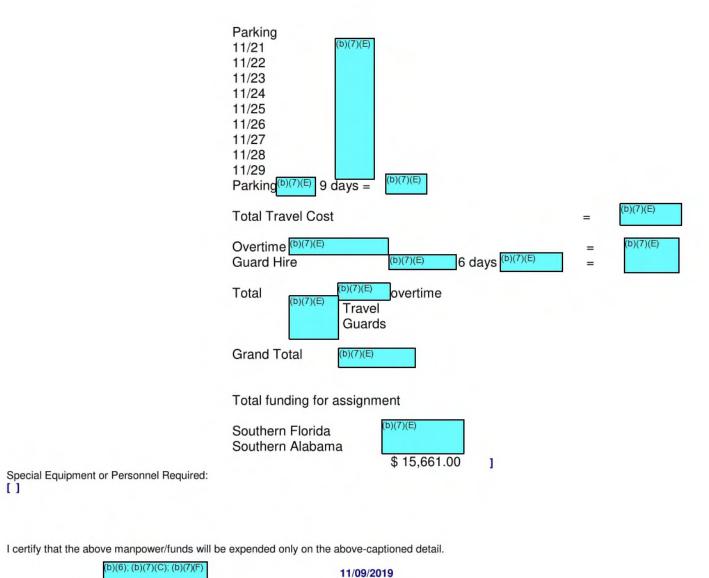
Detail Supervisor: Detail Supervisor Phone: (b)(6); (b)(7)(C); (b)(7)(F)

Per Diem Rate: Hotel Name: Hotel Telephone: (hour)

Friday November 22 (b)(6); (b)(7)(C); (b)(7)(E)	
(B)(B), (B)(T)(C), (B)(T)(C)	
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)				
Overtime (b)(7)(E)				





Date

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

**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 Deta	ail Hours (b)(7)	(E)		Schedule	ed Days: Sat. & Sun. incl.						
Overtime Estimon In-District (1811)	ate Computat Hourly Rate 0		Detail OT hours 0	=	Subtotal \$0.00	x	No. DUSMS	x	No. Days	=	TOTAL \$0.00
In-District (082/1802)	0	x	0	=	\$0.00	х	0	x	0	=	\$0.00
Out-of-District (1811)	Hourly Rate 0	x	Detail OT hours 0	=	Subtotal <b>\$0.00</b>	х	No. DUSMs	x	No. Days 0	=	**TOTAL \$0.00
Out-of-District	0	х	0	=	\$0.00	Х	0	x	0	=	\$0.00

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

(082/1802)

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

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

-District Hourly Rate 0	x	Detail Hours 0	=	Subtotal \$0.00	×	No. Guards 0	x	No. Days 0	=	TOTAL \$0.00
t-of-District									-	
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	х	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/DISAPPROVED BY: APPROVED (b)(6); (b)(7)(C); (b)(7)(F)

DATE: 11/12/2019

(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)

No travel funding approved

[b](7)(E)

overtime funding approved

[b](7)(E)

guard funding approved

## S/AL (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

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 <u>Overtime and</u>

<u>Guard hours in WebTA</u>, use the <u>district's codes:</u>

Org Code 2: Org Code 4:

(Include the

District #)

Project Code:

(b)(7)(E)

To charge your <u>travel in E2</u>, use JSD's codes:

Org Code 2: Org Code 4:



Project Code:

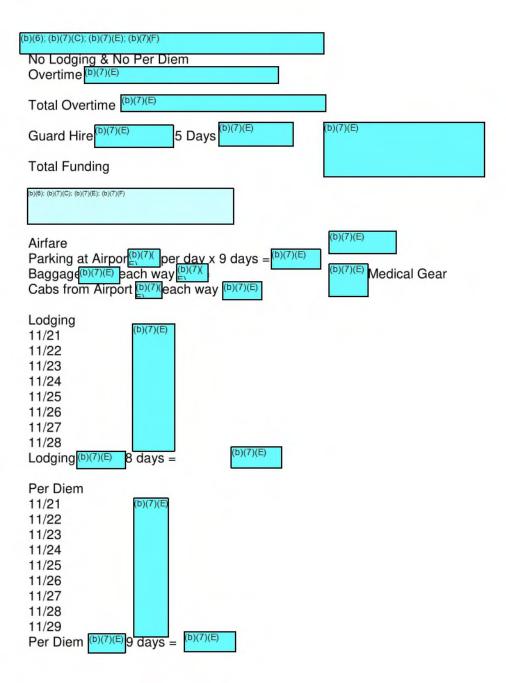
(b)(7)(E)

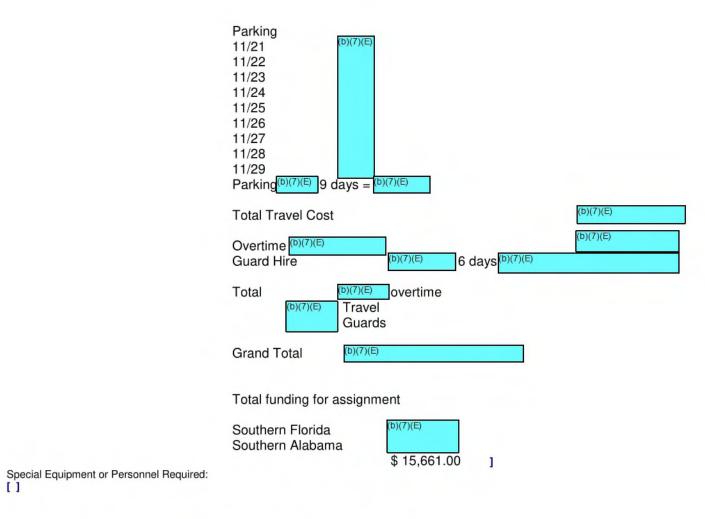
Funds control will rest upon the supervisor that approves the final E2 Travel document and/or the webTA document for participating DUSMs. The amount of travel, overtime, and guard funding (if applicable) approved by OSB on the JSD USM-535 should not be exceeded without prior authorization from OSB. To 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 burnrate 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: COMMENTS:	DATE
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:	DATE
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:	DATE

OpsPlanSotomayorNov19.docx





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



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

-District Hourly Rate 0	x	Detail Hours <b>0</b>	=	Subtotal \$0.00	x	No. Guards 0	x	No. Days	=	TOTAL \$0.00
ut-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	х	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

# **APPROVED**

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

TO:

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

FROM:

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: 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

SPECIAL ASSIGNMENTS RESOURCES

REQUEST FOR

### 4. Description:

Court Security Protection Detail - Supreme Court Justices

Program Type: Detail Type: 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)
(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)(C), (B)(F)(C), (B)(F)(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.

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

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

Per Diem Estima	te Computation:				1 22-3		- 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		7.50 5.40 5.40
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	X	0	=	\$0.00	X	0	=	\$0.00
A Lock of the Common Co	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

n-District Hourly Rate <b>0</b>	x	Detail Hours 0	=	Subtotal \$0.00	x	No. Guards 0	x	No. Days 0	=	TOTAL \$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:		

5. DEPUTY REPORTING INFOR City/District Location:	RMATION/SPECIAL INSTRUCTIONS: (b)(6); (b)(7)(C)	<u></u>	_	Per Diem Rate:	
Reporting Date/Time:	11/16/2019 (mm/dd/yyyy)	(hour)		Hotel Name: Hotel Telephone:	
Detail Supervisor: Detail Supervisor Phone:	(b)(6); (b)(7)(C); (b)(7)(F)				
Special Instructions/Other re [ All DUSMs will be sup					
Friday 11/15 - will be h	andled by the JSD NY Office (no over	ertime or funding of any kind needed)			
Saturday 11/16					
Sunday 11/17 - (b)(7)(E)					
OT not worked will not	be claimed. Final Detail hours will be	e confirmed and forwarded to Detail pe	ersonnel by the IIC at the conclu	usion of the mission.	
Original certification on Special Equipment or Person	n 11/14/19 at 1633 hours by (b)(6); (b)(7)	(C);			
(b)(7)(E)	Tillet nequiled.				
I certify that the above manp	power/funds will be expended only on the above	e-captioned detail.			
(b)(6); (b)(7)(F)	p)(7)(C);	16/2019			
Signature of U.S. Marsh	nal, Chief Deputy or designee	Date			

Admin.

SDUSMs

No. of DUSMs

**16. Approval** for Out-of-District Assistance? (check one) **No** Type/Number of Personnel Required:

# 17. Approval for overtime? (check one) Yes Scheduled Detail Hours: (b)(7)(E)

Scheduled Days: Sat. & Sun. incl. Overtime Estimate Computation:
Hourly Rate
In-District (b)(7)(E) x Detail OT hours (b)(7)(E) Subtotal No. DUSMS No. Days TOTAL (b)(7)(E)(b)(7)(E)(1811)In-District X X = (082/1802)Hourly Rate Detail OT hours No. DUSMs No. Days TOTAL Subtotal Out-of-District \$0.00 \$0.00 (1811)\$0.00 Out-of-District 0 \$0.00 X 0 = X 0 X = (082/1802)

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

Per Diem Estimate	e Computation:								
In-District	Daily Rate	×	No. of Days	=	Subtotal <b>\$0.00</b>	x	No. DUSMS	=	TOTAL \$0.00
Out-of-District	Daily Rate 0	x	No. of Days 0	=	Subtotal <b>\$0.00</b>	x	No. DUSMS	=	TOTAL \$0.00

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

n-District  Hourly Rate 0	×	Detail Hours 0	=	Subtotal \$0.00	x	No. Guards 0	х	No. Days 0	=	TOTAL \$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/DISAPPROVED BY: (b)(6); (b)(7)(C);

DATE: 11/18/2019

)(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

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: (D)(7)(E)
Special Assignment Number:

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

Project Code:

D)(/)(E)

To charge your **travel in E2**, use

JSD's codes:

Org Code 2: 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 burnrate 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: COMMENTS:	DATE:
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:	DATE:
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:	DATE:

#### U.S. Department of Justice United States Marshals Service

Amended 12/05/2019 01:56 PM APPROVED REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

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

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:

1. Detail Name:

Western District of Wisconsin

Circuit:02

Overseas Travel?:

No

3. Starting Date:

12/13/2019 (mm/dd/yyyy) Ending Date:

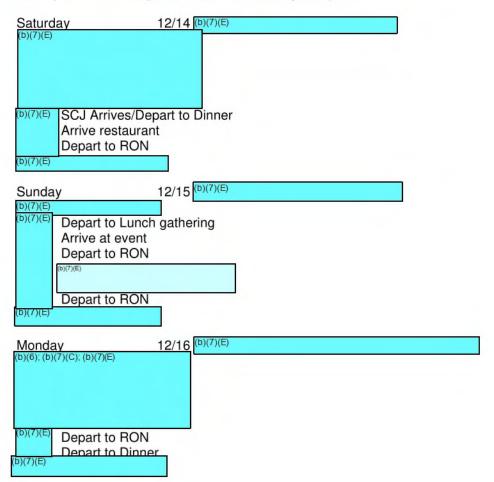
12/20/2019 (mm/dd/yyyy) Number of Days/Weeks:

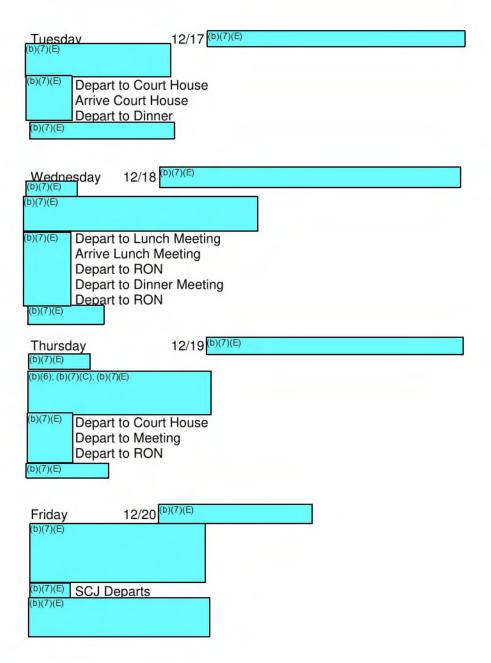
7 days

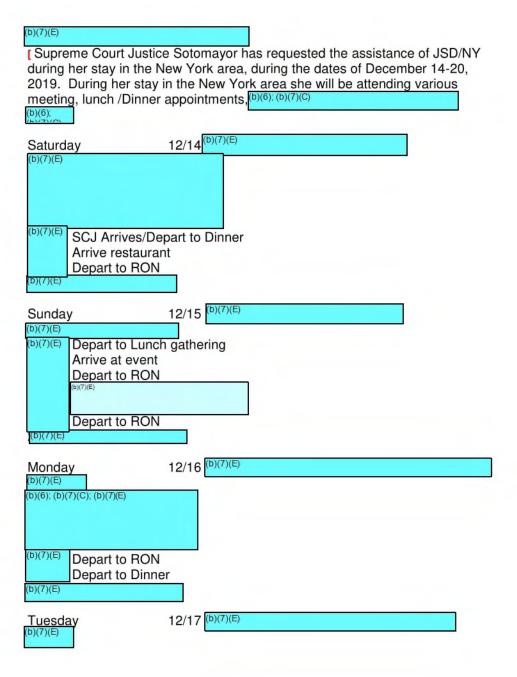
Circuit: 02

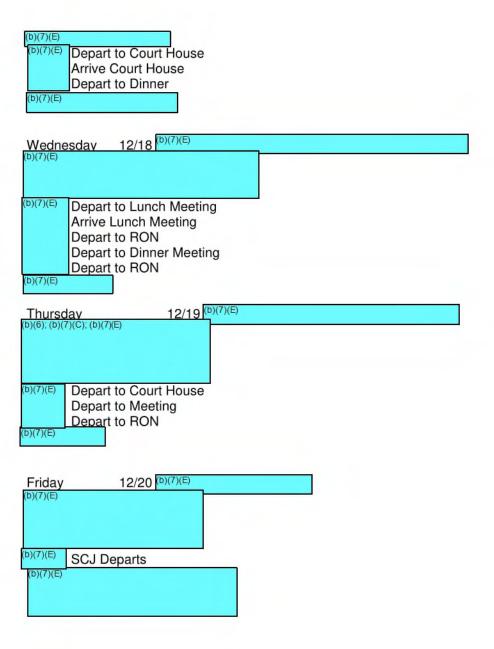
Program Type: Court Security
Detail Type: Protection Detail - Supreme Court Justices
ESU / SOG:
Case Type:
Brief Description of Detail: (Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the submission of additional supportint documentation)

[ 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).









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)					
<b>7.</b> Has the Operational F	Plan been submitted?	Yes				
8. Host/Trial District Info No. of District DUSMs No. of In-District DUS	ormation: s on Special Assignment: <b>0</b> SMs committed to staff this d	etail:[b)(7)(E				
9. Are you requesting C	Out-of-District Assistance? (c	heck one) <b>Yes</b> No. of DUSMs (b)(7)(E)	SDUS 0	SMs		Admin. 0

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

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

Scheduled Detail		,		Schedule	d 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	х	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)	Ó	х	0	=	\$0.00 \$0.00	х	0	x	0	=	\$0.00
Out-of-District (082/1802)	0	х	0	=	\$0.00	х	0	х	0	=	\$0.00

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

Per Diem Estimat	te Computation: Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	(b)(7)( ►\	х	1	=	(b)(7)(E)	х	0	=	\$0.00
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	0	х	0	=	\$0.00 \$0.00	х	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 0 0	x	Detail Hours 0 0	=	Subtotal \$0.00	х	No. Guards 0 0	х	No. Days	=	TOTAL \$0.00 \$0.00
Out-of-District	_									
Hourly Rate	9	Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	х	0	=	\$0.00	х	0	х	0	=	\$0.00 \$0.00
	5									

# 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:
Reporting Date/Time:
Southern District of New York
12/14/2019

Southern District of New York

(mm/dd/yyyy)

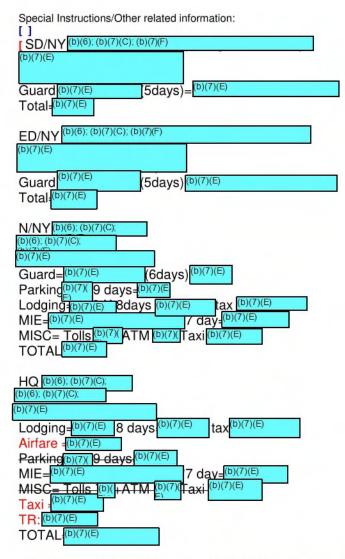
Detail Supervisor:

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

Detail Supervisor Phone:

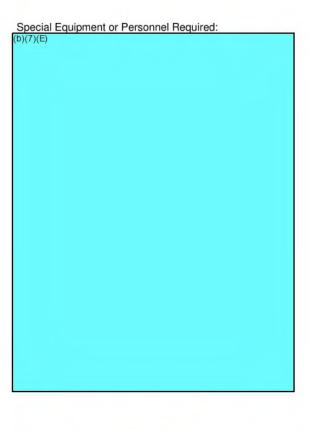
(b)(7)(E)

Per Diem Rate: Hotel Name: Hotel Telephone:



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)



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

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 (D)(7)(E)

Scheduled Days: Mon.-Fri.

In-District (1811)	Hourly Rate 0	x	Detail OT hours <b>0</b>	=	Subtotal <b>\$0.00</b>	х	No. DUSMS 0	x	No. Days 0	=	\$0.00
In-District (082/1802)	0	x	0	=	\$0.00	x	0	x	0	=	\$0.00
Out-of-District (1811)	Hourly Rate 0	x	Detail OT hours 0	=	Subtotal <b>\$0.00</b>	х	No. DUSMs 0	х	No. Days 0	=	TOTA \$0.00
Out-of-District (082/1802)	0	х	0	=	\$0.00	х	0	х	0	=	\$0.00

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

Per Diem Estimat	e Computation:								
In-District	Daily Rate 0	x	No. of Days	=	Subtotal <b>\$0.00</b>	×	No. DUSMS	=	TOTAL \$0.00
Out-of-District	Daily Rate	x	No. of Days	=	Subtotal \$0.00	x	No. DUSMS	=	TOTAL \$0.00

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

In-District		_	14.000		-12-0-2-2-2				1 av 25 a		
	Hourly Rate 0	x	Detail Hours 0	=	Subtotal \$0.00	×	No. Guards 0	x	No. Days 0	=	**************************************
Out-of-Dist	trict										
	Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
	0	Х	0	=	\$0.00	х	0	Х	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

PROJECT CODE

THIS ASSIGNMENT IS:	
APPROVED/DISAPPROVED B	Y:

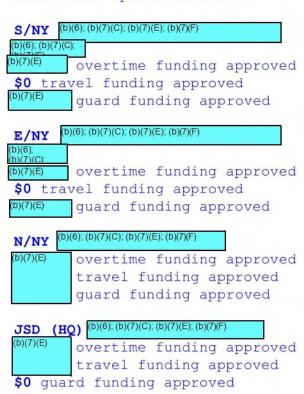
APPROVED	
(b)(6); (b)(7)(C);	

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.



Fiscal Year: 2020 Fund Code: (b)(7)(E)

Special Assignment Number:

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

Org Code 2: Org Code 4:

(Include the

District #)

Project Code:

HCH1000P

To charge your travel in E2, use

JSD's codes:

Org Code 2:

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

#### U.S. Department of Justice United States Marshals Service

### **APPROVED**

TO:

FROM:

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

United States Marshal, Chief Deputy, or designee

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

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 Circuit:11

REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

. Description:				
Program Type: Detail Type: ESU / SOG:	Court Security Protection Detail - Supre	me Court Justices		
Case Type:				
Brief Description of Detail: (Based usubmission of additional supportint		ortance, or threat level of	of an assignment, the Operational Division mag	y require the
[ The United States Supreme	Court Police has requeste	ed the assistance of	of the USMS in providing a Protective	
Associate United States Sup December 21-27, 2019. (b)(6):	reme Court Justice Sonia (	Sotomayor who wil	be traveling (a)(a), (b)(7)(c) [Floi	rida from
(b)(6); (b)(7)(C)				
i. No. of Defendants in custody:	Total No. of Defend	lante:	No. USMS In-Custody Witnesses:	
. No. of Deteriornia in editory.	Total No. of Belefic	adino.	No. Collid III Gustody Williasses.	
TENTANTS				
Reported Threats: (b)(7)(E)				
. Has the Operational Plan been submit	ted? Yes			
Host/Trial District Information:     No. of District DUSMs on Special Assigno.     No. of In-District DUSMs committed to	gnment(b)(7)(E) staff this detail:(b)(7)(E)			
Are you requesting Out-of-District Ass	istance? (check one) <b>No</b>			
jour raquouring out or bidillat had	No. of DUSMs	SDUSMs		Admin.
0. Will you accept GS-082 (DUSMs) / G	SS-1802 (DEOs)? (check one) <b>Ye</b>	s		

# 11. Will the detail incur overtime? (check one) Yes Scheduled Detail Hours (b)(7)(E

Scheduled Detail				Schedule	d Days: MonFri.						
Overtime Estimate In-District (1811)	e Computation: Hourly Rate (b)(7)(E)		Detail OT hours (b)(7)(E)	=	Subtotal (b)(7)(E)	х	No. DUSMS (b)(7)(E)	x	No. Days 1	=	<b>TOTAL</b> (b)(7)(E)
In-District (082/1802)	0	x	0	=	\$0.00	х	0	х	0	=	\$0.00
Out-of-District (1811)	Hourly Rate 0	x	Detail OT hours 0	=	Subtotal <b>\$0.00</b>	х	No. DUSMs 0	×	No. Days 0	=	TOTAL \$0.00
Out-of-District	0	х	0	=	\$0.00	х	0	x	0	=	\$0.00

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

(082/1802)

Per Diem Estima	ate Computation:				1 224 8				2.201
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	X	0	=	\$0.00	Х	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

Hourly Rate (b)(7)(E)	x	Detail Hours (b)(7)(	=	Subtotal (b)(7)(E)	х	N <u>o. Guard</u> s (b)(7)(E)	х	No. Days 3	=	TOTAL (b)(7)(E)
ut-of-District Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	x	0	=	\$0.00	Х	0	x	0	=	\$0.00

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

Evnonco:	\$0.00	
Expense:	\$0.00	
Description:		
Description.		

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:
City/District Location:
Reporting Date/Time:
12/21/2019

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

(mm/dd/yyyy)

Detail Supervisor: Detail Supervisor Phone:

Per Diem Rate: Hotel Name: Hotel Telephone:

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)	
(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	
No Lodging & No Per Diem (b)(7)(E)	
Total Overtime (b)(7)(E)	
Guard Hire (b)(7)(E) 3 Days (b)(7)(E)	
Guard Hire (b)(7)(E) 3 Days (b)(7)(E)  Total Assignment Funding	\$9144.00
	\$9144.00
Total Assignment Funding Saturday December 21	\$9144.00
Total Assignment Funding	\$9144.00
Total Assignment Funding Saturday December 21	\$9144.00
Total Assignment Funding Saturday December 21	\$9144.00
Total Assignment Funding Saturday December 21	\$9144.00
Total Assignment Funding Saturday December 21	\$9144.00
Total Assignment Funding Saturday December 21	\$9144.00
Total Assignment Funding  Saturday December 21  (b)(6); (b)(7)(C); (b)(7)(E)	\$9144.00
Total Assignment Funding  Saturday December 21  (b)(6); (b)(7)(C); (b)(7)(E)  Sunday December 22	\$9144.00
Total Assignment Funding  Saturday December 21  (b)(6); (b)(7)(C); (b)(7)(E)	\$9144.00
Total Assignment Funding  Saturday December 21  (b)(6); (b)(7)(C); (b)(7)(E)  Sunday December 22	\$9144.00
Total Assignment Funding  Saturday December 21  (b)(6); (b)(7)(C); (b)(7)(E)  Sunday December 22	\$9144.00
Total Assignment Funding  Saturday December 21  (b)(6); (b)(7)(C); (b)(7)(E)  Sunday December 22	\$9144.00
Total Assignment Funding  Saturday December 21  (b)(6); (b)(7)(C); (b)(7)(E)  Sunday December 22	\$9144.00

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)	

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 Det	ail Hours <sup>(b)(7)(</sup>	E)		Scheduled Days: MonFri.							
Overtime Estimum In-District (1811)	nate Computati Hourly Rate (b)(7)(E)		Detail OT hours	=	Subtotal (b)(7)(E)	х	No. DUSMS (b)(7)(E)	x	No. Days 1	=	<b>TOTAL</b> (b)(7)(E)
In-District (082/1802)	0	×	0	=	\$0.00	х	0	x	0	=	\$0.00
Out-of-District (1811)	Hourly Rate 0	х	Detail OT hours 0	=	Subtotal <b>\$0.00</b>	x	No. DUSMs 0	х	No. Days 0	=	TOTAL \$0.00
Out-of-District	0	×	0	=	\$0.00	x	0	X	0	=	\$0.00

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

(082/1802)

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

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

Hourly Rate (b)(7)(E)	×	Detail Hours (b)(7)(	=	Subtotal (b)(7)(E)	x	No. Guards (b)(7)(E)	х	No. Days 3	=	<b>TOTAL</b> (b)(7)(E)
Out-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	х	0	=	\$0.00	х	0	Х	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/DISAPPROVED BY: APPROVED (b)(6); (b)(7)(C); (b)(7)(E)

DATE: 12/16/2019

)(7)(E)

The supplemental funding request; "12/21-27/2019 - SCJ Sotomayor Protection Detail,

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)(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

Project Code:

(b)(7)(E)

To charge your <u>travel in E2</u>, use <u>JSD's codes</u>:

Org Code 2:

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

### U.S. Department of Justice United States Marshals Service

# REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

**APPROVED** 

			Р	ROJECT CODE	(b)(7)(E)		
TO:	Program Ma Operational	anager Division (JSD, ISD, PS	D, etc.): <b>JSD</b>				
FROM:	(b)(6); (b)(7)(C	JODA	PO-2nd Circuit	_\_\			
	United State	es Marshal, Chief Deput	y, or designee				
	District:	Southern District of	New York				Circuit:02
1. Detail	Name:	12/27/19-12/31/19 -	SCJ Sotomayor Pro	otection Detail			
				Extraditions use Case et No., and Judge's Na			
Host [	on of Detail: District: eas Travel?:	(b)(6); (b)(7)(C) Southern Distr No	ict of New York		Circuit:02		
3. Startir	ng Date:	12/27/2019 (mm/dd/yyyy)	Ending Date:	12/31/2019 (mm/dd/yyyy)	Number of Days/Weeks:	5 days	

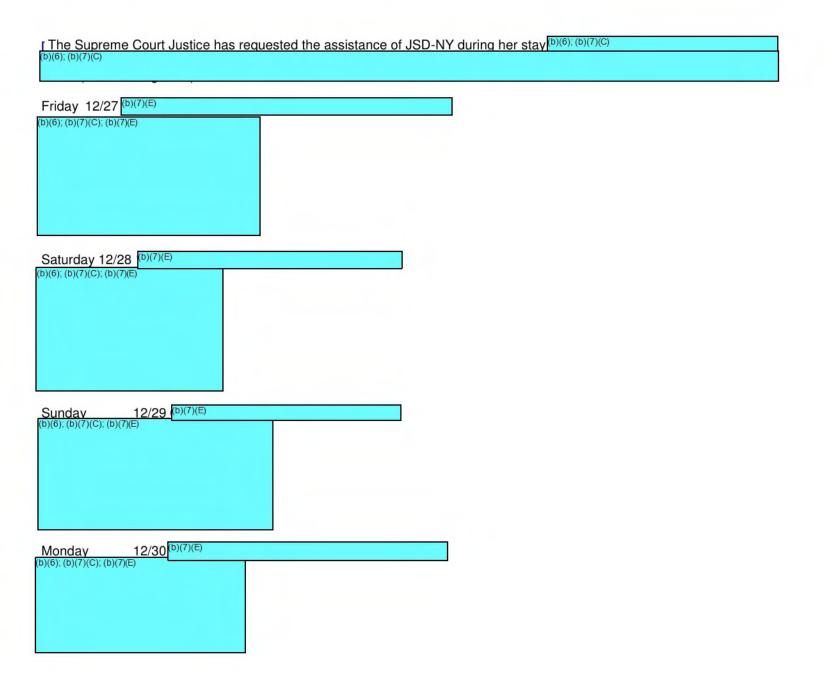
SPECIAL ASSIGNMENT No.

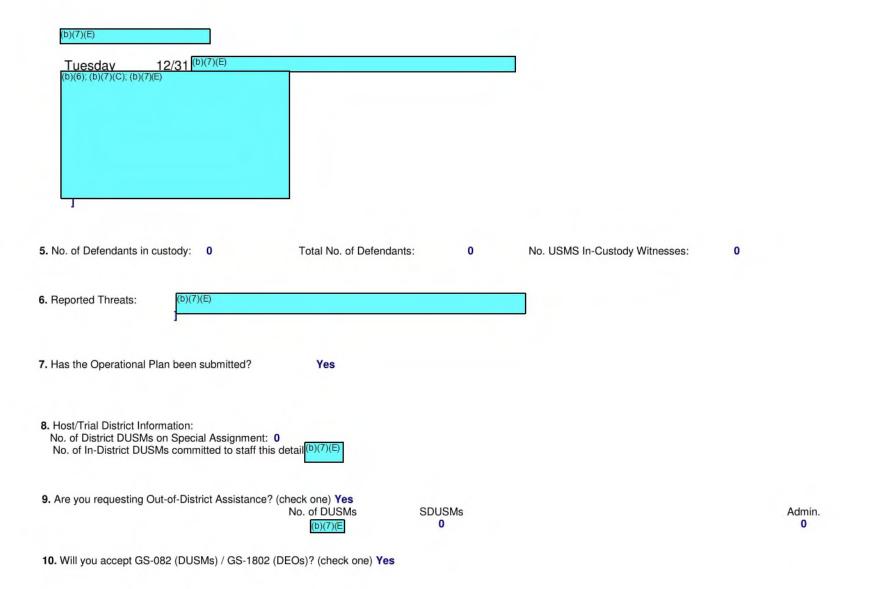
### 4. Description:

Court Security Protection Detail - Supreme Court Justices

Program Type: Detail Type: 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)





# 11. Will the detail incur overtime? (check one) Yes Scheduled Detail Hours (b)(7)(E)

Scheduled Days: Sat. & Sun. incl.

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

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

Per Diem Estima	te Computation:				10.74.004.0				
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	X	0	=	\$0.00	X	0	=	\$0.00
100000000000000000000000000000000000000	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 <b>0</b>	x	Detail Hours 0	=	Subtotal \$0.00	×	No. Guards 0	х	No. Days 0	=	TOTAL \$0.00
Out-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	х	0	=	\$0.00	Х	0	Х	0	=	\$0.00

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

Expense:	\$24,296.00	
Description:	Please review section 15.	

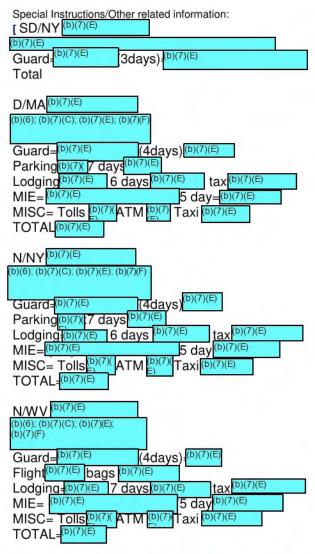
15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:
City/District Location:
Reporting Date/Time:
Southern District of New York
12/27/2019 Southern District of New York

(mm/dd/yyyy)

Detail Supervisor: Detail Supervisor Phone:

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

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



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)

(b)(7)(E)			_1	
I certify that the above manpower/funds will	be expended only on the above-ca	ptioned detail.		
(b)(6); (b)(7)(C); /b\/7\/F\	12/20/20	019		
Signature of U.S. Marshal, Chief Deputy	or designee Date			

Special Equipment or Personnel Required:

[ Special Equipment or Personnel Required: (b)(7)(E)

# 17. Approval for overtime? (check one) Yes Scheduled Detail Hours (b)(7)(

Scheduled Deta	ail Hours (b)(i	7)(		Schedule	ed Days: Sat. & Sun. incl.						
Overtime Estim											
	Hourly Rat	е	Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	X	0	=	\$0.00	×	0	х	0	=	\$0.00
In-District (082/1802)	0	x	0	=	\$0.00	x	0	x	0	=	\$0.00
	Hourly Rate	e	Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	Ó	х	0	=	\$0.00	х	0	х	0	=	\$0.00
Out-of-District (082/1802)	0	х	0	=	\$0.00	×	0	х	0	=	\$0.00

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

Per Diem Estimat	e Computation:								
In-District	Daily Rate 0	×	No. of Days	=	Subtotal <b>\$0.00</b>	x	No. DUSMS 0	=	TOTAL \$0.00
Out-of-District	Daily Rate 0	x	No. of Days	_	Subtotal <b>\$0.00</b>	х	No. DUSMS	=	TOTAL \$0.00

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

Hourly Rate <b>0</b>	x	Detail Hours 0	=	\$0.00	x	No. Guards 0	x	No. Days 0	=	**************************************
ut-of-District	-									
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	X	0	=	\$0.00	X	0	х	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/DISAPPROVED BY: APPROVED (b)(6); (b)(7)(C);

DATE: 12/20/2019

(b)(7)(E)

The supplemental funding request; "12/27-31/2019 - SCJ

Sotomayor Protection Detail,

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)

No travel funding approved guard funding approved

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

overtime funding approved travel funding approved guard funding approved

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

overtime funding approved travel funding approved guard funding approved

**N/WV** (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

overtime funding approved travel funding approved guard funding approved

Fiscal Year: 2020
Fund Code: (b)(7)(E)

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

Project Code:

(D)(7)(E)

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

Project Code:

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 burnrate 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:
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY:
COMMENTS:

THIS ASSIGNMENT IS:
APPROVED/DISAPPROVED BY:
COMMENTS:

DATE:
COMMENTS:

DATE:

### **APPROVED**

		Р	ROJECT CODE	(b)(7)(E)		
TO: Program Ma Operational	nager Division (JSD, ISD, PSI	D, etc.): <b>JSD</b>				
(0)(1)(0),	JSD OPO		_>_			
United State District:	Southern District of	•				Circuit:02
1. Detail Name:	01/01/20 - 01/05/20	SCJ Sotomayor Pro	otection Detail			
			Extraditions use Case et No., and Judge's Na			
2. Location of Detail: Host District: Overseas Travel?:	(b)(6); Southern Distri	ict of New York		Circuit:02		
3. Starting Date:	01/01/2020 (mm/dd/yyyy)	Ending Date:	01/05/2020 (mm/dd/yyyy)	Number of Days/Weeks:	5 Days	

SPECIAL ASSIGNMENT No.

(b)(7)(E)

### 4. Description:

**Court Security** 

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

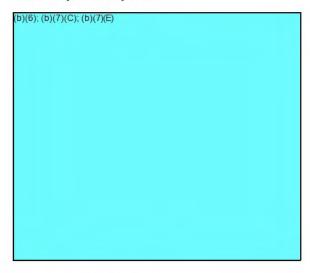
Case Type:

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)	nayor will be((b)(6); (b)(7)(C)	and has requested USMS assistance.	DUSN
itinerary belo	ow:		
Wednesday	, January 01, 2020		
EVENT TI	ME LINE		
Hour	Event		
No USMS a	ssistance requested		
	Thursday, January 02, 2020		
b)(6); (b)(7)(C); (b	)(7)(E)		

# Friday, January 03, 2020 (b)(6); (b)(7)(C); (b)(7)(E)

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 (D)(7)(		
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 Subtotal (b)(7)(E) Detail OT hours No. DUSMS No. In-District X (b)(7)(E)X (1811)In-District Х X X (082/1802)Hourly Rate Detail OT hours Subtotal No. DUSMs No. Out-of-District (b)(7)(E)X (1811)Out-of-District 0 X 0 = \$0.00 X 0 х (082/1802)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 х \$0.00 Х 0 Daily Rate No. of Days Subtotal No. DUSMS Out-of-District 0 \$0.00 0 13. Will the detail incur guard expense? (check one) Yes Are these guards being used as backfill? (check one) Yes In-District Hourly Bate (b)(7)(E) No Guards (b)(7)(E) **Detail Hours** Subtotal No. Days 2 X (b)(7)(E) X X Out-of-District Hourly Rate **Detail Hours** Subtotal No. Guards No. Days

(b)(7)(E)

2

X

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

X

Expense:	\$0.00	
Description:		

Х

DEPUTY REPORTING INFORMAT City/District Location: Reporting Date/Time:	ION/SPECIAL INSTRUCTIONS: (b)(6); (b)(7)(C) NY 01/02/2020 (mm/dd/yyyy)	(b)(7)(E) (nour)	Per Diem Rate: Hotel Name: Hotel Telephone:
Detail Supervisor: Detail Supervisor Phone:	(b)(6); (b)(7)(C); (b)(7)(F)		
Special Instructions/Other related DUSMs will be supplied by	information: y 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	Poquired		
(b)(7)(E)	nequired.		
I certify that the above manpower	/funds will be expended only on the above-caption	ned detail.	

12/28/2019

Date

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

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

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

**SDUSMs** 

17. Approval for overtime? (check one) Yes Scheduled Detail Hours (b)(7)(E)

Scheduled Detail Hours (b)(7)(E)		Scrieda	led Days: Sat. & Sun. incl.				
Overtime Estimate Computation: Hourly Rate In-District (b)(7)(E) x (1811)	Detail OT hours	=	Subtotal (b)(7)(E)	x	No. DUSMS	x	No. Days 1
In-District (082/1802) x		=		х		x	1
Out-of-District (b)(7)(E) x (1811)	Detail OT hours (b)(7)(E)	=	Subtotal (b)(7)(E)	х	No. DUSMs (b)(7)(E	х	No. Days 1
Out-of-District <b>0</b> x (082/1802)	0	=	\$0.00	х	0	х	0

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

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

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

In-District Hourly Rate (b)(7)(E)	x	Detail Hours (b)(7)(E)	=	Subtotal (b)(7)(E)	x	No. Guard (b)(7)(E)	s x	No. Days 2
Out-of-District	_							
Hourly Rate		Detail Hours		Subtotal		No. Guard	ls	No. Days
(b)(7)(E)	Х	(b)(7)(E)	=	(b)(7)(E)	X	(b)(7)(E)	х	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/DISAPPROVED BY: (b)(6); (b)(7)(C);

DATE: 12/30/2019

(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.

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

To charge your Overtime and
Guard hours in WebTA, use the
district's codes:
Org Code 2: (D)(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: 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 burnrate 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.

DATE:
DATE:
DATE:

TAN SHITED SZ	AL.		ed States nals Servic	e	
U.S. Department	of Justice	JS	D Review		Judicial Security Event
NSTRUCTIONS: Jse this form to request Note: All boxes with a re			district security off	ficer staffing.	-
Submission Number: (b)(7)(E)		E	nter the Protective	e Assessment Nu	imber assigned:
Requested By:		Title:	-7(-7(-7		
(b)(6); USN	15)	OPO Inspec	tor		
Circuit:		ict/Division:			
Mission Name: /ev // S		ial Security Division		ve Resnonse 12t	h Circuit Judicial Conference)
Protection Detail-Justic			D-03 2111111111111111111111111111111111111	re nespense, azu	in en construction conjectionery
ocation of Event: (Stree	et Address)		Event City:		Event State:
Carlos Chardon			San Juan		PR
District of Puerto Rico					
Detail Type:					
Supreme Court Justice A	ssistance		And to the state of		
evel:			Active/Retired	1:	
Description of Event:					
				preparations	for this mission will ravelina in between
			nts. Advance	preparations	for this mission will
beain on Janua	arv 16. 2019	with D/PR. O	nts. Advance put of town sub	preparations nort will be tr	for this mission will raveling in between
	arv 16. 2019	with D/PR. O	nts. Advance put of town sub	preparations nort will be tr of Defendants n Custody:	for this mission will raveling in between
beain on Janua	# of Attendees	with DPR. O	nts. Advance put of town sup	of Defendants a Custody:	for this mission will raveling in between

	TOTAL DU	RATION OF E						
1/17/2019			Detail Sta 1/19/20			1/25/2019		
			2722723		Davis	2,22,232		
AILY SCHED		/Months: 9			Specify: Days			
AILT SCHED	Sunday	Moi	nday	Tuesday	Wednesday	Thursday	Friday	Saturday
tart Time (b								
End Time								
Vill this deta	il include f	unding for Sa	turdays, Sund	days, and/o	r Holidays? Yes			
			•		•			
DISTRICT								
		in district res						
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Overtime Ho	ure/Dave	# of Da			of 082:		(7)(L) tal:	
o O	urs/Day.	0	iys.				0.00	
UARDS								
lours per Da	y:	# of Days:	#	of Persons:	Hourl	y Rate:	Total:	
)		0	0		(b)(7)	(E)	\$0.00	
RAVEL								
Number of	Full Day	First and	Lodging Tot			ATM, Laundi	**	btotal
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first and last days)		trip is longer than						
		1 day)						
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re you require with the property of the proper	esting out perational sed travel of NFORMAT (1/19)  ment Requested set in the	of district assispersonnel reconsts: (b)(7)(10)(10)(10)(10)(10)(10)(10)(10)(10)(10	puested (b)( E)  orting Person  rsonnel:  ny threats as:	Rec C I I I I I I I I I I I I I I I I I I	eporting Time:[b] iity: Rio Grande  th the event:	)(7)(E) State:		: 0
re you requirement of operating the protein operating	esting out perational sed travel of NFORMAT (1/19)  ment Requested set in the	of district assispersonnel reconsts: (b)(7)(10)(10)(10)(10)(10)(10)(10)(10)(10)(10	puested (b)( E)  orting Person  rsonnel:  ny threats as:	Re C C III	eporting Time:  (b)  (c)  (c)  (d)  (d)  (e)  (e)  (e)  (e)  (f)  (f)  (f)  (f	)(7)(E) State:		: 0
re you requirement of oil total estimate the porting Da didress: about 7/7/(E) pecial Equip bol 7/7/(E) pecial Equip bol 7/7/(E) as the Office kplanation: b)(7/(E) otto OP Do)(7/(E) are the porting the porting Port	RICT esting out perational ted travel of NFORMAT (1/19/ ment Requested (1/19/ Requested (1/	of district assispersonnel reconsts: (b)(7)(10)(10)(10)(10)(10)(10)(10)(10)(10)(10	puested (b)( E)  orting Person  rsonnel:  ny threats as:	Re C C Innel:	eporting Time:    Dity:   Rio Grande	)(7)(E) State:		: 0
re you require with the property of the proper	RICT esting out perational ted travel of NFORMAT (1/19/ ment Requested (1/19/ Requested (1/	of district assispersonnel reconsts: (b)(7)(10)(10)(10)(10)(10)(10)(10)(10)(10)(10	puested (b)( E)  orting Person  rsonnel:  ny threats as:	Re C C Innel:	eporting Time:  (b)  (c)  (c)  (c)  (d)  (d)  (e)  (e)  (e)  (e)  (f)  (f)  (f)  (f	)(7)(E) State:		: 0
re you requirement of oil total estimate the porting Da didress: 00 (7) (E) pecial Equip b) (7) (E) pecial Equip b) (7) (E) pecial Equip b) (7) (F) pecial Skills none strength of the pocial Instruction on the pocial Instruction on the pocial Instruction of the pocini Instruction of the pocial Instruction of the pocial Instructio	RICT esting out perational ted travel of NFORMAT (1/19/ ment Requested (1/19/ Requested (1/	of district assispersonnel reconsts: (b)(7)(10)(10)(10)(10)(10)(10)(10)(10)(10)(10	puested (b)( E)  orting Person  rsonnel:  ny threats as:	Rec C C Innel:	th the event:  RGE  attional Title: Inspector	)(7)(E) State:		: 0

INTICIPATED TOTAL DURATION OF EVENT  Travel Date:  1/19/2019  JUMPS Detail End Date:  1/19/2019  JUMPS Detail End Date:  1/19/2019  JUMPS Detail End Date:  1/19/2019  JUMPS Decify: Days  Specify: Days  Specify: Days  Start Times:    D)(7)(E)									
PRO REVIEW  NITICIPATED TOTAL DURATION OF EVENT ravel Date: Detail Start Date: Detail Start Date: 1/19/2019 1/19/201			nt att	tachmente bele	ong horn:				
Detail Start Date:   Detail Start Date:     Detail End Date:     1/19/2019   1/25/2019					ong nere.				
Detail Start Date:   Detail Start Date:     Detail End Date:     1/19/2019   1/25/2019									
Travel Date:   Detail Eard Date:   1/25/2019   1/15/20	OPO REVIEW								
Travel Date:   Detail Eard Date:   1/25/2019   1/15/20									
J/13/2019		TOTAL DUF	ATIO		all Chart Date:		Detail Fe	d Date:	
Jamber of Days/Weeks/Months: 9 Specify: Days  Salty SCRUDIE  Sunday Monday Tuesday Wednesday Thursday Friday Saturds  Start Time  Biggraf Start Ti									
Sart Time: Sunday   Monday   Tuesday   Wednesday   Thursday   Friday   Saturday   Start Time: Sunday   Monday   Tuesday   Wednesday   Thursday   Friday   Saturday   Start Time: Sunday   Monday   Tuesday   Wednesday   Thursday   Friday   Saturday   Friday   Saturday   Saturday   Saturday   Saturday   Sunday					.,	Canalia Dave			
Start Time    Start Time   D)(7)(E)   End Time   District   Distri			Mont	ns: 3		specify: Days			
End Time:    Vill this detail include funding for Saturdays, Sundays, and/or Holidays? Yes	THE TOURS	1	y	Monday	Tuesday	Wednesda	Thursday	Friday	Saturda
Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes  N DISTRICT  Equeusting Funding for in district resources? Yes  District  Days (Do not  Days (Do not  District  Distri	Start Time	(b)(7)(E	)						
NO DISTRICT  Requesting Funding for in district resources? Yes  District Hours/Day:    # of Days:	End Time	=							
NO DISTRICT  Requesting Funding for in district resources? Yes  District Hours/Day:    # of Days:									
Requesting Funding for in district resources? Yes    For Jay	Vill this detail	l include fu	nding	for Saturdays,	, Sundays, and/	or Holidays? Ye	es		
Devertime Hours/Day:	N DISTRICT								
Di(7)(E) Divertime Hours/Day: # of Days: # of Bays: # of Bays: Total: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	equesting Fu	nding for in	dist	rict resources?	Yes				
Both   Days   Both   Days   Both   Days   Both   Days	Overtime Hou	ırs/Day:		# of Days:		# of 1811:		Total:	
O	b)(7)(E)			1		(b)(7)(E		(b)(7)(E)	
Advance proper Day:  ## of Days:  ## of Persons:  ## of Persons: ##		ırs/Day:		-					
Hours per Day:  # of Days:  # of Days:  # of Persons:  # of Days:  # of Persons:  # of Days:  # of Days:				0		0		\$0.00	
Number of parational personnel requested:    Ditable   D		y: #	of Da	avs:	# of Person	s: Ho	urly Rate:	Total:	
Number of Full Male Days (179 not Male Days (179 not Male Total Days (1	0			-1					
Full M&IE Days (75% M&IE x2 days, if trip is longer than 1 day)    Day (70 for lost lost days)   Days (75% M&IE x2 days, if trip is longer than 1 day)    Di (7) (E)	TRAVEL								
Days (Do not include first days)    Days (Do not include first days)   Days (Do not in		Full Day N	1&IE				Airfare Total		Subtotal
include first and last days) longer than 1 l						Total			
(aby) (b)(7)(E) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	include first			days, if trip is					
D)(7)(E) SO APPROVAL  pecial Assignment Number:  SD APPROVAL  pecial Approved Amount: \$44,050  so (D)(7)(E)  \$0.00	ind last days)	1							
OTAL OTHER  D)(7)(E)  Iterate Other expenses:  IOT OF DISTRICT  Tumber of operational personnel requested: (D)(7)(E)  Iotal estimated travel costs: (D)(7)(E)  IOTAL OTHER  DOTAL OTHER  DOTAL OTHER OTHER Expenses:  IOTAL OTHER Ex									
DUT OF DISTRICT  South of operational personnel requested: (D)(7)( Number of administrative personnel requested: 0  South estimated travel costs: (D)(7)(E)  South of the expenses:  South of the expe	b)(7)(E)					\$0.00	\$0.00	\$0.00	(b)(7)(F)
temize Other expenses:  (IT(I)(E)  (IDUT OF DISTRICT  (Inumber of operational personnel requested: (b)(7)(	44444					\$0.00	\$0.00	\$0.00	(b)(7)(E)
Interest of perational personnel requested: (D)(7)(E)  Interest of personnel	OTAL OTHER					\$0.00	\$0.00	\$0.00	(b)(7)(E)
DUT OF DISTRICT  Jumber of operational personnel requested: (b)(7)(E)  Jotal estimated travel costs: (b)(7)(E)  Jote: District Total  Jote: The following fields are required.  Jotal Detail Estimate: \$33,610.50  Jotal Stotus: Completed  Jame: (b)(6);  Jotes:  John Approval  Jore 325K  Senior Inspector: (b)(7)(C);  John Approval Approved Amount: \$44,050  Senior Inspector: (b)(7)(C);  John Approval Approved Amount: \$44,050  Senior Inspector: (b)(6);  John Approved Amount: \$44,050  Senior Inspector: (b)(7)(C);  John Approved Amount: \$44,050	O)(7)(E)					\$0.00	\$0.00	\$0.00	(b)(7)(E)
Author of operational personnel requested: (b)(7)( Number of administrative personnel requested: 0  Total estimated travel costs: (b)(7)(E)  DETAIL TOTAL  Lote: The following fields are required.  Lotal Detail Estimate: \$33,610.50  Petail Status: Completed  *  Lote: (b)(6);  *  Lotes: (b)(7)(E)  *  Project Code: (b)(7)(E)  *  Lotes: (b)(7)(E)  *  Lotes: (c) Approved Amount: \$44,050  *  Lotes: (c) Approv	temize Other					\$0.00	\$0.00	\$0.00	(b)(7)(E)
Author of operational personnel requested: (b)(7)( Number of administrative personnel requested: 0  Total estimated travel costs: (b)(7)(E)  DETAIL TOTAL  Lote: The following fields are required.  Lotal Detail Estimate: \$33,610.50  Petail Status: Completed  *  Lotal Manuary (b)(G);  *  Lotes:  SD APPROVAL  Special Assignment Number: (b)(7)(E)  Foral Approved Amount: \$44,050  *  *  *  *  *  *  *  *  *  *  *  *  *	temize Other					\$0.00	\$0.00	\$0.00	(b)(7)(E)
Number of administrative personnel requested:	temize Other					\$0.00	\$0.00	\$0.00	(b)(7)(E)
Number of administrative personnel requested:	temize Other					\$0.00	\$0.00	\$0.00	(b)(7)(E)
Number of administrative personnel requested:	temize Other					\$0.00	\$0.00	\$0.00	(b)(7)(E)
otal estimated travel costs: (b)(7)(E)  lote:  DETAIL TOTAL  Lote: The following fields are required.  Sortal Detail Estimate: \$33,610.50  Detail Status: Completed  Alame: (b)(6);  Alotes:  SDAPPROVAL  Special Assignment Number: (b)(7)(E)  Froject Code: (b)(7)(E)  Froject Code: (b)(7)(E)  Alotes: (b)(6);  Special Assignment Number: \$44,050   Cor = \$25K  Senior Inspector: (b)(6);  Senior Inspector: (b)(7)(C);  Senior Inspector: (b)(6);  Senior Inspector: (b)(7)(C);  Senior Inspector: (c)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)	temize Other					\$0.00	\$0.00	\$0.00	(b)(7)(E)
otal estimated travel costs: (b)(7)(E)  lote:  DETAIL TOTAL  Lote: The following fields are required.  Sortal Detail Estimate: \$33,610.50  Detail Status: Completed  Alame: (b)(6);  Alotes:  SDAPPROVAL  Special Assignment Number: (b)(7)(E)  Froject Code: (b)(7)(E)  Froject Code: (b)(7)(E)  Alotes: (b)(6);  Special Assignment Number: \$44,050   Cor = \$25K  Senior Inspector: (b)(6);  Senior Inspector: (b)(7)(C);  Senior Inspector: (b)(6);  Senior Inspector: (b)(7)(C);  Senior Inspector: (c)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)	TOTAL OTHER b)(7)(E) temize Other 0)(7)(E)	expenses:				\$0.00	\$0.00	\$0.00	(b)(7)(E)
DETAIL TOTAL  Jote: The following fields are required.  Total Detail Estimate: \$33,610.50 *  Detail Status: Completed *  Jame: (b)(6); *  JOHN APPROVAL  Special Assignment Number: (b)(7)(E) * Project Code: (b)(7)(E) *  Total Approved Amount: \$44,050 * <a a="" href="mailto:&lt;/a&gt; &lt;a href=" mailto:<=""> </a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a>									

>\$50K - \$75K	Chief:	(b)(6);	2019-01-08
>\$75K - \$100K	Deputy Assistant Director:	Name will autopopulate	
>\$100K	Assistant Director:	Name will autopopulate	
lotes:			

(	WARSH			Unite Marsha	d State		(	S COLUMN TO THE STREET		
U.S.	Department			JSD A	pproved		Ju	Judicial Security Event		
INSTRUCTION		fundie - f-	nunett-	tenual and th	telet e	- CF-	e staffie -			
	m to request exes with a re			e, travel, and dis	strict security	omice	r starring,			
Submission (b)(7)(E)	Number:			The state of the s	er the Protect 7)(E)	tive As	ssessment Nun	nber assigne	d:	
Requested	Bv:			Title:	/ )(L)					
b)(6),	(USMS)			OPO Inspecto	r					
Circuit:			istrict/D							
Z Mission Na	me: lex. U.S.			ecurity Division ssistance, USDC	J Smith Prote	ective F	Response, 12th	Circuit Judic	ial Conference)	
	tomayor Det				2 21111411 1 1 2 1 2		,		ier serigerence,	
	Event: (Stree	et Address)			Event City:				ent State:	
26 Federal Host Distric					New York			INY		
	<b>c:</b> istrict of Nev	v York								
Detail Type										
Supreme Co Level:	ourt Justice A	ssistance			Action Inc.	lend.				
.evel:					Active/Ret	irea:				
						u - 1	Dofondt-	# _£14**		
of Protect	ed Persons:	# of Attend	ees:	# of Defer	ndants:		Defendants istody:	# of Wit in Custo		
\$0.00	ocal Lodging	Rate:	\$0.	mated Local Pe	r Diem Rate:		\$0.00	ocal Require	ed Misc:	
ANTICIPATE	D TOTAL DU	RATION OF	EVENT							
Travel Date	:		Det	ail Start Date:			Detail End I	Date:		
1/29/2019			1/	30/2019			2/4/2019			
Number of	Days/Weeks	/Months: 7			Specify: Da	lys				
DAILY SCHE		1								
Start Time:	Sunday	(b)(7)	nday (E)	Tuesday	Wednes	day	Thursday	Friday	Saturday	
End Time:		(5)(1)	(=)							
N DISTRICT				s, Sundays, and	or Holidays	Yes				
OUT OF DIS					1					
	uesting out				Normalis	dus!!	tantilus	nal sacres	at D	
	operational		questec	LOX1X	wumper of a	uminis	trative person	nei requeste	ru:	
	ated travel of									
	1/20/				Reporting Ti	me: (b)	)(7)(E)			
Reporting ( Address:	Date:				City:		State:			
26 Federal	Plaza				New York		NY			
	ipment Requ	uired for Rep	orting P	ersonnel:						
(b)(7)(E)	I- D									
Special Skil (b)(7)(E)	ls Requested	:								
Special Inst	ructions for	Reporting Pe	ersonnel	l:						
		ATION								

Provide a brief narrative describing any $(b)(7)(E)$	threats associated with the event:
Has the Office of Protective Intelligence	heen notified? Yes
Explanation: (b)(7)(E)	
NOTES TO OPERATIONS SUPPORT BRAN	СН
(b)(7)(E) assignment, therefore will not include air	Several of the DUSMs will be rolling over from a previous rfare travel expenses.
DETAIL SUPERVISOR, DEPUTY IN-CHARG	E, INSPECTOR IN-CHARGE
Name: (b)(6); Office Phone:	Operational Title: OPO Inspector
(b)(6);	(b)(6);
DOCUMENTATION  District and Intel document attachments SCI Sotomayor Ops Plan Draft.doc	s belong here:
OPO REVIEW  ANTICIPATED TOTAL DURATION OF EVE	NT
Travel Date: 1/29/2019	Detail Start Date: Detail End Date:  1/30/2019 2/4/2019
Number of Days/Weeks/Months: 7	Specify: Days
DAILY SCHEDULE   Sunday   Mond	
Will this detail include funding for Satur IN DISTRICT Requesting Funding for in district resour Notes:	
OUT OF DISTRICT	sted (b)(7)(E) Number of administrative personnel requested: 0
Total estimated travel costs:	
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?

U.S. Department	AL.	N		d States Ils Servi		(	S VISIO	
	of Justice		JSD A	pproved		Ju	dicial Security	Event
NSTRUCTIONS: Jse this form to request Note: All boxes with a red			ivel, and dis	trict security	officer	staffing.		
iubmission Number:	u are requi	eu.	Ente	r the Protect	ive Ass	essment Nun	nber assigned:	
b)(7)(E)		Tit	4 7	(7)(E)				
Requested By: b)(6); (USMS)			i <b>e:</b> O Inspecto	†				
Circuit:		rict/Divisi						
11 Mission Name: (ex. U.S. )			rict of Geor ance. USDC		tive Re	sponse, 12th	Circuit Judicial	(Conference)
Supreme Court Jusitce S						sponsey azm	an core y duriero,	conjerence,
ocation of Event: (Stree	t Address)			Event City:			Event	t State:
b)(6); (b)(7)(C) ost District:							FL	
outhern District of Flori	da							
etail Type: Protection Detail (Risk Ba	ased)							
evel:				Active/Retir	ed:			
Description of Event:								
of Protected Persons:	# of Attendee	s:	# of Defen	dants:	# of D	efendants tody:	# of Witne	
1	0		0		0		0	
NATICIPATED TOTAL DUI	RATION OF EV		tart Date:			\$0.00 Detail End I 1/31/2019		
lumber of Days/Weeks	/Months: 7			Specify: Day	/5			
AILY SCHEDULE	Worths: P			specify.				
Sunday	Mond	iay	Tuesday	Wedneso	lay	Thursday	Friday	Saturday
							(b)(7)(E)	
End Time:	unding for Satu	ırdays, Su	ndays, and/	or Holidays?	Yes			
End Time:								
End Time: Vill this detail include fu								
End Time:  Vill this detail include fu	n district rocas	urcas Vas						
End Time:  Will this detail include fu	in district resou	arces? Yes	5					
Start Time (b)(7)(E) End Time:  Will this detail include function N DISTRICT Requesting Funding for i	in district resou	arces? Yes	5					
End Time:  Will this detail include fu	in district resou	arces? Yes	5					
End Time: Will this detail include fu	in district resou	arces? Yes	5					
End Time:  Will this detail include fu	in district resou	urces? Yes	5					
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End Time:  Vill this detail include fu	in district resou	urces? Yes	s .					
End Time:  Will this detail include fu	in district resou	urces? Yes	š					
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End Time:  Will this detail include fu	in district resou	urces? Yes	5					
End Time:  Will this detail include fu	in district resou	urces? Yes	5					
End Time: Vill this detail include fu	in district resou	urces? Yes	š					

Overtime He	Hours/Day: # of Days: # of 1811:			Total: \$0.00				
Overtime Ho	ours/Day:	# of Day	ys:	# of 0			Total:	_
(b)(7)		1		(b)(7	7)(		(b)(7)(E	
GUARDS			I		le.		-	
Hours per D (b)(7)(E	ay:	# of Days:	# of (b)(	Persons:	Hourl (b)(7	y Rate:	Tota (b)(	1: (7)(E)
TRAVEL		4	127		(0)(1	)(L	(5)(	,* /(=/
Number of	Full Day	First and	<b>Lodging Total</b>	POV/Mileage	Airfare	ATM, Laur	ndry.	Subtotal
Full M&IE Days (Do not include first and last days)	M&IE	Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	(Include taxes)	Total	Total	Baggage,		
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(b)(7)(E)		
TOTAL OTHE	R					10000		
(b)(7)(E)								
Other Exp Hotel Park	enditures ing: <mark>(b)(7)</mark> LFIII - (b)(	<u>:</u>	34 <i>2</i> 14		b)(7)(E) (E)			Ĵ
		of district assis	stance? Yes					
			uested: (b)(7)	Numbe	er of admini	strative pers	onnel rea	uested: 0
		costs: (b)(7)(		140,100		u c pc13	- merreq	
REPORTING			/					
	1/25/			Report	ting Time:	(7)(E)		
Reporting D Address:	ate:					Stat		
(b)(7)(E)				(b)(7	')(E)	FL		
	pment Requ	uired for Repo	rting Personne					
b)(7)(E)								
Special Skill	s Requested	l:	_					
(b)(7)(E)		D						
Will presen		Reporting Per	sonnei:					
INTELLIGENC								
			y threats assoc	ciated with th	e event:			
b)(7)(E)								
Has the Offic	e of Protec	tive Intelligen	ce been notifie	do Ves				
Explanation:		tive intelligen	ce been noune	u.				
(b)(7)(E)								
NOTES TO O	PERATIONS	SUPPORT BRA	ANCH					

E/AR (b)(6);	(b)(7)(C); F)						0
Overtime Exp (b)(7)(E)	penaitures:						~
	/ISOR, DEPUT	Y IN-CHARGE, I	NSPECTOR IN-C				
Name: (b)(6);				erational Title: O Inspector			
Office Phone:				l Phone:			
(b)(6);				(6);			
DOCUMENTAT							2
		attachments be ice Sotomayor J					
		,					
OPO REVIEW		-					
ANTICIPATED T	OTAL DURAT	ION OF EVENT					
Travel Date:	OTAL DOMAI		tail Start Date:		Detail En	d Date:	
1/25/2019		1,	/26/2019		1/31/20	19	
Number of Day		nths: 7		Specify: Days			
DAILY SCHEDUI	LE Sunday	Monday	Tuesday	Wadnarday	Thursday	Friday	Catuadau
Start Time:		ivionday	Tuesday	Wednesday	Thursday	(b)(7)(E)	Saturday
End Time:							
Will this detail	include fundi	ng for Saturday	rs, Sundays, and	/or Holidays? Yes			
N DISTRICT							
		strict resources	? Yes				
Overtime Hour	rs/Day:	# of Days:		# of 1811:		Total: \$0.00	
Overtime Hour	rs/Day:	# of Days:		# of 082:		Total:	
		1					

(b)(7)(E)		(b)(7)(E)		(b)(7)(E)		(b)(7)(E)	
GUARDS							
Hours per Day	/: # of	Days:	# of Person		ourly Rate:	Total:	
b)(7)(E)	4		(b)(7)(E)	(t	)(7)(E)	(b)(7)(	E)
TRAVEL	-					-	
Number of Full M&IE Days (Do not include first and last days)		E First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	(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)							
Number of op Total estimate	erational pers	onnel requested	(b)(7)(	Number of ad	ministrative pe	ersonnel request	ed: 0
Number of op Total estimate Note:	erational pers	(b)(7)(E)	(b)(7)(	Number of ad	ministrative pe	ersonnel request	ed: 0
Number of op Total estimate Note: DETAIL TOTAL Note: The folk	erational persed travel costs:	(b)(7)(E)	(b)(7)(	Number of ad	ministrative pe	rsonnel request	ed: 0
OUT OF DISTR Number of op Total estimate Note:  DETAIL TOTAL Note: The folic Total Detail Est	erational persed travel costs:  owing fields are  stimate: \$2	(b)(7)(E)		Number of ad	ministrative pe	ersonnel request	ed: 0
Number of op Total estimate Note:  DETAIL TOTAL Note: The folio	erational personal description of the costs:  owing fields are stimate: \$1	e required. 3,988.00		Number of ad	ministrative pe	ersonnel request	ed; 0

	TED SY	AL.			ed States als Servi			Service Servic	
U.S. De	epartment	of Justice		JSD	Review		Jui	dicial Security	Event
INSTRUCTION	5:								
Use this form to Note: All boxe				e, travel, and d	strict security o	fficer s	taffing.		
Submission N		u are re	quireu.	En	ter the Protectiv	ve Asse	ssment Num	ber assigned:	
(b)(7)(E)				(b)	(7)(E)				
Requested By	_			Title:					
(b)(6);	USMS)			OPO Inspect	pr				
Circuit:			District/D	<b>Division:</b> ecurity Division					
Mission Name	: (ex. U.S.				CJ Smith Protect	tive Res	sponse, 12th (	Circuit Judicial	Conference)
Justice Sotom									
Location of Ev		et Address)			Event City:				State:
Grand Concou	urse				Bronx			NY	
Host District: Southern Dist	rict of Nev	Vork							
Detail Type:		1978							
Supreme Cou	rt Justice A	ssistance							
Level:					Active/Retire	ed:			
Description of					Active				
# of Protected	i Persons:	# of Atten	dees:	# of Defe		# of De	efendants ody:	# of Witne	
# of Protected		650		0	ndants:		ody:	in Custody	<i>r</i> :
1 Estimated Loc		650	Esti	0 imated Local P	ndants:	in Cust	ody: Estimated Lo	in Custody	<i>r</i> :
1		650		0 imated Local P	ndants:	in Cust	ody:	in Custody	<i>r</i> :
1 Estimated Loc \$0.00	al Lodging	650 Rate:	Esti \$0.	0 imated Local P	ndants:	in Cust	ody: Estimated Lo	in Custody	<i>r</i> :
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Estimated Loc \$0.00	al Lodging	650 Rate:	\$0.	mated Local P	ndants:	in Cust	Estimated Lo	in Custody 0 ocal Required	<i>r</i> :
Estimated Loc \$0.00 ANTICIPATED Travel Date: 1/23/2019	al Lodging	650 Rate:	\$0.	imated Local P	ndants:	in Cust	Estimated Lo \$0.00	in Custody 0 ocal Required	<i>r</i> :
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Estimated Loc \$0.00 ANTICIPATED Travel Date: 1/23/2019 Number of Da DAILY SCHEDU	TOTAL DU	650 Rate: RATION OF	\$0.	imated Local P	er Diem Rate:  Specify: Days	in Cust	Estimated Lo \$0.00	in Custody 0 ocal Required	<i>r</i> :
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N/A						
Special Instructions for Re	porting Personnel:					
b)(7)(E)						
NTELLIGENCE/INVESTIGAT	TION					
Provide a brief narrative de		ts associated w	ith the event:			
(b)(7)(E)	,					
Has the Office of Protective	e Intelligence been	notified? Yes				
•						
NOTES TO OPERATIONS SU	IPPORT BRANCH					
TOTES TO OTERNITORIS SO	TONT DIMINET					
several districts are still per  b)(6);  vill be staying on/v	nding confirmation rolling over to work					
DETAIL SUPERVISOR, DEPU	ITY IN-CHARGE, INS	PECTOR IN-CH	ARGE			
Name:		Oper	ational Title:			
b)(6); (b)(7)(C);		OPO	Inspector			
Office Phone:			hone:			
b)(6);		(b)(6	5);			
District and Intel document initial-field-draft_Ops Plan In Inc. DPO REVIEW ANTICIPATED TOTAL DURA	Justice Sotomayor_\		NYC-Jan_24-27-2	Detail End D	ate:	
1/23/2019	1/24	4/2019		1/27/2019		
dumbar of Days /Modes /8/	lauther 5		Specify: Days			
Number of Days/Weeks/N DAILY SCHEDULE	ionths:		specify.			
Sunday Start Time:	Monday (b)(7)(E)	Tuesday	Wednesday	Thursday	Friday	Saturday
End Time:	(0)(1)(2)					
Will this detail include fund	ding for Saturdays.	Sundays, and/o	or Holidays? Yes			
	,,					
N DISTRICT						
Requesting Funding for in o Notes:	district resources?	No				
OUT OF DISTRICT						
Number of operational per	sonnel requested:	(b)(7)(E)	Number of admir	nistrative perso	nnel requeste	d: 0
Total estimated travel cost					,	
Note:						
DETAIL TOTAL						
Note: The following fields	are required.					
	are required.					

	imate: \$20,975.00		
Detail Status:	Completed	*	
lame:(b)(6);		•	
lotes:			
SD APPROVAL		Taxana a	
pecial Assignn	nent Number:(b)(7)(E)	Project Code: (b)(7)(i	=)
otal Approved	Amount: \$19,138		
< or = \$25K	Senior Inspector:	(b)(6);	2019-01-18
>\$25K - \$50K		Name will autopopulate	
>\$50K - \$75K	Chief:	Name will autopopulate	
>\$75K - \$100K	Deputy Assistant Director:	Name will autopopulate	
>\$100K	Assistant Director:	Name will autopopulate	

	AIR'S			ed State als Serv			Section 1	CO.
RSW	of bootion		ıcr	Davieur		1	Date Co	anniha Farant
U.S. Department	of Justice		JSL	Review		Jud	ncial Se	ecurity Event
Use this form to request	funding fo	or overtim	e, travel, and d	strict security	officer	staffing,		
Note: All boxes with a re	d "*" are i	required.	-					
Submission Number: (b)(7)(E)				ter the Protection (7)(E)	tive Ass	essment Num	ber ass	igned:
Requested By:			Title:	/(-/(=/				
(b)(6); (b)(7)(C);	USMS)		OPO Inspect	or				
Circuit:	_	District/I	Division:					
2			ecurity Division					
Mission Name: (ex. U.S.		CJ Smith A	Assistance, USD	CJ Smith Prot	ective Re	esponse, 12th (	Circuit J	udicial Conference
SCJ Sotomayor 02.05-07 Location of Event: (Stree				Event City:				Event State:
26 Federal PLZ	: i Audi ess)			New York				NY
lost District:								1
Southern District of Nev	v York							
Detail Type:	+ .							
Supreme Court Justice A	ssistance			Anthor In	Inn.4.			
.evel:				Active/Ret	irea:			
Description of Event; Provide a brief narrativi extraordinary strain on a SCI Sotomavor will be in b)(7)(E) Gala (Grand Hyatt) as w	the New on Sun	ources, etc ork City a day, Febru	:.) rea on Tuesday uary 10, 2019.	, February 05 On Friday, Fel	, 2019 a	nd leaving on S	Sunday,	
of Protected Persons:	# of Atte	ndees:	# of Defe	ndants:	# of D	efendants stody:		Witnesses ustody:
1	0		0		0	,	0	
Estimated Local Lodging (b)(7)(E)	Rate:		imated Local P (7)(E)	er Diem Rate		(b)(7)(E)	cal Rec	quired Misc:
ANTICIDATED TOTAL DI	RATION O	F EVENT						
ANTICIPATED TOTAL DU		De	tail Start Date:			Detail End D	ate:	
			/5/2019			2/10/2019		
ravel Date: 2/4/2019	/Months:	2,	/5/2019	Specify:	ays	2/10/2019		
Fravel Date: 2/4/2019 Number of Days/Weeks	/Months:	2,	/5/2019	Specify:	ays	2/10/2019		
Fravel Date: 2/4/2019  Number of Days/Weeks DAILY SCHEDULE  Sunday		2,	Tuesday	Specify: O		2/10/2019 Thursday	Fri	day Saturda
Fravel Date: 2/4/2019  Number of Days/Weeks DAILY SCHEDULE  Sunday		5					Fri	day Saturda
Fravel Date: 2/4/2019  Number of Days/Weeks DAILY SCHEDULE  Sunday		5	Tuesday				Fri	day Saturda
Travel Date: 2/4/2019  Number of Days/Weeks DAILY SCHEDULE Sunday Start Time: End Time: Will this detail include for		5 Monday	Tuesday (b)(7)(E)	Wedne	sday		Fri	day Saturda
Fravel Date: 2/4/2019  Number of Days/Weeks DAILY SCHEDULE Sunday Start Time: End Time: Will this detail include for the start of the s	unding for	5 Monday	Tuesday (b)(7)(E)	Wedne	sday		Fri	day Saturda
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Fravel Date:  2/4/2019  Number of Days/Weeks DAILY SCHEDULE  Sunday Start Time: End Time: Will this detail include f  N DISTRICT Requesting Funding for DUT OF DISTRICT Are you requesting out	unding for	5 Monday Saturday resources	Tuesday (b)(7)(E) s, Sundays, and	Wedne	y Yes			
Travel Date: 2/4/2019  Number of Days/Weeks DAILY SCHEDULE  Sunday Start Time: End Time: Will this detail include for DISTRICT Requesting Funding for DUT OF DISTRICT Are you requesting out: Number of operational	unding for in district of district	5 Monday Saturday resources assistance requeste	Tuesday (b)(7)(E) s, Sundays, and	Wedne	y Yes	Thursday		
Travel Date: 2/4/2019  Sumber of Days/Weeks DAILY SCHEDULE  Sunday Start Time: End Time: Will this detail include f N DISTRICT Requesting Funding for DUT OF DISTRICT Are you requesting out Number of operational	unding for in district of district personnel	5 Monday Saturday resources assistance requeste	Tuesday (b)(7)(E) s, Sundays, and	Wedne	y Yes	Thursday		
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ravel Date: 2/4/2019  Jumber of Days/Weeks PAILY SCHEDULE Sunday Start Time: End Time: Will this detail include for the part of the part o	unding for in district of district personnel	5 Monday Saturday resources assistance requeste	Tuesday (b)(7)(E) s, Sundays, and	Wedne  I/or Holidays  Number of a	y Yes	Thursday rative personn		
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Fravel Date:  2/4/2019  Number of Days/Weeks  DAILY SCHEDULE  Sunday  Start Time:  End Time:  Mill this detail include for the sequesting Funding for DUT OF DISTRICT  Are you requesting out:  Number of operational  Total estimated travel of REPORTING INFORMAT  Reporting Date:  2/5/2  Address:  26 Federal PLZ  Special Equipment Requesting (b)(7)(E)	unding for in district of district personnel costs: (b)(	Saturday resources assistance requeste 7)(E)	Tuesday (b)(7)(E) ss, Sundays, and ? No	Wedne  I/or Holidays  Number of a	y Yes	Thursday  rative personn  (E)  State:		
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Travel Date:  2/4/2019  Number of Days/Weeks DAILY SCHEDULE  Sunday Start Time:  End Time:  Will this detail include f  N DISTRICT Requesting Funding for DUT OF DISTRICT Are you requesting out: Number of operational Total estimated travel of REPORTING INFORMAT Reporting Date: 26 Federal PLZ Special Equipment Requestion (b)(7)(E) Special Skills Requested b)(7)(E) Special Instructions for OT not worked will not NTELLIGENCE/INVESTIC Provide a brief narrative	unding for in district of district personnel costs: (b)( ION 019	Saturday  Saturday  resources assistance requeste 7)(E)	Tuesday (b)(7)(E)  s, Sundays, and ? No a? Yes d: (b)(7)(	Wedne  I/or Holidays  Number of a  Reporting Ti  City:	y Yes	Thursday  rative personn  (E)  State:		
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(b)(7)(E)							
NOTES TO OPER	ATIONS SUPP	ORT BRANC	Н				
b)(7)(E)							
	SOR, DEPUTY	IN-CHARGE,	INSPECTOR IN-C				
Name: b)(6); (b)(7)(	C);			erational Title:  O Inspector			
Office Phone:				Phone:			
(b)(6);			(b)	(6);			
DOCUMENTATION	document at		elong here: Justice Sotomayo	r docy			
OPO REVIEW	о орз глап эц	oreme court	Justice Sotomayo	, woek			
ANTICIPATED TO	OTAL DURATIO				D-1-11		
Travel Date: 2/4/2019			etail Start Date: 2/5/2019		2/10/2019	ate:	
Number of Days	/Mook-/84		-, -, -, -, -,	Specify: Days	2, 20, 2019		
DAILY SCHEDUL		uns:		specify.			
	Sunday	Monda	y Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)					
		-					
N DISTRICT				or Holidays? Yes			
IN DISTRICT				/or Holidays? Yes			
IN DISTRICT				or Holidays? Yes			
IN DISTRICT				/or Holidays? Yes			
IN DISTRICT Requesting Fund Notes:	ding for in dist	trict resource	95? No	/or Holidays? Yes			
IN DISTRICT Requesting Fund Notes:  OUT OF DISTRIC Number of oper	ding for in dist	trict resource	95? No	/or Holidays? Yes	nistrative perso	nnel requestec	ı: 0
IN DISTRICT Requesting Fund Notes: OUT OF DISTRIC Number of oper	ding for in dist	trict resource	95? No		nistrative perso	nnel requested	ı: O
IN DISTRICT Requesting Fund Notes:  DUT OF DISTRIC Number of oper	ding for in dist	trict resource	95? No		nistrative perso	nnel requested	ı: O
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N DISTRICT Requesting Fund Notes:  DUT OF DISTRIC Number of oper Total estimated Note:  DETAIL TOTAL Note: The follow Fotal Detail Estimated Detail Status: Vame: (b)(6);	Tational perso travel costs:	nnel request b)(7)(E) required.	ed: (b)(7)(E		nistrative perso	nnel requested	ı; O
N DISTRICT Requesting Fund Notes:  DUT OF DISTRIC Number of oper Total estimated Note:  DETAIL TOTAL Note: The follow Fotal Detail Estimated Detail Status: Vame: (b)(6);	Tational perso travel costs:	nnel request b)(7)(E) required.	ed: (b)(7)(E		nistrative perso	nnel requested	1: 0
N DISTRICT Requesting Fund Notes:  DUT OF DISTRIC Number of oper Total estimated Note:  DETAIL TOTAL Note: The follow Total Detail Estin Detail Status: Name. (b)(6)	Tational perso travel costs:	nnel request b)(7)(E) required.	ed: (b)(7)(E		nistrative perso	nnel requested	1: 0
N DISTRICT Requesting Fund Notes:  DUT OF DISTRIC Number of oper Total estimated Note:  DETAIL TOTAL Note: The follow Total Detail Estin Detail Status: Name: (b)(6);  Notes:	travel costs:	nnel request b)(7)(E)  required. 678.00  roved	ed: (b)(7)(E	Number of admir		nnel requested	1: 0
N DISTRICT Requesting Fund Notes:  DUT OF DISTRIC Number of oper Total estimated Note:  DETAIL TOTAL Note: The follow Fotal Detail Esti Detail Status: Name: (b)(6);  Notes:	travel costs:	nnel request b)(7)(E)  required. 678.00  roved	ed: (b)(7)(E			nnel requested	1: 0
IN DISTRICT Requesting Fund Notes:  DUT OF DISTRIC Number of oper Total estimated Note:  DETAIL TOTAL Note: The follow Total Detail Esti Detail Status: Name: (b)(6);  Notes:	travel costs:	nnel request b)(7)(E)  required. 678.00  roved	ed: (b)(7)(E	Number of admir		nnel requested	ı; O
N DISTRICT Requesting Fund Notes:  DUT OF DISTRIC Number of oper Total estimated Note:  DETAIL TOTAL Note: The follow Fotal Detail Esti Detail Status: Name: (b)(6);  Notes:	ational person travel costs:  ving fields are mate: \$1, App.	nnel request b)(7)(E)  required. 678.00  roved	ed: (b)(7)(E	Number of admir		nnel requested	
IN DISTRICT Requesting Fund Notes:  DUT OF DISTRIC Number of oper Total estimated Note:  DETAIL TOTAL Note: The follow Total Detail Esti Detail Status: Name- (b)(6);  Notes:  USD APPROVAL Special Assignm Total Approved	rational person travel costs:  ving fields are mate: \$1,000 App.  App.  Amount: \$29	nnel request b)(7)(E)  required. 678.00 roved	ed: (b)(7)(E	Number of admir			01-30
IN DISTRICT Requesting Fund Notes:  DUT OF DISTRIC Number of oper Total estimated Note:  DETAIL TOTAL Note: The follow Total Detail Esti. Name: (b)(6).  Notes:  JSD APPROVAL Special Assignm Total Approved < or = \$25K	rational person travel costs:  ving fields are mate: \$1,000 App.  App.  Amount: \$29	required.  (b)(7)(E)  (b)(7)(E)  (b)(7)(E)  (c)  (d)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (f)  (f	ed: (b)(7)(E)	Number of admin		2019-0	01-30

>\$100K	Assistant Director:	Name will autopopulate	
tes:			
iroximately ex	pected guests to attend the	e GALA is 1,000.	

. In	AIR'S			ed State als Servi			of the last	TSIO TSIO	A STATE OF THE STA
U.S. Department	of Justice		151	D Review		Juc	dicial 5	ecurity	Event
INSTRUCTIONS:					3,511		, and di	_ an ney	
Use this form to request Note: All boxes with a re			e, travel, and o	district security	officer st	taffing.			
Submission Number:		.quiicu.	En	ter the Protect	ive Asse	ssment Num	ber ass	igned:	
(b)(7)(E)			(b	)(7)(E)					
Requested By:			Title:						
(b)(6); USMS) Circuit:		District/D	OPO Inspect	tor					
2			ecurity Divisio	n					
Mission Name: (ex. U.S. SCOTUS Sotomayor Pro				OCJ Smith Prote	ctive Res	ponse, 12th C	ircuit J	ludicial	Conference,
Location of Event: (Stree			, our city	Event City:				Event	State:
26 Federal Plaza				New York				NY	
Host District:									
Southern District of Nev Detail Type:	w York								
Detail Type: Supreme Court Justice A	Assistance								
Level:				Active/Reti	red:				
Description of Event:				Active					
extraordinary strain on a SCOTUS Sotomayor will discussion at the Groun people scheduled to atta	be visiting I nd Zero 9/11	New York I Memoria	City from Mar al site and the	New York Bar A	Association	on. there are d to attend th	approx ne NY E	dimatel Bar eve	y 100-150 nt. There wi
# of Protected Persons:	# of Atten	dees:	# of Def	endants:	# of De in Cust	fendants ody:		Witne Sustody	
Estimated Local Lodging	g Rate:	Esti		Per Diem Rate:		Estimated Lo	cal Re	quired	Misc:
(b)(7)(E)		(b)	(7)(E)			\$0.00			
ANTICIPATED TOTAL DU Travel Date:	JRATION OF		ail Start Date:			Detail End Da	ate:		
3/3/2019		_	5/2019			3/11/2019			
Number of Days/Weeks	/8.0-mah	8		Specify: Day	V5				
Number of Days/ Weeks	s/ Wionths:			Specify.	-				
DAILY SCHEDULE									
DAILY SCHEDULE Sunday	/ N	londay	Tuesday	Wednes	day	Thursday	Fri	day	Saturda
Sunday Start Time (b)(7)(E)	/ N	londay	Tuesday	y Wednes	day	Thursday	Fri	day	Saturda
Sunday Start Time (b)(7)(E) End Time Will this detail include f	funding for	Saturdays	s, Sundays, an			Thursday	Fri	day	Saturda
Sunday Start Time (b)(7)(E) End Time  Will this detail include f  N DISTRICT  Requesting Funding for	funding for	Saturdays	s, Sundays, an			Thursday	Fri	day	Saturda
Sunday Start Time (b)(7)(E) End Time  Will this detail include f N DISTRICT Requesting Funding for DUT OF DISTRICT Are you requesting out	funding for in district r	Saturday: esources:	s, Sundays, an			Thursday	Fri	day	Saturda
Sunday Start Time (b)(7)(E) End Time  Will this detail include f N DISTRICT Requesting Funding for DUT OF DISTRICT Are you requesting out	funding for in district r	Saturday: esources:	s, Sundays, an		Ves				
Sunday Start Time (b)(7)(E) End Time  Will this detail include f  N DISTRICT Requesting Funding for DUT OF DISTRICT Are you requesting out Number of operational	in district r	Saturday: esources:	s, Sundays, an	d/or Holidays?	Ves				
Sunday Start Time (b)(7)(E) End Time  Will this detail include f  N DISTRICT Requesting Funding for DUT OF DISTRICT Are you requesting out Number of operational Total estimated travel of	in district r of district a personnel costs:	Saturday: esources:	s, Sundays, an	d/or Holidays?	Ves				
Sunday Start Time (b)(7)(E) End Time  Will this detail include f  N DISTRICT Requesting Funding for DUT OF DISTRICT Are you requesting out Number of operational Total estimated travel or REPORTING INFORMAT	in district r of district a personnel costs:	Saturday: esources:	s, Sundays, an	d/or Holidays?	Ves				
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Has the Office of Prote					
	ctive Intelligence	e been notified?	Yes		
Explanation:					
(b)(7)(E)					
NOTES TO OPERATION	S SUPPORT BRA	NCH			
DETAIL SUPERVISOR, D	DEDLITY IN-CHAR	GE INSPECTOR	IN-CHARGE		
Name:		,	Operational Title:		
(b)(6);			OPO Inspector		
Office Phone: (b)(6);			Cell Phone; (b)(6);		
DOCUMENTATION					
District and Intel docur SCJ SS Op Plan 03.03 - 0					
OPO REVIEW					
ANTICIPATED TOTAL D	URATION OF EV	ENT			
Travel Date:		Detail Start Da	ate:	Detail End Da	ite:
3/3/2019		2/5/2019		3/11/2019	
Number of Days/Week	s/Months: 8		Specify: Days		
	nday Mon	iday Tues	sday Wednesday	Thursday	Friday Saturday
Start Time: (b)(7)					
End Time:					
Will this detail include	funding for Satu	ırdays, Sundays,	, and/or Holidays? Yes		
IN DISTRICT					
	- In distalat access				
	r in district resol	irces? NO			
Requesting Funding fo					
Notes:					
Notes: OUT OF DISTRICT					
Notes: OUT OF DISTRICT	l personnel requ	ested (b)(7)(E	Number of admi	nistrative person	nel requested: 0
Notes: OUT OF DISTRICT		ested (b)(7)(E	Number of admi	nistrative person	nel requested: 0
Notes:  OUT OF DISTRICT  Number of operationa  Total estimated travel		ested (b)(7)(E	Number of admi	nistrative person	nel requested: 0
Notes:  OUT OF DISTRICT  Number of operationa  Total estimated travel		ested (b)(7)(E	Number of admi	nistrative person	nel requested: 0
Notes:  OUT OF DISTRICT  Number of operationa  Total estimated travel		ested (b)(7)(E	Number of admi	nistrative person	nel requested: 0
Notes:  OUT OF DISTRICT  Number of operationa  Total estimated travel		ested (b)(7)(E	Number of admi	nistrative person	nel requested: 0
Notes:  OUT OF DISTRICT  Number of operationa  Total estimated travel		ested (b)(7)(E	Number of admi	nistrative person	nel requested: 0
Notes: OUT OF DISTRICT Number of operationa Total estimated travel Note:	costs:		Number of admi	nistrative person	nel requested: 0
Notes:  OUT OF DISTRICT  Number of operationa  Total estimated travel  Note:  DETAIL TOTAL  Note: The following fie	costs:		Number of admi	nistrative person	nel requested: 0
Notes:  OUT OF DISTRICT  Number of operationa  Total estimated travel  Note:  DETAIL TOTAL  Note: The following fies  Total Detail Estimate:	elds are required.		Number of admi	nistrative person	nel requested: 0
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OUT OF DISTRICT Number of operationa Total estimated travel Note:  DETAIL TOTAL Note: The following fie Total Detail Estimate: Detail Status: [b](6)	elds are required.		Number of admi	nistrative person	nel requested: 0
OUT OF DISTRICT Number of operationa Total estimated travel Note:  DETAIL TOTAL Note: The following fie Total Detail Estimate: Detail Status: [b](6)	elds are required.		Number of admi	nistrative person	nel requested: 0
OUT OF DISTRICT Number of operationa Total estimated travel Note:  DETAIL TOTAL Note: The following fie Total Detail Estimate: Detail Status: Name (b)(6); Name (b)(7)(0)	elds are required.		Number of admi	nistrative person	nel requested: 0
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Notes:  OUT OF DISTRICT  Number of operationa  Total estimated travel  Note:  DETAIL TOTAL  Note: The following fie  Total Detail Estimate:  Detail Status:  Name (D)(6);  Notes:	elds are required. \$0.00 Completed	•			nel requested: 0
Notes:  OUT OF DISTRICT  Number of operationa  Total estimated travel  Note:  DETAIL TOTAL  Note: The following fie  Total Detail Estimate:  Detail Status:  Name (b)(6);  Name (b)(7)(6);  Notes:	elds are required. \$0.00 Completed	•	Number of admi		nel requested: 0
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Notes:  OUT OF DISTRICT  Number of operationa  Total estimated travel  Note:  DETAIL TOTAL  Note: The following fie  Total Detail Estimate:  Detail Status:  Name: (b)(6);  Notes:  JSD APPROVAL  Special Assignment No	so.oo completed	, , , , , , , , , , , , , , , , , , ,	• Project Code:		

>\$50K - \$75K	Chief:	Name will autopopulate	
>\$75K - \$100K	Deputy Assistant Director:	Name will autopopulate	
>\$100K	Assistant Director:	Name will autopopulate	
Notes:			

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11.5	Department	of Justice		ISD	Approved		luc	dicial Se	curity Event
NSTRUCTIO		. o. sustice		130 1	-pproved		301		-array avent
	m to request			e, travel, and di	strict security	officer	staffing.		
iubmission				Ent	er the Protect	tive As	sessment Num	ber assi	gned:
o)(7)(E)					(7)(E)				
Requested I	usms)			OPO Inspecto	or				
ircuit:			District/D						
3				ecurity Division					
	me: (ex. U.S. JSSC Justice				CJ Smith Prote	ctive R	esponse, 12th (	ircuit Ju	idicial Conference,
	Event: (Street				Event City:				Event State:
	cations throu	ughout NY	С		New York				NY
lost Distric	t: listrict of Nev	v York							
etail Type									
	ourt Justice A	Assistance			1-				
evel:					Active/Reti	red:			
extraordina Associate U	nrief narrativ ry strain on d I.S. Supreme	district reso Court Just	ources, etc. ice Sotoma	)	to New York				media coverage, to meet with the
	ted Persons:		ndees:	# of Defe	ndants:	in Cu	Defendants stody:	in Cu	Witnesses stody:
1	ocal Lodging	0	Feet	mated Local Pe	n Diam Patas	0	Estimated Lo	0	uland Adlani
ANTICIPATE	ED TOTAL DU	JRATION C	OF EVENT	ail Start Date:			(b)(7)(E)  Detail End D	ate:	
3/13/2019	)		3/	14/2019			3/15/2019		
	Days/Weeks	/Months:	3		Specify: Da	ys			
DAILY SCHE	DULE	,	Monday	Tuesday	Wednes	day	Thursday	Frid	ay Saturday
Start Time:	-		wichiday	rucsuny	(b)(7)(E		marsaay	7110	Juturday
End Time:									
N DISTRICT				, Sundays, and	l/or Holidays?	No			
UT OF DIS	TRICT								
	uesting out							1,34	
	operational			1:(U)(1)(E	Number of ac	lminis	trative personn	el reque	ested: 0
	ated travel		/)(E)						
	3/14/				Reporting Tin	(h)	(7)(F)		
	3/14/	5013			1	ne <u>ro</u>			
Reporting [	Date:				City: New York		State:		
Reporting D	Date:				New York				
Reporting D Address: To be dete	Date:	uired for R	teporting P	ersonnel:	New York				
Reporting D Address: To be dete Special Equ (b)(7)(E) Special Skil	ermined		Reporting P	ersonnel:	New York				
Reporting D Address: To be dete Special Equ (b)(7)(E) Special Skil	ermined uipment Requisited	d:			New York		JI.		
Reporting I Address: To be dete Special Equ (b)(7)(E) Special Skil N/A Special Inst	ermined sipment Requirement Re	d: Reporting	Personnel	ı:		nission			
Reporting I Address: To be dete Special Equ (b)(7)(E) Special Skil N/A Special Inst Please con	ermined uipment Requisited	d: Reporting	Personnel			nission			
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b)(7)(E)								
NOTES TO OPER	ATIONS SLIPE	ORT RRA	NCH					
							1	
b)(6); 535 on his behal	s overseeing f.	this tour,	(D)(7)(E)				and asked m	e to submit th
DETAIL SUPERVI	SOR, DEPUTY	/ IN-CHAR	GE, INSP					
Name: (b)(6);					ational Title: Inspector			
Office Phone:					hone:			
(b)(6);				(b)(	6);			
DOCUMENTATION District and Intel		ttachmen	ts belon	g here:				
OPO REVIEW								
ANTICIPATED TO	TAL DURATION	ON OF EV	1					
7ravel Date: 3/13/2019			Detail 3/14/	Start Date: /2019		3/15/2019		
Number of Days	/Weeks/Mor	nths: 3			Specify: Days			
DAILY SCHEDULI			de la	*	Market and an	Thumsday.	F-24	Cabanadan
Start Time:	Sunday	(b)(7)		Tuesday	Wednesday (b)(7)(E)	Thursday	Friday	Saturday
End Time:								
1								
Will this detail in	nclude fundin	ng for Satu	ırdays, S	undays, and/	or Holidays? No			
IN DISTRICT								
	ling for in dis	trict resou	urces? N	0				
	ling for in dis	trict resou	urces? N	0				
Notes:		trict resou	urces? N	0				
OUT OF DISTRIC	т				Number of admir	sistrative perso	nnel requests	od: 0
Notes: OUT OF DISTRIC	T ational perso		ested:		Number of admir	oistrative perso	nnel requesto	ed: 0
Requesting Fund Notes: OUT OF DISTRIC Number of open Total estimated Note:	T ational perso	onnel requ	ested:		Number of admin	oistrative perso	nnel requesto	ed: 0
Notes: OUT OF DISTRIC Number of oper	T ational perso	onnel requ	ested:		Number of admir	nistrative perso	nnel requesto	ed: 0
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Notes: OUT OF DISTRIC Number of oper Total estimated Note:	T ational perso	onnel requ	ested:		Number of admir	sistrative perso	nnel requesto	ed: 0
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OUT OF DISTRIC Number of open Total estimated Note:  DETAIL TOTAL Note: The follow	T ational perso travel costs: ving fields are	onnel requ (b)(7)(E)	ested:(\text{\text{t}}	Þ)(7)(E]	Number of admir	nistrative perso	nnel requeste	ed: 0
OUT OF DISTRIC  Number of oper Total estimated  Note:  DETAIL TOTAL  Note: The follow  Total Detail Estiil  Detail Status:	T ational perso travel costs: ving fields are mate: \$2,	nnel requ (b)(7)(E)	ested:(\text{\text{t}}		Number of admir	istrative perso	nnel requesto	ed: 0
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Notes:  DUT OF DISTRIC  Number of oper  Fotal estimated  Note:  DETAIL TOTAL  Note: The follow  Fotal Detail Esti:  Vame: (b)(6):  OPO COMPLETIC  Comments:	ational perso travel costs: sing fields are mate: \$2, Con	ennel required e required 694.00 eppleted	ested:(\text{\text{t}}	p)(7)(E)			nnel requeste	ed: 0

-	AT DEH	AL.			d States Is Service	e		
U.S. [	Department	of Justice		JSD A	proved	J	udicial Securit	y Event
	n to request	funding for o		el, and dist	rict security offi	cer staffing,		
Submission I		u are requ	meu.	Enter	the Protective	Assessment Nu	mber assigned	ļ‡
(b)(7)(E)				(b)(7	7)(E)			
Requested B (b)(6);		,	Title	: O Inspector				
Circuit:	(USMS		trict/Divisio					
11			dicial Securit					
Mission Nan Supreme Co			mith Assista	nce, USDCJ	Smith Protectiv	e Response, 12th	Circuit Judicia	al Conference
Location of E b)(6); (b)(		et Address)			Event City:			t State:
Host District							FL	
Southern Dis		ida						
Detail Type:								
Supreme Co	urt Justice A	Assistance			Active / Datis - 4			
Level:					Active/Retired			
extraordinar	y strain on a	district resource	es, etc.)	ance for Sup	oreme Court Jus	ipants, national o		
	ed Persons:	# of Attende	es:	# of Defend	dants: in	of Defendants Custody:	# of Witn	
1 Estimated Lo	scal Lodging	0 Pater	Ectimate	D d Local Por	Diem Rate:	-	0 Local Required	Misc
	D TOTAL DU	RATION OF E	/ENT Detail Sta	art Date:		\$0.00 Detail End	Date:	
Travel Date:			4/30/20	19		5/4/2019		
4/30/2019						47 47 23 23		
4/30/2019	ays/Weeks	/Months: 5			Specify: Days	07.47.2525		
4/30/2019 Number of D	DULE							
Number of D			nday	Tuesday	Specify: Days Wednesday		Friday	Saturd
4/30/2019  Number of C  DAILY SCHEE	DULE		nday	Tuesday 7)(E)			Friday	Saturd
4/30/2019  Number of C DAILY SCHEE  Start Time:  End Time:  Will this det:  N DISTRICT  Requesting F  Overtime H(D)(7)(	Sunday Sunday ail include for cours/Day:	unding for Sat	urdays, Sun burces? Yes	7)(E)  days, and/o	Wednesday or Holidays? Yes # of 1811: b)(7)(	Thursday 5	otal: 0)(7)(E)	Saturd
4/30/2019  Number of C DAILY SCHEE  End Time:  Will this det:  N DISTRICT  Requesting F  Overtime H  D)(7)(  Overtime H	Sunday Sunday ail include for cours/Day:	unding for Sat	urdays, Sun burces? Yes	7)(E)	Wednesday or Holidays? Ye # of 1811: b)(7)( # of 082:	Thursday  To (1)	otal: b)(7)(E) otal:	Saturd
4/30/2019 Number of C DAILY SCHEE End Time: End Time: Will this deta N DISTRICT Requesting for Overtime He(b)(7)(E) Overtime He(b)(7)(E)	Sunday Sunday ail include for cours/Day:	unding for Sat	urdays, Sun burces? Yes	7)(E)	Wednesday or Holidays? Yes # of 1811: b)(7)(	Thursday  To (1)	otal: 0)(7)(E)	Saturd
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REPORTING II	NFORMA	11014						
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b)(6); (b)(7	')(C)				1	FL		
Special Equip	ment Re	quired f	or Reportin	g Personnel:				
(b)(7)(E)								
Special Skills	Request	ed:						
Special Instru	ctions fo	r Repor	ting Person	nel:				
NTELLIGENCE	/INVEST	IGATION	N					
	Court ha	s reques		sistance for Just	I with the event: ice Sotomayor's t	ravel (b)(6); (	(b)(7)(C) She w	vill be stayin
Has the Office	of Prote	ctive In	telligence b	een notified?	15			
Explanation:	_							
b)(7)(E)								
NOTES TO OP	ERATION	S SUPP	ORT BRANC	Н				
	100							
DETAIL SUPER Name:	VISOR, [	DEPUTY	IN-CHARGE,	, INSPECTOR IN-				
Name: 0)(6); (b)(7)	(C);				perational Title: PO Inspector			
Office Phone:					Il Phone:			
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~/(~);				(b	)(6);			
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OUT OF DISTRICT				
	nal personnel requeste	d: (b)(7)(	Number of administrative	personnel requested:
Total estimated trav	rel costs: (b)(7)(E			
Note:				
DETAIL TOTAL				
Note: The following	fields are required.			
Total Detail Estimat	e: \$5,554.00			
Detail Status:	Completed			
Name: (b)(6);		+		
/E1/71/01-				
OPO COMPLETION				
Comments:				
	¢0 252 00		Is the AAR attached?	
Final Approved Ame	ount: \$0,232.00			

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U.S. D	Department	of Justice		ISD	Review	r		Judio	cial Security Event	t
NSTRUCTIO	NS: n to request	funding for	overtime, trav				er staffing.		, , , , , , , , , , , , , , , , , , , ,	
b)(7)(E)		u are re	quireu.		er the Pro (7)(E)	tective A	ssessmen	t Numbe	er assigned:	
Requested B	-	_	Title							
b)(6); (b)(7 Circuit:	/)(C);	USMS)	istrict/Divisio	O Inspecto	Γ					
2			udicial Securit							
		v. Smith, SC.		ance, USDC	J Smith Pr	otective i	Response,	12th Cir	cuit Judicial Confe	rence,
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1 Federal Pla					New Yo	rk			NY	
lost District Southern Dis		v York								
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of Protecte	lic Cirque D	# of Attend	it (approxima	# of Defer	people).	# of	On Satu		# of Witnesses in Custody:	itice w
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ANTICIPATEI	TOTAL DU	RATION OF								
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< or = \$25K	Senior Inspector: Assistant Chief:	(b)(6); (b)(7)(C);		2019-05-09
< or = \$25K >\$25K - \$50K >\$50K - \$75K	Senior Inspector: Assistant Chief:	(b)(6); (b)(7)(C); (b)(7)(F)	pulate	2019-05-09

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City:   State:	City:   State:		1/2019		Reporting Time	(b)(7)		
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pecial Skills Requested:	pecial Iskilis Requested: DITY(E) DITY(E) DITY(E)  Will be sent in a briefing email VITELIGENCE/INVESTIGATION Provide a brief narrative describing any threats associated with the event: DITY(E)  A set the Office of Protective Intelligence been notified?  Ves  Application:  OPERATIONS SUPPORT BRANCH  DITY(E)  Dity(E)  Dity(E)  Dity(E)  Dity(E)  From May 24-26tf(E)(T)(E)  Dity(E)  Dity(E)  Dity(E)  Dity(E)  Dity(E)  Dity(E)  DOCUMENTATION  Instrict and Intel document attachments belong here: US Op Plan 5-23 - 5.27.19 DRAFT.doc  DOCUMENTATION  Instrict and Intel document attachments belong here: US Op Plan 5-23 - 5.27.19 DRAFT.doc  DOCUMENTATION  STRICT Days/Weeks/Months: 8  Specify: Days  ALLY SCHEDULE  Sunday  Monday  Monday  Tuesday  Wednesday  Thursday  Friday  Sa  Start Time  (D)(T)(E)  End Time  (D)(T)(E)  Vestrine Hours/Day:  # of Days:  # Dourly Rate:  # Total:  # Dourly Rate:  # Tot		equired for Repo	orting Personnel:				
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pecial Instructions for Reporting Personnel:  Will be sent in a briefing email  TELLIBERCE/INVESTIGATION  TOUGH a brief narrative describing any threats associated with the event:  D(7)(E)  as the Office of Protective Intelligence been notified?  FOR Supplanation:  DOTES TO OPERATIONS SUPPORT BRANCH  Overtime (D)(7)(E)  dodging and ME8J for (D)(7)(E)  Tought and ME8J for (D)(7)(E)  Department of Department attachments belong here:  US Op Plan 5.23 - 5.27.19 DRAFT.doc  DOCUMENTATION  DISTRICT  SUPPORT DAY, Weeks/Months: 8  BALLY SCHEDULE  STAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  DOCUMENTATION  Institut and Intel document attachments belong here:  US Op Plan 5.23 - 5.27.19 DRAFT.doc  DOCUMENTATION  SISTRICT  SUPPORT DAY, Weeks/Months: 8  Specify: Days  SALLY SCHEDULE  End Time (D)(7)(E)  BUSTRICT  SQUERING Funding for in district resources? Yes  Dovertime Hours/Day: If of Days:  D(7)(E)  BURDANS  D(7)(E)  1 (D)(7)(E)  BURDANS  D(7)(E)  1 (D)(7)(E)  D(7)(E)  D(7)	pecial Instructions for Reporting Personnel:  Will be sent in a briefing email  TETALE SUPERVISOR TON  TOUGH a brief narrative describing any threats associated with the event:  DICTES TO OPERATIONS SUPPORT BRANCH  DICTES TO OPERATIONS SUPPORT BRANCH  DIVERTINE (D)(7)(E)  TOUGH AND ALL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  DOGGING and ME&i for (D)(7)(E)  TOUGH Phone:  Cell Phone:  Cell Phone:  Coll Phone:  Coll Phone:  Coll Phone:  Coll Phone:  DICTES TO OPERATION SUPPORT BRANCH		ieu.					
TOTAL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  ame:  Operational Title:  OPP Impactor  GEN DOUBLE TAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  ame:  Operational Title:  OPP Impactor  GEN DOUBLE TAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  ame:  Operational Title:  OPP Impactor  GEN DOUBLE TAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Title Phone:  Cell Phone:  OPP Impactor  GEN DOUBLE TAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Title Phone:  OPP Impactor  Cell Phone:  OULMENTATION  Istrict and Intel document attachments belong here:  IS SO p Pan 5.23 - 5.27.19 DRAFT.doc  POR REVIEW  NTICIPATED TOTAL DURATION OF EVENT  ravel Date:  Detail Start Date:  Systal Sys	ATELLIGENCE/INVESTIGATION  Trovide a brief narrative describing any threats associated with the event:	11.11.1	or Reporting Per	rsonnel:				
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1   (b)(7)(E)   1   (b)(7)(E)   (b)(7)(E)   (b)(7)(E)   (b)(7)(E)   (c)(7)(E)   (d)(7)(E)   (d)(7)(E	b)(7)(E) 1 (b)(7)(E) (b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total:	istrict and Intel doci CI SS Op Plan 5.23 - 1 PO REVIEW  NTICIPATED TOTAL ravel Date: 5/21/2019  Jumber of Days/Wer AILY SCHEDULE  Start Time: End Time (b)(7)  Vill this detail includ N DISTRICT equesting Funding f	DURATION OF E  anday Mo  (b)(7)  e funding for Sat	Detail Start Date: 5/23/2019	Specify: Days y Wednesd d/or Holidays?	5/28/20 s ay Thursday 'es	19 Friday	Saturda
D(I / L)	SUARDS Hours per Day: # of Days: # of Persons: Hourly Rate: Total:	istrict and Intel docc CI SS Op Plan 5.23 - 1 PO REVIEW  INTICIPATED TOTAL ravel Date: 5/21/2019  Iumber of Days/Wet AILY SCHEDULE Start Time: End Time (b)(7)  Will this detail include IN DISTRICT equesting Funding f Overtime Hours/Day	DURATION OF E  eks/Months: 8  unday Mo (b)(7  ie funding for Sat or in district ress : # of Da	Detail Start Date: 5/23/2019	Specify: Days y Wednesd d/or Holidays? # of 1811:	5/28/20 s ay Thursday 'es	Friday  Total:	Saturda
Hours per Day: # of Days: # of Persons: Hourly Rate: Total: $(b)(7)(E)$ 1 $(b)(7)(E)$	Hours per Day: # of Days: # of Persons: Hourly Rate: Total:	POOREVIEW  INTICIPATED TOTAL Travel Date: 5/21/2019  Iumber of Days/Wee PAILY SCHEDULE Start Time: End Time (D)(7)  Vill this detail includ N DISTRICT Requesting Funding f Dovertime Hours/Day Dovertime Hours/Day Dovertime Hours/Day	DURATION OF E  eks/Months: 8  unday Mo (b)(7  e funding for Sat  or in district ress : # of Da 0 : # of Da	Detail Start Date: 5/23/2019  onday Tuesday ((E)  turdays, Sundays, an ources? Yes	Specify: Days  y Wednesd  d/or Holidays?  # of 1811:  0  # of 082-	5/28/20 ay Thursday	Friday  Total: \$0.00	Saturda
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Days (Do not include first and last days)		Pirst 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 DISTRIC	T						
Number of ope	rational perso	nnel requested:	(b)(7)(	Number of ad	ministrative	personnel reques	ted: 0
Total estimated	travel costs:						
DETAIL TOTAL  Note: The follow  Total Detail Est	-	required. 889.50					
Detail Status:		roved					
Name (b)(6);	( )						
		(b)(7)(E)	*	Project Code	(b)(7)(E)		
	nent Number	(0)(1)(L)			1.0 1.0 1		
Special Assignn	nent Number	(0)(7)(=)					
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U.S. D	epartment	of Justice		JSD Appro	ved	Juc	licial Security	Event
	to request		overtime, travel					
Note: All box Submission N		d "•" are req	uired.	Enter the	Protective A	ssessment Numl	ber assigned:	
(b)(7)(E)				(b)(7)(E)				
Requested By	_		Title:					
ircuit:	(USMS)	Di	strict/Division:	nspector				
2			idicial Security I					
Mission Nam SCJ Sotomay			Smith Assistanc	e, USDCJ Smiti	h Protective	Response, 12th C	ircuit Judicial	Conference
ocation of E				Even	t City:		Event	State:
lacob Javits (				New	York		NY	
lost District: Southern Dist		Vark						
etail Type:	one or new	TOTA						
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Description o				Activ	le e			
night schedul 31st the Justi	led to be att ce will depa	tended by 10 art the NYC a	C area(b)(7)(E 000+ individuals rea, again(b)(7	The Justice w	vill then have	Defendants	# of Witne	On May
of Protected	d Persons:	1,000	ees: #	of Defendants	0	ustody:	in Custody	
stimated Lo	cal Lodging	1	Estimated	Local Per Diem		Estimated Lo	cal Required I	Misc:
\$0.00			\$0.00			\$0.00		
ANTICIPATED	TOTAL DU	RATION OF I		D-4		D-4-11 F- 4 D-		
7/29/2019			5/30/201			6/1/2019	ate:	
5/25/2015			3/30/201			0/1/2013		
Number of D		/Months: 4		Spec	ify: Days			
	ULE		nday T	uesday W			Friday	
DAILY SCHED	Sunday	Ma				Thursday		
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	Sunday	Ma			(7)(E)	Thursday	· · · · · · · ·	Saturda
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End Time:  End Time:  Will this deta  N DISTRICT  Requesting Fi	il include fu	unding for Sa	ources? Yes	(b)	(7)(E)			Saturda
Start Time:  End Time:  Will this deta  N DISTRICT  Requesting For	il include fu	unding for Sa in district res # of D.	ources? Yes	(b) H of 1	(7)(E) lidays? No	Tota	al:	Saturda
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REPORTING INF Reporting Date Address:	SUMPLION	(b)(7)(E)					
	5/29/2019			Reporting Time:	(b)(7)(E)		
	: 3/23/2023						
daress: 1 Bowling Gree	an			City: New York	Stat	te:	
pecial Equipm		for Reportir	ng Personnel:	1018	14.1		
N/A							
pecial Skills Re	equested:						
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pecial Instruct	ions for Repo	rting Persor	nnel:				
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NTELLIGENCE/I	NVESTIGATIO	N					
rovide a brief i .000 Person Ad			threats associated	with the event:			
	of Protective I	ntelligence l	been notified? Ves				
xplanation:	_						
b)(7)(E)							
OTES TO OPER	RATIONS SUPP	ORT BRANC	СН				
	ISOR, DEPUTY	IN-CHARGE	E, INSPECTOR IN-C				
lame:	(C1)-			erational Title:			
b)(6); (b)(7)	(C),			O Inspector			
Office Phone:	_			Phone: (6):			
7(0):			101	101.			
SD OPS Plan S-N							
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	OTAL DURATION	ON OF EVEN	VT				
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NTICIPATED TO ravel Date: 5/29/2019 lumber of Day:	s/Weeks/Mor	oths: 4	Detail Start Date: 5/30/2019 ay Tuesday		6/1/20:	19	Saturo
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NTICIPATED TO TRAVEL DATE OF THE PROPERTY OF T	s/Weeks/Mor E Sunday Include fundin ding for in dis s/Day:	Monda (b)(7)(E) g for Saturd trict resource # of Days: 1 # of Days: 0	Detail Start Date: 5/30/2019  ay Tuesday  days, Sundays, and ces? Yes	Wednesday (b)(7)(E)  /or Holidays? No.  # of 1811: (b)(7)(E) # of 082: 0	6/1/20:	Total: (b)(7)(E) Total: 50.00	Saturo
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NTICIPATED TO Travel Date: 5/29/2019  umber of Day: AILY SCHEDUL  Start Time: End Time:  IN DISTRICT equesting Fun Overtime Hour: DO(7)(E)  UVARDS  IOURDS  IO	s/Weeks/Mor E Sunday Include fundin ding for in dis ss/Day: s/Day:	Monda (b)(7)(E)  g for Saturd  trict resource # of Days: 0  First and I Days (75 M&IE x	Detail Start Date:  5/30/2019  ay Tuesday  days, Sundays, and  ces? Yes  # of Person 0  Last Lodging Tota (Include taxes)	Wednesday (b)(7)(E)  /or Holidays? Note that the first of 1811: (b)(7)(E) # of 082: 0  If POV/Mileage	foliation of the foliat	Total: (b)(7)(E) Total: \$0.00  Total: \$0.00  ATM, Laundry,	Subtota
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OUT OF DISTRICT				
Number of operational	personnel requested:	(b)(7)(E)	Number of administrative personnel reques	ted: 0
Total estimated travel o	osts: (b)(7)(E)			
Note:				
DETAIL TOTAL				
Note: The following fiel	ds are required.			
,				
Total Detail Estimate:	\$6,420.00			
Detail Status:	Completed	*		
Name (b)(6);		*		
OPO COMPLETION				
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	. 60 951 00		Is the AAR attached?	
Final Approved Amoun				

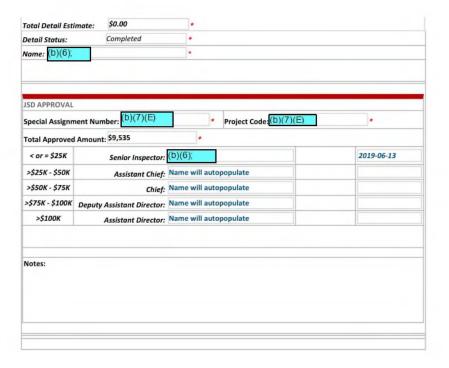
District/Division:   Judicial Security Division   Judicial Security Divisi		HITED ST	AL.			ted S hals S				Solv	TOTAL THE STATE OF
Justice this form to request funding for overtime, travel, and district security officer staffing. lotter All boxes with a red *** are required.  Justice All boxes with a red *** are required.  Justice All boxes with a red *** are required.  Justice All boxes with a red *** are required.  Justice All boxes with a red *** are required.  Justice All boxes with a red *** are required.  Justice All boxes with a red *** are required.  Justice All boxes with a red *** are required.  Justice All boxes with a red *** are required.  Justice All boxes with a red *** are required.  Justice All boxes with a red *** are required.  Justice All boxes with a red *** are required.  Justice All boxes with a red *** are required.  Justice All boxes with a red *** are required.  Justice All boxes with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red and are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All box with a red ** are required.  Justice All b	U.S. [	Department	of Justice		JSI	) Appr	oved		Juc	licial Sec	urity Event
Lotter the Protective Assessment Number assigned:    Di(T)(E)			funding for o	vertime, tr				fficers	staffing.		
Di(T)(E)   Equeueted By:   Title:   SDUSM	lote: All box	tes with a red									
Title: SOLUM  So		Number:						ve Assi	essment Numl	per assig	ned:
District/Division:   Judicial Security Division:   Judicial Securi		γ:		Ti							
Midical Security Division   Mane: (ex. U.S. v. Smith, SCI Smith Assistance, USDCI Smith Protective Response, 12th Circuit Judicial Conference (SCI Sotomayor - Fordham University ocation of Event: (Street Address)   Event City:   Event State:   March 12 East Fordham Rd   Bronx   RY	0)(6);	(USMS)									
Active/Retired: District Owner of Event: Provide a District resource, etc.) CI Sotomayor - Fordham University University District Owner of Event State:  Active/Retired: District Owner Vork Detail Type: District Provide Assistance Devel:  Active/Retired: Active Detail Count Justice Assistance Devel:  Active/Retired: Active District Owner Vork District Provide Assistance Devel: District Provide District Provide Assistance District Provide District Provide District Provide District Provide Owner Vork District Owner Vork District District Provide District Provide District Provide District Provided Distr	ircuit:					ion					
March   Bronx   Bron			v. Smith, SCJ S				h Protect	tive Re	sponse, 12th C	ircuit Jud	dicial Conference)
toot District:  touthern District of New York  bescription of Event:  Provide a brief norrative describing the event to include the number of participants, national attention, media coverage, active and participants are quested the security of the USMS during her time in NYC from June 6-9, 2019. During her stay, the ustice will be visiting the Fortham University Bronx Book Festival as well as participate in a book signing event. The ustice will be visiting the Fortham University Bronx Book Festival as well as participate in a book signing event. The ustice [D)(G); (D)(T)(C)  as well as visiting the Hudson Yards exhibit. [D)(G); (D)(T)(C)  as well as visiting the Hudson Yards exhibit. [D)(G); (D)(T)(C)  as well as visiting the Hudson Yards exhibit. [D)(G); (D)(T)(C)  as well as visiting the Hudson Yards exhibit. [D)(G); (D)(T)(C)  as well as visiting the Hudson Yards exhibit. [D)(G); (D)(T)(C)  as well as visiting the Hudson Yards exhibit. [D)(G); (D)(T)(C)  as well as visiting the Hudson Yards exhibit. [D)(G); (D)(T)(C)  as well as visiting the Hudson Yards exhibit. [D)(G); (D)(T)(C)  as well as visiting the Hudson Yards exhibit. [D)(G); (D)(T)(C)  as well as visiting the Hudson Yards exhibit. [D)(G); (D)(T)(C)  b)(T)(E)  D)(T)(E)  D(T)(E)  So,00  Detail End Date:  6/5/2019  Specify: Days	ocation of E	vent: (Stree	t Address)			Ever	nt City:			E	vent State:
properties of New York  retail Type:						Bro	nx				VY
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ustice (b)(6); (b)(7)(C)  as well as visiting the Hudson Vards exhibit. (b)(6); (b)(7)(C)  as well as visiting the Hudson Vards exhibit. (b)(6); (b)(7)(C)  b)(7)(C)  as well as visiting the Hudson Vards exhibit. (b)(6); (b)(7)(C)  b)(6); (b)(7)(C)  b)(7)(C)  b)(7)(E)  b)(7)(E)  b)(7)(E)  b)(7)(E)  b)(7)(E)  c)  b)(7)(E)  c)  b)(7)(E)  c)  c)  c)  c)  d)  d)  d)  d)  d)  d	Provide a br extraordinar SCJ Sotomay	ief narrative y strain on d or has reque	istrict resourcested the secu	es, etc.) rity of the	USMS d	uring her	time in N	IYC fro	m June 6-9, 20	19. Duri	ng her stay, the
stimated Local Lodging Rate: b)(7)(E)  D)(7)(E)  Detail Start Date:  Detail End Date:  6/5/2019  Specify:  Days  Detail Start Date:  Detail End Date:  6/10/2019  Specify:  Days  Detail Start Date:  Detail End Date:  6/10/2019  Specify:  Days  Detail End Date:  Det	of Protecte	ed Persons:		25:		efendants		in Cust		in Cus	
District  Authorized Total Duration of Event  Finally Schedule  Sunday Monday Tuesday Wednesday Thursday Friday Saturds  Start Time:  Sunday Monday Tuesday Wednesday Thursday Friday Saturds  Start Time:  Sunday Monday Tuesday Wednesday Thursday Friday Saturds  Start Time:  Sunday Monday Tuesday Wednesday Thursday Friday Saturds  Start Time:  Sunday Monday Tuesday Wednesday Thursday Friday Saturds  Start Time:  Sunday Monday Tuesday Wednesday Thursday Friday Saturds  Start Time:  Sunday Monday Tuesday Wednesday Thursday Friday Saturds  Start Time:  Sunday Monday Tuesday Wednesday Thursday Friday Saturds  Sunday Friday Saturds  Friday Saturds  Sunday Friday Saturds  Sunday Friday Saturds  Sunday Thursday Friday Saturds  Sunday		cal Lodging		Estima		l Per Dien	n Rate:	0	Estimated Lo		ired Misc:
Travel Date:    Detail Start Date:	b)(7)(E)			(b)(7)	(E)				\$0.00		
Ally Schedule  Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time:  (b)(7)(E)  (b)(7)(E)  (b)(7)(E)  Will this detail include funding for Saturdays, Sundays, and/or Holidays?  Ves  VIII this detail include funding for Saturdays, Sundays, and/or Holidays?  Ves  VIII this detail include funding for Saturdays, Sundays, and/or Holidays?  Ves  VIII this detail include funding for Saturdays, Sundays, and/or Holidays?  Ves  VIII this detail include funding for In district resources?  Ves  Ves  Ves  Ves  Ves  Ves  Ves		TOTAL DU	RATION OF E								
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Vill this detail include funding for Saturdays, Sundays, and/or Holidays? Ves  N DISTRICT Requesting Funding for in district resources? Ves  Overtime Hours/Day: # of Days: # of 1811: Total: 0 0 \$0.00  Overtime Hours/Day: # of Days: # of 082: Total:  D)(7)(E 1 (D)(7)(E 1)  NUMBER OF Full Day First and Full M&IE Days (Include Full M&IE Days (105 M&IE taxes) (106 M&IE Total Total Baggage, etc. (106 M&IE Total Baggage, etc. (1	Start Time:	(b)(7)(E)				(b	)(7)(E)				-
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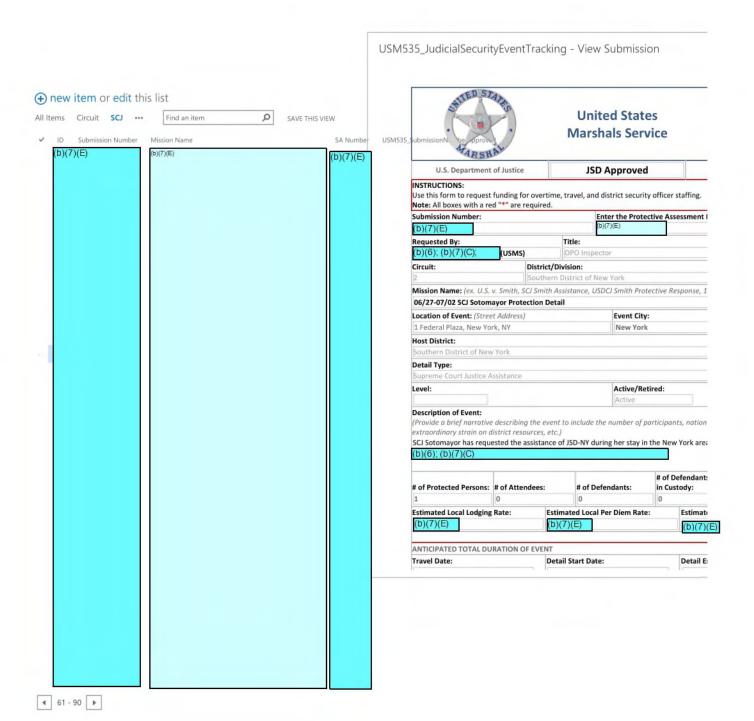
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DOCUMENTATIOISTIC and Inticol SS Op Plan in DOPO REVIEW  ANTICIPATED 1  Travel Date:  Number of Day  DAILY SCHEDU  Start Time:	OTAL DURA  /s/Weeks/M  E  Sunday	,19 Draft.doc	elong here: etail Start Date:	Specify: Days	6/10/2	019	Saturday
DOCUMENTATIOISTIC and Inticol SS Op Plan in DOPO REVIEW  ANTICIPATED 1  Travel Date:  Number of Day  DAILY SCHEDU  Start Time:	el document 06.06 - 06.09 TOTAL DURA /s/Weeks/M LE Sunday	19 Draft.doc  TION OF EVENT  D  tonths: 5	elong here: etail Start Date:	Specify: Days  Wednesday	6/10/2	019	Saturday
DOCUMENTATIOISTIC and Inticol SS Op Plan in DOPO REVIEW  ANTICIPATED 1  Travel Date:  Number of Day  DAILY SCHEDU  Start Time:	OTAL DURA  /s/Weeks/M  E  Sunday	19 Draft.doc  TION OF EVENT  D  tonths: 5	elong here: etail Start Date:	Specify: Days  Wednesday	6/10/2	019	Saturday
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DOCUMENTAT District and Int SCI SS OP Plan I OPPO REVIEW ANTICIPATED T Travel Date: Number of Day DAILY SCHEDU Start Time: End Time:	rotal dura  s/Weeks/M  Sunday  (b)(7)(E)	TION OF EVENT DO Onths: 5  Monday (b)(7)(E)	elong here: etail Start Date: 6/5/2019	Specify: Days  Wednesday  (b)(7)(E)	6/10/2 Thursday	019	Saturday
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DOCUMENTATION TO STATE THE SECOND PLANT TO STATE THE SECOND PLANT TO SECOND PL	rOTAL DURA  //s/Weeks/M  LE  Sunday  (b)(7)(E)  include func	TION OF EVENT  Onths: 5  Monday  (b)(7)(E)	elong here: etail Start Date: 6/5/2019 Tuesday	Specify: Days  Wednesday  (b)(7)(E)	6/10/2 Thursday	7 Friday	Saturday
DOCUMENTAT District and Int CLI SS OP Plan DPO REVIEW  ANTICIPATED T Fravel Date:  Number of Day DAILY SCHEDU  Start Time: End Time: Will this detail N DISTRICT Requesting Fur Overtime Hou	rOTAL DURA  //s/Weeks/M  LE  Sunday  (b)(7)(E)  include func	ITION OF EVENT Onths: 5  Monday (b)(7)(E)  listrict resource # of Days:	elong here: etail Start Date: 6/5/2019 Tuesday	Specify: Days  Wednesday (b)(7)(E)  d/or Holidays? Ye	6/10/2 Thursday	7 Friday Total:	Saturday
DOCUMENTATION DISTRICT  Number of Day  Start Time: End Time: Will this detail N DISTRICT Requesting Fur Overtime Hou  0	rotal dura  s/s/Weeks/M  Sunday  (b)(7)(E)  include func	ITION OF EVENT Onths: 5  Monday (b)(7)(E)  listrict resource # of Days: 0	elong here: etail Start Date: 6/5/2019 Tuesday	Specify: Days  Wednesday (b)(7)(E)  d/or Holidays? Yea	6/10/2 Thursday	rotal:	Saturday
DOCUMENTATIONSTRICT AND ANTICIPATED 1 Fravel Date:  Number of Day DAILY SCHEDU Start Time: End Time:  Will this detail N DISTRICT Requesting Fur Overtime Hou O	rotal dura  s/s/Weeks/M  Sunday  (b)(7)(E)  include func	ITION OF EVENT  Onths: 5  Monday  (b)(7)(E)  ling for Saturda  listrict resource  # of Days:  0  # of Days:	elong here: etail Start Date: 6/5/2019 Tuesday	Specify: Days  Wednesday (b)(7)(E)  # of 1811: 0 # of 082:	6/10/2 Thursday	Total: \$0.00 Total:	Saturday
DOCUMENTATIONSTRICT AND ANTICIPATED TO Travel Date:  Number of Day DAILY SCHEDU  Start Time: End Time: Will this detail N DISTRICT Requesting Fur Dovertime Hou O Overtime Hou O)(7)(E)	rotal dura  s/s/Weeks/M  Sunday  (b)(7)(E)  include func	ITION OF EVENT Onths: 5  Monday (b)(7)(E)  listrict resource # of Days: 0	elong here: etail Start Date: 6/5/2019 Tuesday	Specify: Days  Wednesday (b)(7)(E)  d/or Holidays? Yea	6/10/2 Thursday	rotal:	Saturday
DOCUMENTATIONSTRICT AND ANTICIPATED TO Travel Date:  Number of Day DAILY SCHEDU  Start Time: End Time:  Will this detail  N DISTRICT  Requesting Fun Overtime Hou O Overtime Hou D)(7)(E)	rotal dura  s/Weeks/M  Sunday  (b)(7)(E)  include func  ors/Day:	ITION OF EVENT  Onths: 5  Monday  (b)(7)(E)  ling for Saturda  listrict resource # of Days: 0 # of Days: 1	elong here: etail Start Date: 6/5/2019  Tuesda	Specify: Days  Wednesday (b)(7)(E)  # of 1811: 0 # of 082: (b)(7)(	6/10/2 Thursday	7 Friday  Total:  50.00  Total:  (b)(7)(E)	Saturday
DOCUMENTATIONSTITE AND ANTICIPATED TO Travel Date:  Number of Day DAILY SCHEDU  Start Time: End Time:  Will this detail N DISTRICT Requesting Fur Overtime Hou DO(7)(E)  GUARDS Hours per Day	rotal dura  s/Weeks/M  Sunday  (b)(7)(E)  include func  rs/Day:  rs/Day:	ITION OF EVENT  Onths: 5  Monday  (b)(7)(E)  ling for Saturda  listrict resource  # of Days:  0  # of Days:	elong here: etail Start Date: 6/5/2019  Tuesdat ys, Sundays, an	Specify: Days  Wednesday (b)(7)(E)  # of 1811: 0  # of 082: (b)(7)(	6/10/2 Thursday	Total:   50.00   Total:   (b)(7)(E)   Total:	Saturday
DOCUMENTATIONSTITE AND ANTICIPATED TO Travel Date:  Number of Day DAILY SCHEDU  Start Time: End Time:  Will this detail N DISTRICT Requesting Fur Overtime Hou DO(7)(E)  GUARDS Hours per Day	rotal dura  s/Weeks/M  Sunday  (b)(7)(E)  include func  ors/Day:	ITION OF EVENT  Onths: 5  Monday  (b)(7)(E)  ling for Saturda  listrict resource # of Days: 0 # of Days: 1	elong here: etail Start Date: 6/5/2019  Tuesda	Specify: Days  Wednesday (b)(7)(E)  # of 1811: 0  # of 082: (b)(7)(	6/10/2 Thursday	7 Friday  Total:  50.00  Total:  (b)(7)(E)	Saturday
DOCUMENTATION TO STREET TO	rotal dura  s/Weeks/M  Sunday  (b)(7)(E)  include func  rs/Day:  rs/Day:	ITION OF EVENT  Onths: 5  Monday  (b)(7)(E)  ling for Saturda  listrict resource # of Days: 0 # of Days: 1	elong here: etail Start Date: 6/5/2019  Tuesdat ys, Sundays, an	Specify: Days  Wednesday (b)(7)(E)  # of 1811: 0  # of 082: (b)(7)(	6/10/2 Thursday	Total:   \$0.00	Saturday
DOCUMENTATION TO STATE THE PART OF THE PAR	oral document of 06.06 - 06.09  oral dura oral	ITION OF EVENT Onths: 5  Monday (b)(7)(E)  ling for Saturda  iistrict resource # of Days: 0 # of Days: 1  f Days:	elong here: etail Start Date: 6/5/2019  Tuesdat ys, Sundays, an # of Pers. 0	Specify: Days  Wednesday (b)(7)(E)  # of 1811: 0  # of 082: (b)(7)( cons: Ho (b) al POV/Mileage	6/10/2 Thursday	Total:   \$0.00	Saturday
DOCUMENTATIONS TO BE A CONTROLLED TO BE A CONTROLLE	oral document of 06.06 - 06.09  oral dura oral	ITION OF EVENT Onths: 5  Monday (b)(7)(E)  listrict resource # of Days: 0 # of Days: 1  If Days:	elong here:  etail Start Date: 6/5/2019  / Tuesday ys, Sundays, an # of Pers. 0	# of 1811: 0 # of 082: (b)(7)(	Thursday	Total:   50.00   Total:   (b)(7)(E)   Total:   4TM, Laundry,	
DOCUMENTAT District and Int SCI SS OP Plan OPPO REVIEW  ANTICIPATED 1 Travel Date:  Number of Day DAILY SCHEDU  Start Time: End Time:  Will this detail IN DISTRICT Requesting Fur Overtime Hou O Overtime Hou D)(7)(E) GUARDS Hours per Day O TRAVEL Number of	oral document of 06.06 - 06.09  oral dura oral	ITION OF EVENT Onths: 5  Monday (b)(7)(E)  ling for Saturda  iistrict resource # of Days: 0 # of Days: 1  f Days:	elong here: etail Start Date: 6/5/2019  Tuesdat  ys, Sundays, an  # of Pers. 0  Lodging Tot (Include taxes)	Specify: Days  Wednesday (b)(7)(E)  # of 1811: 0  # of 082: (b)(7)( cons: Ho (b) al POV/Mileage	Thursday	Total:   \$0.00	
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DOCUMENTAT District and Int SCI SS OP Plan OPO REVIEW  ANTICIPATED 1 Travel Date:  Number of Day DAILY SCHEDU  Start Time: End Time:  Will this detail IN DISTRICT Requesting Fur Overtime Hou O Overtime Hou D)(7)(E) GUARDS Hours per Day O TRAVEL Number of Full M&IE Days (Do not include first	Include functions for in cris/Day:  ## OF THE DAY M8	ITION OF EVENT Onths: 5  Monday (b)(7)(E)  ling for Saturda  iistrict resource # of Days: 0 # of Days: 1  f Days: 1  First and La Days (75% M&IE x 2 days, if trip	elong here: etail Start Date: 6/5/2019  Tuesdat ys, Sundays, an 4 of Pers: 0 Lodging Tot (Include taxes)	Specify: Days  Wednesday (b)(7)(E)  # of 1811: 0  # of 082: (b)(7)( cons: Ho (b) al POV/Mileage	Thursday	Total:   50.00   Total:   (b)(7)(E)   Total:   4TM, Laundry,	

TOTAL OTHER				
\$0.00				
Notes:				
OUT OF DISTRICT  Number of operational	personnel requested	d:(b)(7)(E	Number of administr	rative personnel requested: 0
Total estimated travel of	osts:			
Note:				
DETAIL TOTAL				
Note: The following fiel	ds are required.			
Total Detail Estimate:	\$1,204.00			
Detail Status:	Completed	*		
Name (b)(6);		*		
OPO COMPLETION				
Comments:				
Comments				
Final Approved Amoun	t: \$32,338.00		Is the AAR attached?	

MARSHAL.			ed State als Serv			STV1810	S. C. C.
U.S. Department of Justic	:e	JSD	Review		Juc	dicial Securit	ty Event
INSTRUCTIONS: Use this form to request funding		e, travel, and d	strict security	y officer	staffing.		
Note: All boxes with a red "*" are Submission Number:	e required.	Ent	ter the Protec	rtivo As	sessment Numi	her assigner	4+
(b)(7)(E)			(7)(E)	To As	sessment Hum	bei assigned	**
Requested By:		Title:		_			
(b)(6); (usms)		OPO Inspect	pr				
Circuit:	District/I	<b>Division:</b> Security Division					
Mission Name: (ex. U.S. v. Smith,				ective R	esponse, 12th C	ircuit Judicii	al Conference)
Justice Sotomayor Protection D							
Location of Event: (Street Addres	is)		Event City:				nt State:
battery Park			New York			NY	
Host District: Southern District of New York							
Detail Type:							
Supreme Court Justice Assistance	e						
Level:			Active/Ret	ired:			
Associate Justice Sonia United States Marshals metronolitan area. This  # of Protected Persons: # of Att  1 325  Estimated Local Lodging Rate: \$0.00  ANTICIPATED TOTAL DURATION	Service poperation	rotection and	l assistance ne period of ordants:	# of I in Cu	the court is i	# of Witrin Custon	rk tice will be nesses
Travel Date:	De	tail Start Date:			Detail End Da	ate:	
6/16/2019	6,	/16/2019			6/19/2019		
Number of Days/Weeks/Months	s: 4		Specify:	ays			
DAILY SCHEDULE							
Sunday Start Time:(b)(7)(E) End Time:	Monday	Tuesday	Wedne	sday	Thursday	Friday	Saturday
Will this detail include funding for	or Saturday	rs, Sundays, and	l/or Holidays	? Yes			
Requesting Funding for in distric	t resources	? No					
OUT OF DISTRICT							
Are you requesting out of distric	t assistance	? Yes					
Number of operational personn			Number of a	dminis	trative personn	el requeste	d:
Total estimated travel costs:				-			
REPORTING INFORMATION							
6/16/2019			Reporting Ti	me (b)	(7)(目		
Reporting Date: Of 107 2015 Address:			City:		State:		
ripul 925			City.		Jule:		
Special Equipment Required for none requested	Reporting	Personnel:	-Ti-		-10		
Special Skills Requested:							
none requested							
Special Instructions for Reportin	g Personne	el:					
(b)(7)(E)							

NTELLIGENCE/INVESTIGATIO							
Provide a brief narrative desc	ribing any	threats ass	ociated v	vith the event:			
(b)(7)(E)							
as the Office of Protective Ir	ntelligence	been notifi	ied? No				
xplanation:							
OTES TO OPERATIONS SUPP	ORT BRAN	ICH					
b)(7)(E)							
ETAIL CUREDVICOR DEBUTY	IN CHARC	E INCRECT	OB IN CU	ARCE			
ETAIL SUPERVISOR, DEPUTY lame:	IN-CHARG	ie, inspect		rational Title:			
b)(6);				Inspector			
ffice Phone:			Cell	Phone:			
b)(6);			(b)(	6);			
DOCUMENTATION vistrict and Intel document at eld_draft_Ops Plan Justice So OPO REVIEW				n DA dinner-June_	17.pdf		
NTICIPATED TOTAL DURATIO	ON OF EVE	NT					
ravel Date:	514 01 242	Detail Star	t Date:		Detail End Da	ate:	
6/16/2019		6/16/201			6/19/2019		
lumber of Days/Weeks/Mon	the 4			Specify: Days			
AILY SCHEDULE	iuis.						
Sunday	Mono	day T	uesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E						
End Time: (b)(7)(E)							Ti -
1							
Vill this detail include fundin	g for Satur	days, Sund	ays, and/	or Holidays? Yes			
N DISTRICT							
equesting Funding for in dis	trict rosou	rene2 No					
lotes:	trict resour	ices: ito					
UT OF DISTRICT				1			
	nnel reque	sted:		Number of admir	nistrative persor	nel requeste	d:
umber of operational perso							
otal estimated travel costs:							
lumber of operational perso otal estimated travel costs: lote:							
otal estimated travel costs:							
otal estimated travel costs:							
otal estimated travel costs: ote:							
otal estimated travel costs: lote: ETAIL TOTAL							
otal estimated travel costs:							





	4 ARSH	AL.	N	United Vlarsha	d State Is Serv	_	18	GOV SEC	A PARTY OF THE PAR
U.S. D	epartment	of Justice		JSD F	Review		Jud	icial Security	Event
	to request	funding for o		evel, and dist	trict security	officer s	staffing.		
Submission f		a are requ	iii eu.	Ente	r the Protect	ive Ass	essment Numb	er assigned:	
(b)(7)(E)				(p)(	7)(E)				
Requested B				le:					
)(6);	(USMS)			O Inspector					
Circuit:			trict/Divisi dicial Securi						
Mission Nam	10. lov 11.5 i				Smith Prote	ctive Re	sponse, 12th Ci	reuit Judicial	Conference
7/3 SCJ Soto			111111111111111111111111111111111111111	arrecy conce		ecire ne	oponiou, azun u	reary value of	conjunction,
Location of E	vent: (Stree	t Address)			Event City:			Event	State:
(b)(6); (b)(7)(0	C)							NY	
Host District									
Southern Dis	trict of New	York							
Detail Type: Supreme Co	urt Justice A	ssistance							
Level:	s Judite A	entered (NS)			Active/Reti	red:			
					Active				
extraordinar	strain on d	istrict resource mayor has rec	es, etc.)			C)		th her intern	ational
# of Protecte	d Persons:	# of Attende	es:	# of Defend	dants:	# of De in Cust	efendants tody:	# of Witne in Custody	
Estimated Lo	cal Lodging	Rate:	Estimat	ed Local Per	Diem Rate:		Estimated Loc	al Required	Misc:
\$0.00			\$0.00				\$0.00		
	TOTAL DU	RATION OF E							
Travel Date:				tart Date:		-	Detail End Da	te:	
			7/3/20	119			7/3/2019		
Number of D	ays/Weeks/	/Months: 1			Specify: Da	<b>y</b> 5			
DAILY SCHED					1				
	Sunday	Mor	iday	Tuesday	Wednes	_	Thursday	Friday	Saturda
Start Times					(b)(7)(E	,			
Start Time:			11.1						
Start Time: End Time:					-				11
End Time: Will this deta	ail include fu	unding for Sat	urdays, Su	ndays, and/o	or Holidays?	No			
End Time: Will this deta IN DISTRICT Requesting F	unding for i	n district resc	ources? Yes	5		No			
End Time: Will this deta N DISTRICT Requesting F Overtime Ho	unding for i	n district reso	ources? Yes	5	# of 1811:	No	Tota		
Will this detain DISTRICT Requesting F Overtime Ho (b)(7)(E	funding for i	in district reso # of Da	ources? Yes	5		No		7)(E)	
End Time: Will this deta IN DISTRICT Requesting F Overtime Ho	funding for i	n district reso	ources? Yes	5	# of 1811:	No	(b)( Tota	7)(E)	
Will this detains N DISTRICT Requesting For Overtime Ho (b)(7)(E) Overtime Ho (b)(7)(E)	funding for i	# of Da	ources? Yes	5	# of 1811: (b)(7)(E # of 082:	No	(b)( Tota	7)(E) I:	
Will this detains N DISTRICT Requesting FO Overtime Ho (b)(7)(E) Overtime Ho (b)(7)(E) GUARDS	ounding for i ours/Day: ours/Day:	# of Da	ources? Yes	5	# of 1811: (b)(7)(E # of 082: (b)(7)(E	No Hourly F	(b)( Tota (b)(	7)(E) I:	11
Will this detains N DISTRICT Requesting FO Overtime Ho (b)(7)(E) Overtime Ho (b)(7)(E) GUARDS	ours/Day:	# of Da # of Da	ources? Yes	5	# of 1811: (b)(7)(E # of 082: (b)(7)(E		(b)(7	7)(E) l: 7)(E)	
End Time:  Will this deta  N DISTRICT Requesting F Overtime H (b)(7)(E) Overtime H (b)(7)(E) GUARDS Hours per D 0	ours/Day:	# of Days:	ources? Yes	# of Persons	# of 1811: (b)(7)(E # of 082: (b)(7)(E	Hourly F	(b)(7	7)(E) l: 7)(E) Total:	
Will this deta  N DISTRICT Requesting F Overtime Ho (b)(7)(E) Overtime Ho (b)(7)(E) GUARDS Hours per D	ours/Day:	# of Days:	Lodging Ti (Including taxes)	# of Persons 0 otal POV/M e Tot	# of 1811: (b)(7)(E) # of 082: (b)(7)(E) ::	Hourly F (b)(7)(	(b)(7	7)(E) l: 7)(E) Total: \$0.00	total
End Time:  Will this deta  N DISTRICT Requesting F Overtime He (b)(7)(E) Overtime He (b)(7)(E) GUARDS Hours per D 0 TRAVEL Number of Full M&IE Days (Do not include first and	ours/Day: purs/Day: purs/Day:	# of Days:  of Days:  First and Last Days (75% M&IE x 2 days, if trip is longer than	Lodging Ti (Including taxes)	# of Persons 0 otal POV/M e Tot	# of 1811: (b)(7)(E) # of 082: (b)(7)(E) ::	Hourly F (b)(7)( fare otal	(b)(i Tota (b)(i Rate:	7)(E) l: 7)(E) Total: \$0.00	total
End Time:  Will this deta  N DISTRICT Requesting F Overtime He (b)(7)(E) Overtime He (b)(7)(E) GUARDS Hours per D 0 TRAVEL Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	# of Days:  of Days:  first and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Ti (Includitaxes)	# of Persons 0 otal POV/M Tot	# of 1811: b)(7)(E) # of 082: (b)(7)(E) ::	Hourly F (b)(7)( fare otal	(b)(i Tota (b)(i Rate: E ATM, Laundry, Baggage, etc.	7)(E) i: /)(E) Total: \$0.00	total
End Time:  Will this deta  N DISTRICT Requesting F Overtime He (b)(7)(E)  Overtime He (b)(7)(E)  GUARDS  Hours per D  TRAVEL  Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	# of Days:  of Days:  first and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Ti (Includitaxes)	# of Persons 0 otal POV/M Tot	# of 1811: b)(7)(E) # of 082: (b)(7)(E) ::	Hourly F (b)(7)( fare otal	(b)(i Tota (b)(i Rate: E ATM, Laundry, Baggage, etc.	7)(E) i: /)(E) Total: \$0.00	total
End Time:  Will this deta  N DISTRICT Requesting F Overtime He (b)(7)(E) Overtime He (b)(7)(E) GUARDS Hours per D 0 TRAVEL Number of Full M&IE Days (Do not include first and last days) 0 TOTAL OTHE	Full Day M&IE	# of Days:  of Days:  first and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Ti (Includitaxes)	# of Persons 0 otal POV/M Tot	# of 1811: b)(7)(E) # of 082: (b)(7)(E) ::	Hourly F (b)(7)( fare otal	(b)(i Tota (b)(i Rate: E ATM, Laundry, Baggage, etc.	7)(E) i: /)(E) Total: \$0.00	total

Special Instructions for Reporting Personnel:  // a  /	REPORTING IN	PORIVIATION						
Special Equipment Required for Reporting Personnel:  // a Special Stalls Requested:  // a Special Intructions for Reporting Personnel:  // a Special Intructions  // a Spe	Reporting Date	2;			Reporting Time:			
Special Stills Requested:  // a  STELLIGENEE/INVESTIGATION  // a  STELLIGENEE/INVESTIGATION  // a  STELLIGENEE/INVESTIGATION  // a  Start Office of Protective Intelligence been notified?  // c  Start Strong Start Support BRANCH  DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Start Strong Start Support  Start Strong Start Support  Start Strong Start Start Support  Start Start Start Start Start Support  Start	Address:				City:	Sta	te:	
Special Skills Requested:    Interview   I								
Special Skills Requested:  // a  Special Instructions for Reporting Personnel:  // a  Instructions for Instructions associated with the event:  // a  Instructions for Instruction for Instructi		nent Required f	or Reporting P	ersonnel:				
PREVIEW  DOCUMENTATION  DOCUMENTATIO		eauested:						
NTELLIGENCE/INVESTIGATION Provide a brief narrative describing any threats associated with the event:  DI(7)(E)  As the Office of Protective Intelligence been notified? Vestional Advances of the Company of the Compan	n/a							
Are the Office of Protective Intelligence been notified? Vestional State of Protective Intelligence I	Special Instruc	tions for Repor	ting Personnel	:				
AND STATE TO THE PROPERTY OF STATE OF S	n/a							
As the Office of Protective Intelligence been notified? Yes Condonations.  AND STAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Varies:  Detail Supervisor, Deputy In-CHARGE, INSPECTOR IN-CHARGE  Varies:  Detail Supervisor, Deputy In-CHARGE, INSPECTOR IN-CHARGE  Varies:  Department of Dep	-							
NOTES TO OPERATIONS SUPPORT BRANCH  DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE Varies:  DOPORTHORS:  DOPORTH	b)(7)(E)	narrative desc	ribing any thre	ats associated v	vith the event:			
NOTES TO OPERATIONS SUPPORT BRANCH  DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Operational Title: OPD Inspector OPD REVIEW  DOCUMENTATION District and Intel document attachments belong here: -0.0 Op Film Supreme Court Justice Sotomayor. docx  OPO REVIEW  ANTICIPATED TOTAL DURATION OF EVENT Travel Date: Detail Start Date: Travel Date: Detail Start Date: Travel Date: Detail Start Date: Travel Date: Detail Find Date: Travel Date: Detail Find Date: Travel Date: Document Authorise Sotomayor. docx  Opo Review  Number of Days/Weeks/Months: 1 Specify: Days  Number of Days/Weeks/Months: 1 Specify: Days  Number of Days/Weeks/Months: 1 Specify: Days  Number of Days: B o	Has the Office	of Protective In	telligence bee	n notified? Ves				
DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Value:    Operational Title:   Oper	7)(E)							
DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Value:    Operational Title:   Oper								
DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Value:    Operational Title:   Oper								
DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Value:    Operational Title:   Oper								
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DOCUMENTATION District and Intel document attachments belong here: -03 Ops Plan Supreme Court Justice Sotomayor.docx  DPO REVIEW  ANTICIPATED TOTAL DURATION OF EVENT Travel Date:  Detail Start Date: 7/3/2019  Detail End Date: 7/3/2019  Aumber of Days/Weeks/Months: 1  Specify: Days  Detail End Date: 7/3/2019  Aumber of Days/Weeks/Months: 1  Sunday Monday Tuesday Wednesday Thursday Friday Saturds: Start Time: End Time:  (b)(7)(E)  End Time:  Will this detail include funding for Saturdays, Sundays, and/or Holidays? No  N DISTRICT  Requesting Funding for in district resources? Yes  Dovertime Hours/Day: # of Days: # of 1811: Total: (b)(7)(E)  Dovertime Hours/Day: # of Days: # of 082: Total: (b)(7)(E)  DOVERTIME Hours/Day: # of Days: # of O82: Total: (b)(7)(E)  DOVERTIME Hours/Day: # of Days: # of O82: Total: (b)(7)(E)  DOVERTIME Hours/Day: # of Days: # of Persons: Hourly Rate: Total:  DO 0 0 0 0 DITAVEL  Number of Full Day M&IE First and Last Days (75% (Include Days (75% Uays, if trip is longer than 1 day))  N&IE x 2 days, if trip is longer than 1 day)  0 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	(b)(6);							
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day)	DISTRICT Requesting Fun District and Int District and Int District and Int District Requesting Fun Dis	ortal durantic  sylveeks/Monus  Sunday  include funding	Monday (b)(7)(E)  g for Saturdays  rict resources? # of Days: 1 # of Days: 1 ays:	# of Person  Lodging Total (Include taxes)	Wednesda' (b)(7)(E)  or Holidays? N  # of 1811: (b)(7) # of 082: (b)(7)(  s: Ho	y Thursday  Thursday  o  ourly Rate: )(7)(E)	Total: (b)(7)(E) Total: (b)(7)(E) Total: (b)(7)(E)  ATM, Laundry,	
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Assistant Director:	Name will aut	opopulate	
			2019-07-01
		Project Code(D)(7)(E)	•
	•		
Completed	*		
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ring fields are required.			
	completed  The completed c	mate: \$1,827.00  Completed  ent Number(b)(7)(E)  Amount: \$2,276  Senior Inspector: (b)(6).  Assistant Chief: Name will aut Chief: Name will aut Deputy Assistant Director: Name will aut	## S1,827.00

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INSTRUCTION	15:								
				e, travel, and d	listrict security of	officer staf	fing.		
Note: All boxe Submission No		arere	equirea.	En	ter the Protecti	ve Assess	ment Num	per assigned	t
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Requested By:	:			Title:					
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SCJ Sotomayo									, , , , , , , , , , , , , , , , , , , ,
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1 Federal Plaz	za				New York			NY	
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Has the Office of Explanation:	Protective In	telligence been r	notified? No				
NOTES TO OPERA	ATIONS SUPPO	ORT BRANCH					
(b)(6); (b)(7)(0	C); (b)(7)(E	); (b)(7)(F)					
DETAIL SUPERVIS	SOR, DEPUTY	IN-CHARGE, INSE	PECTOR IN-CH	ARGE			
Name: b)(6);				ational Title:			
Office Phone:				Inspector Phone:			
b)(6); (b)(7)(0	C);		(b)(6				
	_						
DOCUMENTATIO District and Intel		tachments belon	g here:				
ANTICIPATED TO	TAL DURATIO	Detail	Start Date: /2019		Detail End Da 7/20/2019	te:	
Number of Days		hs: 3		Specify: Days			
DAILY SCHEDULE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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End Time:				i			
Will this detail in IN DISTRICT Requesting Fund Notes:				or Holidays? Yes			
OUT OF DISTRICT Number of opera Total estimated to Note:	ntional person	nel requested:	b)(7)(	Number of adm	inistrative person	nel requested	d: 0
DETAIL TOTAL							
Note: The follow							
otal Detail Estin			•				
Detail Status:	Comp	oleted	•				
Name (b)(6),			•				
ISD APPROVAL							
Special Assignme	ent Number (t	0)(7)(E)		Project Code (b	)(7)(E)		
Total Approved			*				
< or = \$25K		ior Inspector:(b)	(6);			2019-	07-05
>\$25K - \$50K		sistant Chief: Na		opulate			
>\$50K - \$75K							

	Chief:	Name will autopopulate	
>\$75K - \$100K	Deputy Assistant Director:	Name will autopopulate	
>\$100K	Assistant Director:	Name will autopopulate	
Notes:			

	TIED ST	AL.			ed States als Service	e	1000 · **		
U.S. D	epartment	of Justice		JSD A	Approved		Judici	al Security	Event
NSTRUCTION	NS: to request	funding f	or overtime		strict security offi	icer staffing,			
Submission N		u are	requirea.	Ent	er the Protective	Assessmen	Number	assigned:	
(b)(7)(E)				(b)	(7)(E)				
Requested By (b)(6); (b)(				Title:					
Circuit:	/ )(C),	USMS	District/D	OPO Inspecto	)[				
2				ecurity Division					
			SCJ Smith A	ssistance, USD	Smith Protectiv	e Response,	12th Circ	uit Judicial	Conference
SCJ Sotomay					Frank 6th				
ocation of E		r Adaress	/		Event City: New York			NY	t State:
lost District:									
Southern Dis	trict of New	/ York							
Detail Type: Supreme Cou	urt Justine A	ssistanna							
evel:	s Judicite A				Active/Retired	:			
					Active				
Description o		describ!	o the sun-	t to include the	number of partic	inante nati-	nal atta-	tion madi	a colleranc
extraordinary	strain on a	listrict res	ources, etc.	.)			an atten	con, mean	a coverage,
SCJ Sotomayo				of the USMS, JS	On 07/24, Just		or will	tend and -	articinate la
						of Defendan		# of Witne	
1		500		# of Defe	ndants: in			# of Witne in Custody	<b>/</b> ‡
# of Protecter  1  Estimated Lo  (b)(7)(E)		500	Esti		ndants: in	Custody:	ted Loca	in Custody	<b>/</b> ‡
1 Estimated Lo b)(7)(E) ANTICIPATED	cal Lodging	500 Rate:	(b)	0 imated Local Pe (7)(E)	ndants: in	Estima (b)(7)	ted Loca (E)	in Custody 0 I Required	<b>/</b> ‡
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nas the Office o Explanation:	r Protective in	itelligence	een nounea	rics		
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Name:				Operational Title:		
(b)(6); (b)(7)( Office Phone:	O),			OPO Inspector  Cell Phone:		
(b)(6),				(b)(6);		
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OPO REVIEW						
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Travel Date:	TAL DURATIC		Detail Start D	ate:	Detail End Da	ate:
7/22/2019			7/23/2019		7/31/2019	
Number of Days					s	
	/Weeks/Mon	ths: 9		Specify: Day		
	E					
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Notes:		
OPO COMPLETION		
OPO COMPLETION  Comments:  Final Approved Amount: \$59,535.00	Is the AAR attached?	

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U.S. 0	Department	of Justice		JSD Re	view		Judio	ial Security	Event
	to request	funding for o		el, and distric	t security of	ficer staffir	ng.		
Submission !		u are requ	meu.	Enter t	he Protectiv	e Assessm	ent Numbe	er assigned:	
o)(7)(E)			T	(b)(7)	(E)				
Requested B b)(6);	y: (USMS)		Title	Inspector					
Circuit:	, outro,		trict/Division						
2		Ju	dicial Security	/ Division					
Mission Nam 7/21 SCJ Sot		v. Smith, SCI S	imith Assista	nce, USDCJ Sr	mith Protecti	ive Respons	ie, 12th Cir	cuit Judicial	Conference,
Location of E	vent: (Stree	et Address)			vent City:				State:
NYC Host District				I.	Manhattan			INY	
Southern Dis		/ York							
Detail Type:									
Supreme Co	urt Justice A	ssistance							
Level:					ctive/Retire	d:			
extraordinar	y strain on d	e describing th listrict resource omayor has re	es, etc.)		for her outb		o DC via (b		
	ed Persons:	# of Attende		# of Defenda	nts: i	n Custody:	ants	in Custody	
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\$0.00	cai Louging	nate;	\$0.00	LUCAI PET DI	em nate:	\$0.		al Required	IANIDC:
		RATION OF E				-	ne		
Travel Date:			7/21/20			_	ail End Dat 21/2019	e:	
			7,23,20			***	.,		
Number of D	avs/Weeks	/Months: 1		Sp	pecify: Days				
			nday	Tuesday	Wednesda	y Thur	sday	Friday	Saturda
DAILY SCHED	OULE Sunday		nday	Tuesday	Wednesda	y Thur	sday	Friday	Saturda
DAILY SCHED	OULE Sunday		nday	Tuesday	Wednesda	y Thur	sday	Friday	Saturda
Start Time: End Time: Will this deta	Sunday b)(7)(E)	Mor	eurdays, Sund				sday	Friday	Saturda
Start Time: End Time: Will this deta	Sunday b)(7)(E) ail include for	Mor	ourdays, Sund	lays, and/or	Holidays? N				Saturda
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Start Time:  End Time:  Will this deta  N DISTRICT  Requesting F  Overtime Ho  (b)(7)(E)  Overtime Ho	Sunday b)(7)(E) ail include for including for include;	unding for Sat	ources? Yes	# c	Holidays? N		Total: (b)(7 Total:	: ()(E)	Saturda
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las the Office	of Protec	ctive In	telligence been	notified? No				
xplanation: (b)(7)(E)								
-11-11-1								
OTES TO OP	ERATIONS	SUPP	ORT BRANCH					
II DUSMS will	be suppl	ied by S	DNY (HOST)					
ETAIL SUPER	VISOR, D	EPUTY	IN-CHARGE, IN:	SPECTOR IN-CH	IARGE			
lame:				Оре	rational Title:			
)(6); office Phone:					Phone:			
b)(6);				(b)(				
OCUMENTA	TION							
istrict and In	tel docum		tachments belo					
-z 1 Ops Plan	supreme	court J	ustice Sotomay	or.docx				
PO REVIEW								
NTICIPATED	TOTAL DI	JRATIO	N OF EVENT					
ravel Date:	TOTALDO	JIIII		il Start Date:		Detail En	d Date:	
			7/2	1/2019		7/21/20	019	
umber of Da		s/Mon	ths: 1		Specify: Days			
AILY SCHEDU	JLE Sun	dav	Monday	Tuesday	Wednesda	y Thursday	Friday	Saturda
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End Time								
Cha fillie	(b)(7)(		(0)(1)(L)					
End Time	:(b)(7)(		(0)(1)(L)					
		E)		Sundays, and,	or Holidays? N	0		
Vill this detai		E)		Sundays, and,	or Holidays? N	0		
Vill this detai	l include t	E) funding			or Holidays? N	0		
Vill this detain DISTRICT Sequesting Fu	l include t	E) funding	for Saturdays, rict resources? # of Days:		# of 1811:	0	Total:	
VIII this detain DISTRICT Sequesting Fundamental District Control of the Control	I include to	E) funding	for Saturdays, rict resources? # of Days:		# of 1811: (b)(7)(	0	(b)(7)(E)	
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Will this detail N DISTRICT Requesting Fu Dovertime Hou D)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)(7)	Include to anding for ars/Day: ars/Day: Full Day \$0.00	# of D  M&IE	for Saturdays, rict resources? # of Days: 1 # of Days: 0 ays: First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day) \$0.00	# of Person  O  Lodging Total (Include taxes)	# of 1811: (b)(7)() # of 082: 0  ss: Ho	ourly Rate: )(7)(E)  Airfare Total \$0.00	(b)(7)(E) Total: \$0.00  Total: \$0.00  ATM, Laundry, Baggage, etc.	\$0.00
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vill this detail N DISTRICT equesting Fu bovertime Hou b)(7)(1)  GUARDS Hours per Dat CHAPTE  Number of Full M&IE Days (Do not include first ind last days)  D OTAL OTHER SO.00  OOTAL O	Include to anding for ars/Day: ars/Day: Full Day \$0.00	# of D  M&IE	for Saturdays, rict resources? # of Days: 1 # of Days: 0 ays: First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day) \$0.00	# of Person  O  Lodging Total (Include taxes)	# of 1811: (b)(7)() # of 082: 0  ss: Ho	ourly Rate: )(7)(E)  Airfare Total \$0.00	(b)(7)(E) Total: \$0.00  Total: \$0.00  ATM, Laundry, Baggage, etc.	\$0.00
vill this detail N DISTRICT equesting Fu bovertime Hou b)(7)(1)  GUARDS Hours per Dat CHAPTE  Number of Full M&IE Days (Do not include first ind last days)  D OTAL OTHER SO.00  OOTAL O	Include to anding for ars/Day: ars/Day: Full Day \$0.00	# of D  M&IE	for Saturdays, rict resources? # of Days: 1 # of Days: 0 ays: First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day) \$0.00	# of Person  O  Lodging Total (Include taxes)	# of 1811: (b)(7)() # of 082: 0  ss: Ho	ourly Rate: )(7)(E)  Airfare Total \$0.00	(b)(7)(E) Total: \$0.00  Total: \$0.00  ATM, Laundry, Baggage, etc.	\$0.00

otal Detail Esti letail <u>Status:</u> (b)(6); lame (b)(7)(C	Approved	•	
ISD APPROVAL	(b)(7)(E)	* Project Code: (b)(7)(E)	
Total Approved	Amount:	*	
< or = \$25K	Senior Inspector:	Name will autopopulate	
>\$25K - \$50K		Name will autopopulate	
>\$50K - \$75K		Name will autopopulate	
>\$75K - \$100K	Deputy Assistant Director:	Name will autopopulate	
>\$100K	Assistant Director:	Name will autopopulate	
Notes:			

	TARSH	AL.				States Servi			ST. ST.		
U.S. 0	epartment	of Justice			JSD Re	view		J	udicial 5	ecurity	Event
NSTRUCTION Use this form Note: All box	to request			e, travel, a	nd distric	t security o	officer s	taffing.			
Submission !			equireu.		Enter ti	ne Protecti	ve Assi	essment Nu	mber as	signed:	
b)(7)(E)				_	(b)(7)(E	Ξ)					
Requested B	y: (USMS	v .		Title: OPO Ins	partor						
Circuit:	(031413		District/D		person						
2				ecurity Div	ision						
Mission Nam 8/2-8/3 SCJ		v. Smith, S	CJ Smith A	ssistance,	USDCJ Sr	nith Protec	tive Re	sponse, 12tł	Circuit.	Judicial	Conference,
ocation of E b)(6); (b)(		et Address)			Ev	ent City:				Event	State:
lost District		И									
outhern Dis	trict of Nev	/ York									
Supreme Co	urt Justice A	ssistance									
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<b>Description o</b> (Provide a br extraordinar)	ief narrative				e the nun	ber of par	ticipani	ts, national (	attention	n, medic	coverage,
riday 8/2 - 9	Saturday 8/	SCJ Sotor			USMS as	sistance to	attend	(b)(6); (b	)(7)(C)	; (b)(7	)(E)
b)(6); (b)(7	7)(C); (b)	7)(E)									
of Protecte	d Persons:	# of Atter	ndees:	# of	Defenda	nts:	# of De	efendants tody:	10.00	f Witne Custody	
1		50,000		D			0	,	0		
stimated Lo \$0.00	ical Lodging	Rate:		.00	cal Per Di	em Rate:		\$0.00	Local Re	quired	Misc:
ANTICIPATEI	TOTAL DU	RATION O									
Travel Date:				2/2019	ate:			8/3/2019	vate:		
Number of D		/Months:	2		Sp	ecify: Day	5				
DAILY SCHED			Annada	Tue	ada	Medeed		Thursday		ida	Saturda
Start Time:	Sunday		Monday	Tue	sday	Wednesd	ау	Thursday	(b)(7)	iday (F)	Saturda
End Time:		=					= -		(5)(1)	(-)	
Vill this deta	ail include f	unding for	Saturday		, and/or	Holidays?	Yes				
N DISTRICT Requesting F		# of	Days:	Yes		f 1811:			tal:	_	
Requesting F Overtime Ho b)(7)(	ours/Day:	# of	Days:	Yes	(p)	(7)(		(b	)(7)(E)		
Requesting F Overtime Ho b)(7)( Overtime Ho	ours/Day:	# of		Yes	(b) # c	(7)( of 082:		(b	)(7)(E) otal:	_	
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equesting Fovertime Hcb)(7)  Describe Hcb)(7)(E)  SUARDS  Hours per D.  RAVEL  Number of Full M&IE  Days (Do not include first and last days)	ours/Day: ours/Day: ay: Full Day M&IE	# of Days:  # of Days:	Days:  Days:  d Lodgi (In tage)	# of P 0 ng Total P clude (xxes)	(b) # c (b) ersons: OV/Mile Total	(7)( of 082: (7)( H (b) Airf, Tot	are	(b) Rate:  ATM, Laund Baggage, et	(ry, tc,	al: 000 Sub	total

REPORTING IN Reporting Date Address: Special Equipm None Special Skills R none	8/2/	TION						
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			ibing any threa	ts associated v	vith the event:			
	of Prote	ctive In	telligence been	notified? Yes				
xplanation: b)(7)(E)								
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0)(6);					Inspector			
ffice Phone:				Cell	Phone:			
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-02-8-03 Ops F	Plan Sup	reme Co	ourt Justice Soto	mayor.docx				
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lotes:					
OUT OF DISTRIC		(b)(7)(E)	1		
	ational personnel requeste	d	Number of admir	nistrative perso	nnel requested: 0
Fotal estimated Note:	travel costs: \$0				
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DETAIL TOTAL					
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	HARSE	AL.		United St Iarshals S			
U.S. [	Department	of Justice		JSD Appro	ved	Judi	cial Security Event
	to request	funding for over		el, and district se	curity office	er staffing.	
Submission I		1			rotective A	ssessment Numb	er assigned:
b)(7)(E)				(b)(7)(E)			
Requested B	y: (USMS	1	Title	) Inspector			
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2			licial Securit				
			mith Assista	nce, USDCJ Smith	Protective	Response, 12th Cir	cuit Judicial Conferer
8/5-8/12 SC Location of E				Event	City:		Event State:
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Host District							
Southern Dis	strict of Nev	v York					
Detail Type: Supreme Co	urt Justice A	Assistance					
Level:				Activ	e/Retired:		
				Activ	ę		
Description (		e describina th	e event to in	clude the numbe	r of particin	ants, national atte	ntion, media coverag
of Protects  Stimated Lo		# of Attended 30,000 Rate:		# of Defendants: 0 d Local Per Diem	0	ustody:	in Custody: 0 al Required Misc:
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			Detail St	art Date:		Detail End Dat	ie.
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7ravel Date: 8/4/2019		s/Months: 8		19	fy: Days		ec.
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Number of operational personnel requested (b)(7)(  Number of administrative personnel requested: 0  Fotal estimated travel costs: (b)(7)(E)  Note:  DETAIL TOTAL  Note: The following fields are required.  Fotal Detail Estimate: \$18,160.00 *  Detail Status: Approved *  Name (b)(6).  Project Code: (b)(7)(E)  **  Project Code: (b)(7)(E)  **  **  **  **  **  **  **  **  **	Number of operational personnel requested (b)(7)(  Number of administrative personnel requested: 0  Fotal estimated travel costs: (b)(7)(E)  Note:  DETAIL TOTAL  Note: The following fields are required.  Fotal Detail Estimate: \$18,160.00 *  Detail Status: Approved *  Name (b)(6).  Project Code: (b)(7)(E)  Project Code: (b)(7)(E)  **  Special Assignment Numbe (b)(7)(E)  **  Fotal Approved Amount: \$41,394 *  **  **  **  **  **  **  **  **  **	OUT OF DISTRIC	T				
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Note: The following fields are required.  Fotal Detail Estimate: \$18,160.00  Detail Status: Approved  Name (b)(6);  Special Assignment Numbe  Froject Code: (b)(7)(E)  Froject Code: (b)(7)(E)  Total Approved Amount: \$41,394	Note: The following fields are required.  Fotal Detail Estimate: \$18,160.00						
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< or = \$25K	<pre>&lt; or = \$25K</pre>	Total Approved	Amount: \$41,394				
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INSTRUCTIONS: Use this form to request funding for over Note: All boxes with a red """ are requisive submission Number: (b)(7)(E) Requested By: (b)(6); USMS) Circuit: Dist [1] Mission Name: (ex. U.S. v. Smith, SCI Sr. USSCI Sonia Sotomayor GA, MS, FL Bo Location of Event: (Street Address) b)(7)(E) Host District: Southern District of Mississippi Detail Type: Supreme Court Justice Assistance Level: Description of Event:	Title: OPO Ins rict/Division: icial Security Divinith Assistance,	Enter the Protect (b)(7)(E)  pector  Vision  USDCI Smith Prote	tive Assessm	ing.	assigned:	
Submission Number: ((b)(7)(E)  Requested By: (b)(6), USMS)  Circuit: Dist 11 Jud  Mission Name: (ex. U.S. v. Smith, SCI Sr USSCI Sonia Sotomayor GA, MS, FL Bo Location of Event: (Street Address) b)(7)(E)  Host District: Southern District of Mississippi  Detail Type: Supreme Court Justice Assistance  Level:  Description of Event:	Title: OPO Ins rict/Division: icial Security Div nith Assistance,	(b)(7)(E pector vision USDCI Smith Prote			iit Judicial C	onference)
Requested By: (b)(6); USMS)  Circuit: Dist 11  Mission Name: (ex. U.S. v. Smith, SCI Sr USSCI Sonia Sotomayor GA, MS, FL Bo Location of Event: (Street Address) b)(7)(E)  Host District: Southern District of Mississippi Detail Type: Supreme Court Justice Assistance Level:  Description of Event:	OPO Ins rict/Division: icial Security Div nith Assistance,	pector vision USDCJ Smith Prote	ctive Respon	se, 12th Circu		onference)
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U.S. D	Department	of Justice		JSD Appro	ved	Judi	cial Security Event
	to request			l, and district se	curity office	er staffing.	
Submission f		d "*" are requ	iirea.	Enter the I	Protective A	ssessment Numbe	er assigned:
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D)(6); Circuit:	(USMS)		trict/Division	Inspector			
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Mission Nam 8/20 SCJ Sot			mith Assistan	ce, USDCJ Smith	Protective	Response, 12th Cir	cuit Judicial Conference)
Location of E (b)(6); (b)(		t Address)		Even	City:		Event State:
Host District					_		
Southern Dis	trict of New	York					
Detail Type: Supreme Co	urt Justice A	ssistance					
Level:				Activ	e/Retired:		
extraordinar	ief narrative y strain on d 8/20 SCJ Sot	istrict resourc	es, etc.)	(6); (b)(7)(C)		ants, national atte	ntion, media coverage,
# of Protecte	d Persons:	# of Attende	es: #	of Defendants:		Defendants ustody:	# of Witnesses in Custody:
= Estimated Lo	cal Lodging			Local Per Diem		Estimated Loc	al Required Misc:
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End Time	-			1	-			
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Total Detail Estimate:	\$1,404.00	•
Detail Status:	Completed	•
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OPO COMPLETION		
Comments:		
Comments;		
Final Approved Amoun		Is the AAR attached?

Title: SOUSM  JUSMS  JU		TED STATE		N		ed State als Serv				
NSTRUCTIONS:  See this form to request funding for overtime, travel, and district security officer staffing.  Note: All boxes with a red """ are required.  Note: All boxes with are described with are are red in the red """ are required.  Note: All boxes with are described.  Note: All boxes with ar	U.S. De	epartment of Ju	stice		ISD	Approved		Jud	dicial Securi	tv Event
inter the Protective Assessment Number assigned:    D(T)(E)	NSTRUCTION Use this form	IS: to request fund	ing for overt				officer st			-,
Dity (E)  Requested By:  Title:  District/Division:  District of New York Assistance, USOCJ Smith Protective Response, 12th Circuit Judicial Conference, SCJ Sotonayor, NTC - August 28-31, 2019  Event City:  Event State:  New York  New York  New York  Division District:  District of New York  Destrict of New York  Number of Days/Weeks/Months: 6  Division of New York  Number of perational personnel requested (Division New York)  New York  New York  New York  New York  New York  Division of New York  New York  New York  Destrict of New York  New York  New York  Destrict of New York  New York  New York  Destrict of New York  New York  Des			are required	d.	Ent	ter the Protect	tive Asse	ssment Num	ber assigne	d:
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District/Division:   District/Division:   Judicial Security Division   District/Division:   Judicial Security Division   District Division   Division   Division   District Division   Division   Division				- 11.91						
Mission Name: (ex. U.S. v. Smith, SCI Smith Assistance, USDCI Smith Protective Response, 12th Circuit Judicial Conference, SCI Sotomayor, NYC - August 26-31, 2019  coation of Event: (Street Address)  Federal Plaza  New York  New York  New York  New York  New York  New York  Levent City:  Event City:  Active/Retired:  Active/Retired:  Active Response, 12th Circuit Judicial Conference, 2019  Active Response Court Justice Assistance  evel:  Active Response Court Justice Assistance  evel:  Active Retired:  Active	11. 11	JSIVISJ	Distric							
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Event City:   Event State:   New York   Ne					ance, USD	CJ Smith Prote	ctive Res	oonse, 12th (	Circuit Judici	al Conference,
It Federal Pilaza    New York   New York   New York   New York				,		Event City:			Eve	nt State:
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Description of Event:  Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary straordinary st		rict of New Yor	K							
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.)  Col Sotomayor will be (DIVT)  Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)  Col Sotomayor will be (DIVT)  Provide a provide a brief narrative describing the event to include the number of participants, national attention, media coverage, etc.)  Col Sotomayor will be (DIVT)  Provide a provide a brief narrative will be participants, national attention, media coverage, etc.)  Col Sotomayor will be (DIVT)  Provide a provide a brief narrative will be participants, national attention, media coverage, etc.)  Provide a brief narrative will be approximately 50-100 people but is strated at the book related events will be approximately 50-100 people but is strated at the book related events will be approximately 50-100 people but is strated at the book related events will be approximately 50-100 people but is strated to call participants.  ## of Defendants		rt Justice Assist	ance							
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Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, obstance/dinny strain on district resources, etc.)  CJ Sotomayor will be \( \text{DI}(T)(\text{E}) \) from August 27th-31st, 2019. During her stay, the Justice will have everal appointments and meetings for book related events. There are no know public events/venues that she will be in strendance as of August 13th, 2019, Attendance at the book related events will be approximately 50-100 people but is strendance as of August 13th, 2019, Attendance at the book related events will be approximately 50-100 people but is strendance as of August 13th, 2019, Attendance at the book related events will be approximately 50-100 people but is strendance as of August 13th, 2019, Attendance at the book related events will be approximately 50-100 people but is strendance as of August 13th, 2019, Attendance at the book related events will be approximately 50-100 people but is strendance as of August 13th, 2019, Attendance at the book related events will be approximately 50-100 people but is strendance as of August 13th, 2019, Attendance at the book related events will be approximately 50-100 people but is strendance as of August 13th, 2019, Attendance at the book related events will be approximately 50-100 people but is strendance at the book related events will be approximately 50-100 people but is strendance at the book related events will be approximately 50-100 people but is strendance at the book related events will be approximately 50-100 people but is strendance at the book related events will be approximately 50-100 people but is strendance at the book related events will be approximately 50-100 people but is strendance at the book related events will be approximately 50-100 people but is strendance at the book related events will be approximately 50-100 people but is strendance at the book related events will be approximately 50-100 people but is strendance at the book related events will be approxi	Description of	f Event:				Active				
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Fravel Date:   Detail Start Date:   B/26/2019   B/27/2019   B/27/2	1	100		Estimate	0		in Custo	ody:	in Custo	dy:
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OPO Inspector  Cell Phone:  (D)(0), (D)(7)(C)  (D)(0), (D)(1), (D)(1)  (D)(0), (D)		IN-CHARGE, INSPECTO		
The phone:    Cell Phone:   Di(6),   Di(7)   Di(6),   Di(7)   Di(6),   Di(7)   Di(6),   Di(7)   Di(6),   Di(7)   Di(7)				
DOCUMENTATION District and Intel document attachments belong here: CI SS Op Plan 08.26 - 06.30.19 Draft.doc  DOPO REVIEW  INTICIPATED TOTAL DURATION OF EVENT Travel Date:  B/26/2019  B/27/2019  B/27/2019  B/31/2019  B/31	ilmina			
DETAIL TOTAL  LOSS OP DISTRICT  Loss op Plan (82.56 – 06.30.19 braft.doc.  DPO REVIEW  MATICIPATED TOTAL DURATION OF EVENT  Fravel Date:  MATICIPATED TOTAL DURATION OF EVENT  Fravel Date:  MATICIPATED TOTAL DURATION OF EVENT  Fravel Date:  Maticipate Days/Weeks/Months: 6  Specify: Days  Specify: Days  Specify: Days  Detail End Date:  8/31/2019  Monday Tuesday Wednesday Thursday Friday Saturday  Start Time:  DITAIL TOTAL  LOST TOTAL  L	0)(6); (b)(7)(C);		(b)(6);	
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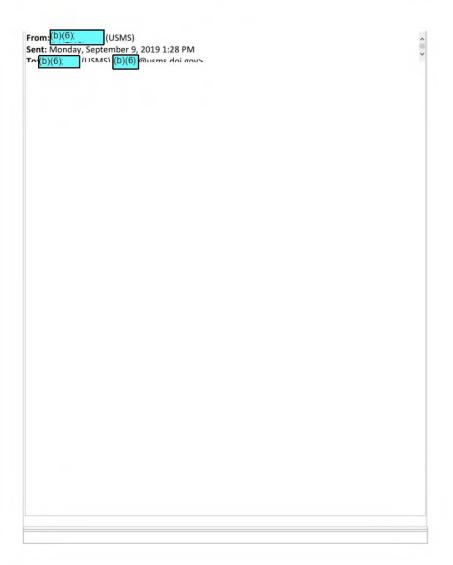
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U.S. Departmen	t of Justice		ISD 4	Approved		Ju	dicial Se	curity Event
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Description of Event:				Active				
extraordinary strain on (b)(6); (b)(7)(C)						Defendants	111	Witnesses
of Protected Persons	# of Atte	ndees:	# of Defe	ndants:	in Cu	istody:	in Cu	istody:
stimated Local Lodgin	-	Esti	mated Local Pe	r Diem Rate:		Estimated Lo		uired Misc:
ANTICIPATED TOTAL DI Travel Date: 8/20/2019	URATION C	Det	ail Start Date: 21/2019			Detail End D 8/22/2019	ate:	
lumber of Days/Week	s/Months:	3		Specify: Da	¥5			
DAILY SCHEDULE Sunda		Monday	Tuesday	Wednes	day	Thursday	Fric	lay Saturday
Start Time:		wionuay	(b)(7)(E)	wednes	uay	Thursday	riic	Jay Saturday
End Time:								
Will this detail include  N DISTRICT  Requesting Funding for				or Holidays	No			
OUT OF DISTRICT								
Are you requesting out	of district	assistance	Yes Yes					
Number of operationa	l personne	l requested	(b)(7)(E)	Number of a	dminis	trative personn	el requ	ested: 0
Total estimated travel	costs(b)(7	7)(E)						
REPORTING INFORMA	TION							
Reporting Date: 8/21	/2019			Reporting Tir	ne:(b	)(7)		
Address:				City:		State:		
1 Federal Plaza				NY		NY		
Special Equipment Rec b)(7)(E)	uired for R	leporting P	ersonnel:					
Special Skills Requeste	d:							
b)(7)(E)								
Special Instructions for				ha confirm	and f	anuarded to D-	tail nor	connol by the U
OT not worked will no		eu. rmai De	rtall nours Will	De contirmed	and fo	orwarded to De	tan per	somer by the II
NTELLIGENCE/INVESTI	GATION							
Provide a brief narrativ	e describin	g any thre	ats associated	with the ever	nt:			

Has the Office of Protection Explanation:	ve Intelligenc	e been notified?	Yes				
NOTES TO OPERATIONS 5	UPPORT BRA	NCH					
DETAIL SUPERVISOR, DEP	UTY IN-CHAR		N-CHARGE Operational 1	Fitle:			
b)(6); (b)(7)(C);			OPO Inspecto				
Office Phone:			Cell Phone:				
(b)(6);			(b)(6); (b)(7	7)(C);			
DOCUMENTATION							
District and Intel docume	nt attachmen	ts belong here:					
2019 August 22.docx							
OPO REVIEW							
ANTICIPATED TOTAL DUR	ATION OF EV	ENT					
Travel Date:		Detail Start Da	te:	t c	Detail End D	ate:	
8/20/2019		8/21/2019			8/22/2019		
Number of Days/Weeks/I	Months: 3		Specify:	Days			
DAILY SCHEDULE							
Sunda				nesday T	hursday	Friday	Saturday
Start Time:	(b)(7)(	E) (b)(7)(E	Ξ)				
End Time:							
Will this detail include fur	nding for Satu	rdays, Sundays,	and/or Holida	ys? No			
IN DISTRICT							
Requesting Funding for in	district resou	irces? No					
Notes:							
OUT OF DIFFEREN							
OUT OF DISTRICT		(b)/7)/	T 1			a particular and	
Number of operational pe		ested:[D)(7)(	Number	r of administr	ative perso	nnel requeste	d: U
Total estimated travel cos	sts (D)(7)(E)						
Note:							
DETAIL TOTAL							
Note: The following fields	are required.						
Total Detail Estimate:	\$11,000.00						
	Completed						
Name: (b)(6);							
+ · · · · · · · ·							
ODG COMPLETION							
OPO COMPLETION  Comments:							
comments							
Final Approved Amount:	\$12,042.00		Is the AA	R attached?			

	TIED SY	AL.		Jnite arsha		ates ervice	(	T. Or	THE STATE OF THE S	
U.S. [	Department	of Justice		JSD	Revie	w	Ju	udicial Se	curity Event	
	to request	funding for o		l, and dis	strict sec	urity office	er staffing.			
Submission I				_		otective A	ssessment Nur	nber assi	gned:	
(b)(7)(E)			man.	-	(7)(E)					
Requested B (6);	y: USMS)		Title:	Inspecto	r					
Circuit:		Dis	trict/Division	:						
9			dicial Security							
		v. Smith, SCJ S ur Protection		ce, USDC	J Smith	Protective I	Response, 12th	Circuit Ju	udicial Conference,	
ocation of E			Detail		Event	City:			Event State:	
400 Alcatraz		,			Berke				CA	
Host District										
Northern Di	strict of Calif	ornia								
Detail Type: Supreme Co	urt Justice A	ssistance								
Level:					Active	Retired:				
					Active					
extraordinar SCJ Sotomay local church	ief narrative y strain on d or will atten hall in North	istrict resource d a public eve	es, etc.) int where she	will cond	duct a qu	estion/ans	wer session fo	llowed b	media coverage, y a book signing at supplied with a	
press release		# of Attende	es: #	of Defer	ndants:	10.00	Defendants ustody:	10	Witnesses ustody:	
1		0		)		0	7	0		
\$0.00	ocal Lodging	Rate:	\$0.00	Local Pe	r Diem F	late:	\$0.00	Estimated Local Required Misc: \$0.00		
ANTICIPATE	TOTAL DU	RATION OF E	/ENT							
Travel Date:			Detail Star	t Date:			Detail End I	Date:		
9/5/2019			9/6/2019	)			9/7/2019			
Number of D	ays/Weeks	/Months: 3			Specify	: Days				
DAILY SCHEE					1					
Start Time:	Sunday	Mon	iday 1	uesday	We	dnesday	Thursday	Fric	lay Saturda	
End Time:					-	-	(b)(7)(E)			
N DISTRICT	unding for i	in district resc # of Da 1 # of Da	ources? Yes	ays, and,	# of 18: (b)(7) # of 08:	11:	(b To	tal: )(7)(E) ital:		
b)(7)(	ours/Day:	0			-					
b)(7)( Overtime He						T				
b)(7)( Overtime Ho 0 GUARDS Hours per D	ay:	of Days:		of Person	15:		y Rate:	Total	_	
GUARDS Hours per D (b)(7)(E	ay:			of Person	15:	Hourl (b)(7	_	Total	_	
b)(7)( Overtime Ho 0 GUARDS Hours per D	ay:	of Days:		(7)(E			_	(b)(7	_	
b)(7)( Overtime Ho  GUARDS Hours per D  b)(7)(E  TRAVEL Number of Full M&IE Days (Do not include first and	ay: i	First and Last Days (75% M&IE x 2 days, if trip is longer than	Lodging Total	(7)(E	Aileage Ital	(b)(7	ATM, Laund	(b)(7	Subtotal	
b)(7)( Overtime Ho 0 GUARDS Hours per D b)(7)(E) TRAVEL Number of Full M&IE Days (Do noticude 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 Tota (Include taxes)	(7)(E al POV/N To	Aileage Ital	(b)(7 Airfare Total	ATM, Laundi Baggage, et	(b)(7	Subtotal	
b)(7)( Overtime Ho 0 GUARDS Hours per D 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 Tota (Include taxes)	(7)(E al POV/N To	Aileage Ital	(b)(7 Airfare Total	ATM, Laundi Baggage, et	(b)(7	Subtotal	

Total estimate	- HOACL									
REPORTING IN										
Reporting Dat	e: 9/6/2	019			F	teporting Time	(b)(7)(			
Address:						City:		State:		
(b)(6); (b)(7)(C)								CA		
(b)(7)(E)	nent Req	uired f	or Reportin	g Perso	onnel:					
Special Skills R	legueste	d:								
(b)(7)(E)										
Special Instruc	tions for	Repor	ting Person	nel:						
(b)(7)(E)										
Provide a brief				roate	accociated u	ith the quant.				
(b)(7)(E)	narrady	e desci	ionig any u	i eats	associated v	nar the event.				
H	- f Dt	******			Me- 13 Vor	_				
Has the Office Explanation:	of Protec	tive in	telligence b	een no	tified? Fes					
(b)(7)(E)										
NOTES TO OPE	RATIONS	SUPP	ORT BRANC	н						
(b)(7)(E)									_	
-/·//-/										
DETAIL CLICE	#F05 F	TOLINA.	BI CHARGE	INICO	CTOD C	ADCE				
Name:	/ISOR, DI	EPUTY	IN-CHARGE,	INSPE		rational Title:				
(b)(6);						Inspector				
Office Phone:	_					Phone:				
					(b)(	0),				
(b)(6);					<u> </u>					
(D)(O);					G f					
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DOCUMENTAT District and Int 08-31-19 and 0 IR Sotomayor v	t <b>el docum</b> 19-17-19.c risit to N-0	doc CA.doc	N OF EVEN	г			Deta	il End Da	ate:	
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DOCUMENTATION TO THE PROPERTY OF THE PROPERTY	rel docum 19-17-19.c 1	JRATIO	ths: 3	Detail S 9/6/20 y	here: tart Date: 119	Wednesda	9/7 ay Thurs (b)(7)(	/2019 day		Saturday
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DOCUMENTATION District and Into 08-31-19 and 0 IR Sotomayor v  OPO REVIEW  ANTICIPATED T  Travel Date: 9/5/2019  Number of Day DAILY SCHEDU  Start Time End Time  Will this detail IN DISTRICT  Requesting Fur Overtime Hou (b)(7)(E)  Overtime Hou (c) GUARDS Hours per Day	ys/Weeks LE Sund include f include f rs/Day:	JRATIO JR	Monda (b)(7)(E) ; for Saturda rict resource # of Days: 1 # of Days:	T 99/6/20 y y	tart Date: D19 Tuesday ndays, and/	# of 1811: (b)(7) # of 082: 0	9/7  Thurs  (b)(7)(  'es	/2019 day E) Tot:	Friday  al: 0(7)(E) al: 00  Total:	
DOCUMENTATION District and Into 08-31-19 and 0 IR Sotomayor v  OPO REVIEW  ANTICIPATED T  Travel Date: 9/5/2019  Number of Dat DAILY SCHEDU  Start Time End Time  Will this detail IN DISTRICT  Requesting Fur Overtime Hou (b)(7)(E)  Overtime Hou 0 GUARDS	ys/Weeks LE Sund include f include f rs/Day:	JRATIO JR	Monda (b)(7)(E) ; for Saturda rict resource # of Days: 1 # of Days:	T 99/6/20 y y	here: tart Date: D19 Tuesday	# of 1811: (b)(7) # of 082: 0	9/7/ say Thurs (b)(7)(	/2019 day E) Tot:	Friday  al: (7)(E) al: 00	
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DOCUMENTAL District and Into 08-31-19 and 0 IR Sotomayor v  OPO REVIEW  ANTICIPATED 1 Travel Date: 9/5/2019  Number of Dat DAILY SCHEDU  Start Time End Time  Will this detail IN DISTRICT  Requesting Ful (b)(7)(E)  Overtime Hou (c) GUARDS Hours per Day (b)(7)(E)  TRAVEL  Number of Full M&IE Days (Do not include first	ys/Weeks  ILE Sund  include f  inding for rs/Day:  Full Day	JRATIO JR	Mondai (b)(7)(E) for Saturda rict resource # of Days: 1 # of Days: 0 ays:	y y y y y y y y y y y y y y y y y y y	tart Date: D19 Tuesday  # of Person (b)(7)()  dging Total (Include	Wednesda or Holidays? Y  # of 1811: (b)(7) # of 082: 0	y Thurs (b)(7)(  res	Toto   (b)   Toto   So.	Friday  al: b(7)(E) al: 00  Total: (b)(7)( ATM, aundry, ggage, etc.	E)

UT OF DISTRIC	T		
annuel of oper	rational personnel requeste	Number of administr	ative personnel requested: 0
al estimated	travel costs: (b)(7)(		
te:			
ETAIL TOTAL			
ote: The follow	ving fields are required.		
otal Detail Esti	imate: \$3,200.00	•	
etail Status:	Approved	•	
ame:(b)(6);		•	
otes:			
D APPROVAL		Project Code (b)(7)(l)	5)
	nent Number: (b)(7)(E)  Amount: \$5,946	* Project Code	*
or = \$25K	Senior Inspector:		2019-08-29
\$25K - \$50K		Name will autopopulate	2015-00-25
\$50K - \$75K		Name will autopopulate	
75K - \$100K			
73K - \$100K			
>\$100K otes:	Assistant Director:	Name will autopopulate	
>\$100K otes:	Assistant Director:	Name will autopopulate	
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U.S. Dep	artment o	of Justice	2	JSD A	Approved		Judicial S	ecurity	Event
NSTRUCTIONS:		funding f	or overtime		strict security off	icer staffing			
Note: All boxes	with a rec					*******			
b)(7)(E)	nber:				er the Protective	Assessment N	umber ass	igned:	
Requested By:	7			Title:					
b)(6); Circuit:	USMS)		District/Di	OPO Inspecto	r				
arcuit;				curity Division					
					J Smith Protectiv	e Response, 12	th Circuit J	udicial	Conference)
SCJ Sotomayor ocation of Ever				Н	Event City:			Event	State:
1501 Blair Ave	,		·		Cincinnati			ОН	
lost District:	t of Oki-								
Detail Type:	. or Onio								
Supreme Court	Justice As	sistance			T				
evel:					Active/Retired	:			
xtraordinary st CJ Sonia Soton vent will include	narrative rain on di nayor will de a public	strict res visit the c speakin	ources, etc.) Cincinnati, ( ng/book sign	OH, area as par ing event at a	number of partic t of her nationw 1200 seat theate has been publiciz	de book tour o r located within	n Septemb n a public h	er 4-5, nigh sch	2019. This ool in the
of Protected P				# of Defer	#	of Defendants Custody:	# of	Witne	sses
* stimated Local	Lodging		Estir	nated Local Pe		Estimate	d Local Red	guired I	Misc:
0)(7)(E)			(b)(7	')(E)		\$0.00			
ANTICIPATED TO	OTAL DU	ATION (	DE EVENIT						
ravel Date:	J TAL DOT	DATE OF C		il Start Date:		Detail En	d Date:		
9/2/2019			9/2	/2019		9/5/201	.9		
lumber of Days	s/Weeks/	Months:	4		Specify: Days				
AILY SCHEDUL	E Sunday		Monday	Tuesday	Wednesday	Thursday	Eri	day	Saturday
	Sunday		7)(E)	Tuesday	wednesday	Inursday	-	uay	Saturday
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itart Time: End Time:						-			
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(b)(7)(	urs/Day:	# of Day	/5:	# of 1 (b)(7)	_	Tota (b)(	l: 7)(E)
Overtime Ho	urs/Day:	# of Day	/5:	# of 0	82:	Tota	
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GUARDS Hours per Da	v- 4	of Days:	# of Pe	reone.	Hourly	Rate:	Total:
(b)(7)(E		3	(b)(7	_	(b)(7		(b)(7)(E)
TRAVEL			N. 7X	/ 5			
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 PC (Include taxes)	OV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)			\$(	0.00	\$0.00	\$0.00	(b)(7)(E)
TOTAL OTHE	5						
(b)(7)(E)							
Itemize Othe Hotel GOV Pa		7)(E)					
OUT OF DISTR	ICT						
		of district assis		7.1			
Number of o	perational	personnel req	uested:(b)(7)	Numbe	er of adminis	trative personne	l requested: 0
Total estimat	ed travel c	osts:(b)(7)(E					
REPORTING I	NFORMAT	ION					
Reporting Da	te: 9/2/2	019		Report	ing Time (b)	(/)(E	
Address:				City:		State:	
(b)(6); (b)(7)(C						OH	
	ment Requ	ired for Repo	rting Personnel:				
(b)(7)(E)	D						
Special Skills (b)(7)(E)	kequestea						
	ctions for	Reporting Per	sonnel:				
(b)(7)(E)		,					
INTELLIGENC	/INVESTIG	ATION					
will include p within a publ	ublic speak c high scho	ing engageme ol facility in th	nts and book sign	ings at a 12 innati metr	00 seat thea	ter venue. This v	r 4-5, 2019. This event enue will be located eats, however, her high
NOTES TO OF	ERATIONS	SUPPORT BRA	NCH				
		SUPPORT BRA					
		SUPPORT BRA (7)(E); (b)(7)				_	

Name:	VISOR, D	EPUTY	IN-CHARGE, I	INSPECTOR IN-				
					perational Title:			
0)(6);				0	PO Inspector			
Office Phone:					Il Phone:	_		
b)(6); (b)(7)	)(C);			(D	)(6); (b)(7)(C);			
DOCUMENTAT								
District and Int SD OPS Plan Ju				long nere:				
			-					
OPO REVIEW								
ANTICIPATED 1	TOTAL DI	JRATIC	N OF EVENT					
ravel Date:			De	tail Start Date:		Detail E	nd Date:	
9/2/2019			9	/2/2019		9/5/20	19	
Number of Day	ır /\Mook	r/Mon	the 4		Specify: Days			
DAILY SCHEDU		s/ Ivion	uns:		Specify.			
MILT SCHEDO	Sun	dav	Monday	Tuesday	Wednesda	y Thursday	Friday	Saturday
Start Time:	1	,	(b)(7)(E)	racsauj		,	, , , , , , , , , , , , , , , , , , ,	2010.001
End Time:	-		(×/(+/(L)					
Life mine.								
Will this detail	include	tunding	g for Saturday	/s, Sundays, an	d/or Holidays? Y	es es		
N DISTRICT								
Requesting Fur	nding for	in dist	rict resources	yes Yes				
Overtime Hou	rs/Day:		# of Days:		# of 1811:		Total:	
(b)(7)(E)			3		(b)(7)(		(b)(7)(E)	
Overtime Hou	rs/Day:		# of Days:		# of 082:		Total:	
0			0		0		\$0.00	
GUARDS								
Hours per Day	:	# of D	ays:	# of Perso		ourly Rate:	Total:	
b)(7)(		3		(b)(7)(	(E	)(7)(E)	(b)(7)(	E)
TRAVEL								
Number of	Full Day	M&IE	First and Las			Airfare Total		Subtotal
Full M&IE Days (Do not			Days (75% M&IE x 2	(Include taxes)	Total		Laundry, Baggage, etc.	
include first			days, if trip				baggage, etc.	
and last days)			longer than	1				
			day)				10	
o)(7)(E)					\$0.00	\$0.00	\$0.00	(b)(7)(E)
		7			· ·			
b)(7)(E)								
b)(7)(E)	expenses	# /3\/E\						
b)(7)(E)	expenses king (b)	(7)(E)						
total other b)(7)(E) Itemize Other of Hotel GOV Par	expenses king (b)	(7)(E)						
b)(7)(E) Itemize Other o Hotel GOV Par	expenses king (b)	(7)(E)						
b)(7)(E) Itemize Other o Hotel GOV Par	expenses king (b)	(7)(E)						
b)(7)(E) Itemize Other o Hotel GOV Par	expenses king (b)(	(7)(E)						
b)(7)(E) Itemize Other o Hotel GOV Par	expenses king (b)	; (7)(E)						
b)(7)(E) Itemize Other I Hotel GOV Par Notes:	king (b)	(7)(E)						
b)(7)(E)  Itemize Other of Hotel GOV Par  Notes:	king (b)	(7)(E)	nnel requeste	d-(D)(7)	Number of ac	Iministrative n	ersnnnel redues	ted: 0
b)(7)(E)  Itemize Other of Hotel GOV Par  Notes:  DUT OF DISTRI	CT erational	(7)(E)		d:(b)(7	Number of ac	lministrative po	ersonnel request	ted: 0
b)(7)(E)  Itemize Other of the control of the contr	CT erational	(7)(E)		d:(b)(7	Number of ac	lministrative po	ersonnel request	ted: 0
b)(7)(E)  Itemize Other of Hotel GOV Par  Notes:	CT erational	(7)(E)		d:(b)(7	Number of ac	lministrative po	ersonnel request	ted: 0
b)(7)(E)  Itemize Other of the control of the contr	CT erational	(7)(E)		d:(b)(7	Number of ac	lministrative po	ersonnel request	ted: 0
b)(7)(E)  Itemize Other of the control of the contr	CT erational	(7)(E)		d:(b)(7	Number of ad	lministrative po	ersonnel request	ted: 0
b)(7)(E)  temize Other of Hotel GOV Par  Notes:  DUT OF DISTRI  Number of ope  Total estimate	CT erational	(7)(E)		d:(b)(7	Number of ad	lministrative po	ersonnel requesi	ted: 0
b)(7)(E)  Itemize Other of Hotel GOV Par  Notes:  DUT OF DISTRI  Number of ope Total estimate:	CT erational	(7)(E)		d:[b)(7]	Number of ac	lministrative po	ersonnel requesi	ted: 0
b)(7)(E)  Itemize Other of Hotel GOV Par  Notes:  DUT OF DISTRI  Number of ope Total estimate Note:	CT erational d travel o	persor	(b)(7)(	d:[b)(7]	Number of ac	lministrative po	ersonnel requesi	ted: 0
b)(7)(E) Itemize Other Hotel GOV Par Notes:  DUT OF DISTRI Number of ope Total estimate: Note: DETAIL TOTAL Note: The follow	CT erational d travel of	persor costs:	(b)(7)(		Number of ad	lministrative po	ersonnel requesi	ted: 0
b)(7)(E) Itemize Other Hotel GOV Par Notes:  DUT OF DISTRI Number of ope Total estimate: Note: DETAIL TOTAL Note: The follow	CT erational d travel of	persor costs:	(b)(7)(	d:(b)(7	Number of ad	lministrative po	ersonnel request	ted: 0
b)(7)(E)  Itemize Other of the control of the contr	CT erational d travel of	persor costs:	(b)(7)(		Number of ad	lministrative po	ersonnel request	ted: 0
b)(7)(E) Itemize Other Hotel GOV Par Notes:  DUT OF DISTRI Number of ope Total estimate: Note: DETAIL TOTAL Note: The follo Total Detail Estimate Solutions of the solutions of	ct erational d travel of timate:	persor costs:	required.		Number of ad	iministrative po	ersonnel reques	ted: 0
b)(7)(E) Itemize Other Hotel GOV Par Hotel GOV Par Notes:  Number of ope Total estimate Note:  DETAIL TOTAL Note: The follo Total Detail Est Detail Status:	ct erational d travel of timate:	persor costs:	required.		Number of ad	lministrative po	ersonnel reques	ted: 0
DOJ(7)(E)  temize Other Hotel GOV Par  Hotel GOV Pa	ct erational d travel of timate:	persor costs:	required.		Number of ad	lministrative po	ersonnel reques	ted: 0
DOJ(7)(E)  temize Other Hotel GOV Par  Hotel GOV Pa	ct erational d travel of timate:	persor costs:	required.		Number of ac	lministrative p	ersonnel request	ted: 0
DOJ(7)(E)  temize Other Hotel GOV Par  Hotel GOV Pa	ct erational d travel of timate:	persor costs:	required.		Number of ad	lministrative p	ersonnel reques!	ted: 0

nal Approved Amount: \$5,43	8.00	Is the AAR attached?	
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U.S. Department of Ju  INSTRUCTIONS: Use this form to request func Note: All boxes with a red "*  Submission Number: (b)(7)(E)  Requested By: b)(6); USMS)  Circuit: [11  Mission Name: (ex. U.S. v. Sr. SCJ Sotomayor Assistance Location of Event: (Street Ad b)(7)(E)  D)(7)(E)  Northern District Northern District of Georgia  Detail Type: Supreme Court Justice Assist	District  Judicia  Judicia	me, travel, and di . Ent (b)( Title: OPO Inspector :/Division:	er the Protect 7)(E)			licial Security	
INSTRUCTIONS: Use this form to request functions: All boxes with a red "* Submission Number: (b)(7)(E) Requested By: b)(6); USMS) Circuit: In 1 Mission Name: (ex, U.S. v. Sr. SCI Sotomayor Assistance Location of Event: (Street Add)(7)(E) Host District: Northern District of Georgia Detail Type:	District  Judicia  Judicia	me, travel, and di . Ent (b)( Title: OPO Inspector :/Division:	strict security er the Protect 7)(E)		staffing,		
Submission Number:  (b)(7)(E)  Requested By: (b)(6); (USMS)  Circuit:  11  Mission Name: (ex, U.S. v. Sr. SCJ Sotomayor Assistance cocation of Event: (Street Ad ()(7)(E)  Host District: Northern District of Georgia Detail Type:	District Judicia nith, SCI Smith	Title: OPO Inspector: Division: I Security Division	7)(E)	tive Ass	essment Numl	ber assigned	
Requested By: b)(6); USMS) Circuit: 11 Wission Name: (ex. U.S. v. Sr. SCJ Sotomayor Assistance Location of Event: (Street Ad b)(7)(E) Host District: Northern District of Georgia Detail Type:	Judicia nith, SCI Smiti	Title: OPO Inspector: Division: I Security Division	7)(E)			•	
D)(6); USMS) Circuit: 11 Mission Name: (ex. U.S. v. Sn. Sc. Sotomayor Assistance cocation of Event: (Street Ad D)(7)(E) Host District: Northern District of Georgia Detail Type:	Judicia nith, SCI Smiti	OPO Inspecto Division: I Security Division					
Circuit:  II  Wission Name: (ex. U.S. v. Sr. SCJ Sotomayor Assistance cocation of Event: (Street Ad. 2)(7)(E)  Host District: Northern District of Georgia Detail Type:	Judicia nith, SCI Smiti	/Division:   Security Division					
Mission Name: (ex. U.S. v. Sr. SCJ Sotomayor Assistance ocation of Event: (Street Ad D)(7)(E) Host District: Northern District of Georgia Detail Type:	Judicia nith, SCI Smiti	Security Division					
SCJ Sotomayor Assistance ocation of Event: (Street Ad t)(7)(E) Host District: Northern District of Georgia Detail Type:		h Assistance, USD					
ocation of Event: (Street Ad b)(7)(E) dost District: Northern District of Georgia Detail Type:	dress)		J Smith Protei	ctive Re	sponse, 12th C	ircuit Judicia	Conference)
Nort District: Northern District of Georgia Detail Type:	aress)		Te			-	
Northern District of Georgia			Event City: Decatur			GA	t State:
Petail Type:			415				
SEPTEMBLE COURT JUSTICE ASSIST	ance						
evel:	DIFFE		Active/Retir	red:			
20.00			Active				
xtraordinary strain on distri- The US Supreme Court letail for Supreme Cour (7)(E)	Police has r	equested the as	sistance of t On Augus	the US st 31, 2	MS in provi 2019, Justice	ding a prot Sotomayo	ective r will
of Protected Persons: # of		# of Defe	ndants:	# of Din Cus	efendants tody:	# of Witne	
Estimated Local Lodging Rat		stimated Local Pe	r Diem Rate:	1112	Estimated Lo	cal Required	Misc:
o)(7)(E)	(1	b)(7)(E			(b)(7)(E)		
ANTICIPATED TOTAL DURAT	ON OF EVEN	Т					
ravel Date:		etail Start Date:			Detail End Da	ate:	
8/31/2019		8/31/2019			9/1/2019		
lumber of Days/Weeks/Mo	nths: 2		Specify: Day	y5			
AILY SCHEDULE							
Sunday	Monday	Tuesday	Wednes	day	Thursday	Friday	Saturday
start Times(b)(7)(E)			4	4			(b)(7)(E
End Time:			_				
Will this detail include fundi	na for Fatural	nue Cundana e d	for Holiday-2	Vor			
una veten menude rundi	ioi satuidi	. , a, aununya, and	, or mondays?	2.00			
N DISTRICT							

Overtime Ho	urs/Day:		# of Days	<b>:</b>		# of 1			Tota	$\overline{}$	
(b)(7)(E	_		1			(b)(7)			1 11	7)(E)	
Overtime Ho	urs/Day:		# of Days	i:		# of 0	82:		Total \$0.0		
GUARDS			d			U			30.0	u	
Hours per Da	y:	# of D	ays:	#	of Perso	ins:	Hourl	y Rate:		Total:	
0		0		1	0		(b)(7			\$0.00	
TRAVEL											
Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	Las (75% x 2 to	st and I t Days 6 M&IE days, if rip is er than day)	Lodging To (Include taxes)		'Mileage 'otal	Airfare Total		Laundry, age, etc.	Sul	ototal
(b)(7)(E)		- 1	uayj		\$0.0	0	\$0.00	\$0.00		(b)(7)(E)	
TOTAL OTHE	D				50.0	U	90.00	90.00		(2)(1)(2)	
(b)(7)(E) Itemize Othe Parking at (b)		_	n Atlanta (	Georgia							
OUT OF DISTR	RICT										
Are you requ	esting out	of dist	rict assist	ance? Yes							
Number of o						Numbe	er of admini:	strative	personne	l requested	:
Total estimat											
REPORTING I						1					
	8/31/					Report	ing Time:(b	)(7)(E			
Reporting Da Address:	ite:					City:	•		State:		
(b)(7)(E)						Atlan	nta		GA		
Special Equip	ment Requ	uired f	or Repor	ting Person	nnel:						
None Special Instru None INTELLIGENCE Provide a brie	E/INVESTIG	ATIO	N		ssociated	l with th	e event:				
Has the Office Explanation: (b)(7)(E)	e of Protec	tive Ir	telligence	e been not	tified? Ye	15					
NOTES TO OF	PERATIONS	SUPP	ORT BRAI	NCH							
DETAIL SUPE	RVISOR, DE	PUTY	IN-CHAR	GE, INSPEC							
Name: (b)(6); (b)(7	(C)-					peration PO Inspe					
Office Phone	-					II Phone					
b)(6);					(b)(						
DOCUMENTA District and Ir OPS Plan SCJ :	ntel docum Sotomayor	GA.do	CK		nere:						
ANTICIPATED	TOTAL DU	RATIO	ON OF EVE	_	net D				11 5 - 4 -		
Travel Date: 8/31/2019				8/31/2	art Date:			-	il End Da /2019	te:	
			. 5	3/31/2			e. Peur	3/1	, 2013		
Number of D		/Mon	ths: 2			Speci	fy: Days				
DAILY SCHED	_	lav	Man	day	Tuesda	, 144	ladnorday	Thur	veh	Eridan	Sphund
	Sund	м	Mon	udy	Tuesday	W	ednesday	Thurs	uay	Friday	Saturda

End Time: Will this detail	(b)(7)(E)									(b)(7)(E
Will this detail										
Will this detail										_
	include fun	ding	for Saturdays.	Sundays, and	or Holidays?	res .				
		6	ior catal au jo;		or moneujor					
N DISTRICT		_								
Requesting Fun	ding for in	distr	ict resources?	Yes				_		
Overtime Hour	s/Day:	_	# of Days:		# of 1811:			Total:		
o)(7)(		_	1		(b)(7)(E)			(b)(7)	7.7	
Overtime Hour	s/Day:	_	# of Days:		# of 082:			Total:		
0		]	0		0			\$0.00	1	
GUARDS	- 1.									
Hours per Day:		f Da	sys:	# of Person		lourly Rate	e;		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	kIE.	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	Lau	TM, undry, age, etc.	Subtotal
(b)(7)(E)					\$0.00	\$0.00		\$0.00	1	(b)(7)(E)
TOTAL OTHER										
(b)(7)(E) Itemize Other e Parking (b)(7)(E)			Georgi	a						
(b)(7)(E)  Itemize Other e  Parking (b)(7)(E)  Notes:  DUT OF DISTRIC  Number of oper	CT rational pe		nel requested:		Number of a	dministrat	ive pe	rsonne	el reques	ted:
(b)(7)(E)  Itemize Other e  Parking (b)(7)(E)  Notes:  DUT OF DISTRIC  Number of oper  Total estimated  Note:	CT rational pe		nel requested:		Number of a	dministrat	ive pe	rsonne	el reques	ted:
(b)(7)(E)  Itemize Other e  Parking (b)(7)(E)  Notes:  DUT OF DISTRIC  Number of oper  Total estimated  Note:	CT rational pe i travel cos	s: (	nel requested: b)(7)(		Number of a	dministrat	ive pe	rsonne	el reques	ted:
(b)(7)(E)  Itemize Other e Parking (b)(7)(E)  Notes:  OUT OF DISTRIC  Number of ope Total estimated  Note:  DETAIL TOTAL  Note: The follow	rational pe d travel cos	s: (	nel requested: b)(7)(		Number of a	dministrat	ive pe	rsonne	el reques	ted:
(b)(7)(E)  Itemize Other e Parking (b)(7)(E)  Notes:  OUT OF DISTRIC  Number of ope Total estimated  Note:  DETAIL TOTAL  Note: The follow  Total Detail Esti	rational pe d travel cos wing fields imate:	nre 1	nel requested: b)(7)( required.	(b)(7)(E	Number of a	dministrat	ive pe	rsonne	el reques	ted:
(b)(7)(E)  Itemize Other e Parking (b)(7)(E)  Notes:  OUT OF DISTRIC  Number of ope Total estimated  Note:  DETAIL TOTAL  Note: The follow	rational pe id travel cos wing fields imate:	nre 1	nel requested: b)(7)(		Number of a	dministrat	ive pe	rsonne	el reques	ted:

	TARSHA	L.	r	United Vlarsha	d States Is Servi			No. of the last of	ARTE TO
U.S. De	partment of	f Justice		JSD F	Review		Juc	dicial Security	Event
NSTRUCTION: Use this form t		inding for ove	ertime tra	avel and dist	rict security o	officer stat	ffing		
Note: All boxe	s with a red								
b)(7)(E)	ımber:			(b)(7		ve Assess	ment Num	ber assigned:	
Requested By:			Tit	tle:	/(_/				
b)(6);	(USMS)			PO Inspector					
ircuit:			rict/Divisi	ion: ity Division					
Aission Name	: (ex. U.S. v.				Smith Protec	tive Respo	onse, 12th C	Circuit Judicial	Conference)
lustice Sotom			detail						
ocation of Ev New York	ent: (Street )	Address)			New York			Event	State:
lost District:					TOTAL TOTAL			141	
outhern Dist	rict of New Y	ork							
Detail Type:	de la construcción	leton							
Supreme Cour evel:	t Justice Ass	istance		T	Active/Retire	ed:			
C-CI.					Active				
of Protected I stimated Loc 50.00 NTICIPATED iravel Date:	Persons: # 9 al Lodging Ra	of Attendee 900 ate:	ss: Estimat \$0.00	# of Defence	dants:	# of Defe in Custod 0	ndants ly:	# of Witne in Custody occal Required	sses :
8/29/2019			-1 -51	2019		!	9/5/2019		
8/29/2019 Number of Da	ys/Weeks/N	Months: 8	5,25,		Specify: Day		9/5/2019		
Number of Da	JLE					5		Friday	Saturday
Number of Da		Months: 8			Specify: Day	5	9/5/2019 oursday	Friday	Saturday
8/29/2019 Number of Da DAILY SCHEDU Start Time: End Time:	JLE					5		Friday	Saturda

\$0.00 OUT OF DISTR	Full Day M&IE	# of Days 2  First a Last D (75% N x 2 day trip longer 1 da \$0.00	and L ays  //&IE ys, if is than	# 0					Total: \$0.00		
GUARDS Hours per Day D)(7)(E TRAVEL Number of Full M&IE Days (Do not include first and last days)  0 TOTAL OTHER \$0.00 DUT OF DISTR Are you reque	Full Day M&IE	First a Last D (75% N x 2 day trip longer 1 da	and L ays  //&IE ys, if is than	odging Tota (Include	(7)( I POV	ons: /Mileage	_		én on		
Hours per Day D)(7)(E TRAVEL Number of Full M&IE Days (Do not include first and last days)  0 TOTAL OTHER \$0.00 DUT OF DISTR Are you reque	Full Day M&IE	First a Last D (75% N x 2 day trip longer	and L ays  //&IE ys, if is than	odging Tota (Include	(7)( I POV	/Mileage	_		\$0.00		
D)(7)(E TRAVEL Number of Full M&IE Days (Do not include first and last days)  0 TOTAL OTHER \$0.00 DUT OF DISTR Are you reque	Full Day M&IE	First a Last D (75% N x 2 day trip longer	and L ays  //&IE ys, if is than	odging Tota (Include	(7)( I POV	/Mileage	_	Date:	-	ratal.	
Number of Full M&IE Days (Do not include first and last days)  TOTAL OTHER \$0.00  DUT OF DISTR	<b>M&amp;IE</b> \$0.00	First a Last D (75% N x 2 day trip longer 1 da	Pays M&IE ys, if is than	odging Tota (Include	I POV		(0)(1			otal: b)(7)(E)	
Number of Full M&IE Days (Do not include first and last days)  0  TOTAL OTHER \$0.00  DUT OF DISTR	<b>M&amp;IE</b> \$0.00	Last D (75% N x 2 day trip longer 1 day	Pays M&IE ys, if is than	(Include				)(L)		5/(1/(2/	
\$0.00 OUT OF DISTR							Airfare Total	ATM, Laun Baggage,		Subtotal	
\$0.00 DUT OF DISTR Are you reque	R		1 5	0.00	\$0.0	0	\$0.00	\$0.00		\$0.00	
OUT OF DISTR											
Are you reque											
Are you reque	RICT										
	esting out	of district	t assist	ance? Yes							
Number of or	perational	personne	el requ	ested (b)(7	)(	Numbe	r of admini:	strative perso	onnel i	requested: 0	
Total estimat	ed travel o	osts(b)(	(7)(E)								
REPORTING II						1					
Dana di - 5	8/29/	2019				Reporti	ng Time(b)	(7)(			
Reporting Dat Address:	te:					City:	- 1	State	e:		
						CAY.		Jan	-1		
Special Equip	ment Requ	ired for	Report	ing Personn	el:						
none											
Special Skills	Requested	:									
(b)(7)(E) Special Instru	ections for	Reportie	g Poss	nnel·							
(b)(7)(E)		portin	8 re150								
NTELLIGENCE	-/INVESTIG	ATION									
	e of Protec	tive Intel	lligence	been notifi	ed? N	0					
Has the Office Explanation: NOTES TO OPI					ed? N	0					
Explanation:		SUPPOR	T BRAN	сн	ed? N		Y)		8	/29 – 9/05	
Explanation:	ERATIONS	SUPPOR	T BRAN	сн	(M/I	(N/N	Y)		8 60 - 9 60 - 9		

Name:		EPUII	IN-CHARGE, IN	SPECTOR IN-CH	IARGE			
	_				rational Title:			
0)(6);					) Inspector			
office Phone: b)(6);				Cell (b)(	Phone:			
5)(0),	_			(1)	0),			
DOCUMENTAT								
			tachments belo yor Just Ask-bo		IVC ndf			
rait_Ops riair.	Justice 3	otoma	YOI_JUST MSK-DO	IOK (001-2015-)	rc.pui			
OPO REVIEW								
NTICIPATED T	OTAL DI	JRATIO						
ravel Date: 8/29/2019				il Start Date:		9/5/201		
	- 7 da sa			29/2019		9/5/201	.9	
lumber of Day		s/Mont	ths: <sup>B</sup>		Specify: Days			
AILT SCHEDUI	Sun	dav	Monday	Tuesday	Wednesda	y Thursday	Friday	Saturday
Start Time:			(b)(7)(E)	1				
End Time:				Ī				
	5-		1	-15		-1	-11	-11
Vill this detail	include f	funding	g for Saturdays	, Sundays, and,	or Holidays? Y	25		
N DISTRICT								
	ding for	in dist	rict resources?	Yes				
Overtime Hour		4.50	# of Days:		# of 1811:		Total:	
0)(7)(			1		(b)(7)(		(b)(7)(E)	
Overtime Hour	rs/Day:		# of Days:		# of 082:		Total:	
0			0		0		\$0.00	
SUARDS Hours per Day:		# of D	aue.	# of Person	e. U.	ourly Rate:	Total:	
0)(7)(E)		2	dys:	(b)(7)(		)(7)(E)	(b)(7)(E	=)]
TRAVEL		-		(-)(. )(	<u> </u>	/\tau /\tau=/	(-)(-)(-	
Number of Full M&IE Days (Do not include first	Full Day	M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
and last days)			day)					
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	\$0.00							
O TOTAL OTHER	\$0.00	1						
O FOTAL OTHER \$0.00	\$0.00							
O FOTAL OTHER \$0.00 Notes:								
o TOTAL OTHER \$0.00 Notes:	ст	person	nel requested	(b)(7)(E)	Number of ad	ministrative pe	rsonnel request	red: 0
O TOTAL OTHER \$0.00 Notes:	CT erational		nnel requested	(b)(7)(E)	Number of ad	ministrative pe	rsonnel request	red: 0
O TOTAL OTHER \$0.00 Notes:	CT erational			(b)(7)(E)	Number of ad	ministrative pe	rsonnel request	ted: 0
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>\$25K - \$50K Assistant Chief: (b)(7)(F) 2019-08-28 >\$50K - \$75K Chief: Name will autopopulate >\$75K - \$100K Deputy Assistant Director: Name will autopopulate >\$100K Assistant Director: Name will autopopulate	< or = \$25K	Senior Inspector:	(b)(6);	2019-08-28
>\$75K - \$100K Deputy Assistant Director: Name will autopopulate >\$100K Assistant Director: Name will autopopulate	>\$25K - \$50K	Assistant Chief:	(b)(7)(C), (b)(7)(F)	2019-08-28
>\$100K Assistant Director: Name will autopopulate	>\$50K - \$75K	Chief:	Name will autopopulate	
	>\$75K - \$100K	Deputy Assistant Director:	Name will autopopulate	
	>\$100K	Assistant Director:	Name will autopopulate	
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NSTRUCTIONS: Use this form to Note: All boxes w Submission Num b)(7)(E) Requested By: 0)(6); (US Circuit: 99 Mission Name: ( SCI Sotomayor Location of Even 7900 NE 82nd A Host District: District of Orego	Dispersion of the state of the	Tict/Divis	Ente (b)( itle: DPO Inspecto sion: Inity Division	r the Protect 7)(E)	tive Ass	staffing, sessment Nu		al Security	
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	ersons: # of Attende	es:	# of Defer	ndants:	in Cus	efendants stody:	_	of Witner	
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9/5/2019		9/6/2	2019			9/9/2019			
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tart Time: (b)(		nday	Tuesday	Wednes		Thursday )(7)(E)	_	Friday	Saturday
End Time:	, <u>, , ,                              </u>			1	(0	)(*)( <u>-</u> )			
Vill this detail in	nclude funding for Sa	turdays, S	undays, and,	or Holidays?	Yes				
N DISTRICT	ling for in district res		os.						

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(b)(7)( Overtime Hours/Day:	# of Da	we.		t of 082:	<u> </u>	b)(7)(E) otal:	
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b)(7)(E)			\$0.00	\$0.00	\$0.00	(b)(7)(E)	
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OUT OF DISTRICT							
Are you requesting out	of district ass	istance? Yes					
Number of operational	personnel re	quested:(b)(7	N	umber of admini	strative perso	nnel requested	0
Total estimated travel	rosts: (b)(7)	(E)					
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Special Equipment Req	uired for Ren	orting Personnel			100		
(b)(7)(E)							
Special Skills Requester	d:						
(b)(6); (b)(7)(C); (b	)(7)(F)						
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			rict resources?					
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(b)(7)	,,.		5		(b)(7)(E		(b)(7)(E)	
Overtime Hou	rr/Day		# of Days:		# of 082:		Total:	
0	is/Day.		0		0		\$0.00	
GUARDS							40.00	
Hours per Day		# of D	ave.	# of Person	s. Ho	ourly Rate:	Total:	
(b)(7)(E)	_	2	.,	(b)(7)(E		o)(7)(E	(b)(7)	(E)
TRAVEL					7 (			
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.	Subtota
(b)(7)(E)					\$0.00	\$0.00	\$0.00	(b)(7)(E
TOTAL OTHER								1
\$0.00								
Notes:		-1						
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U.S. D	epartment	of Justic	:e		JSD A	pprov	ed		Judici	ial Securit	y Event
INSTRUCTION Use this form Note: All box	NS: to request	funding	for ove					er staffing,			
Submission N		u an	erequir	eu.	Ent	er the Pr	otective A	Assessment N	lumbe	r assigned	lt .
b)(7)(E)					(b)	(7)(E)					
Requested B	y: (USMS)			Tit	le: O Inspecto	-					
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Mission Nam SCJ Sotomay					ance, USDC	J Smith I	Protective	Response, 12	th Circ	uit Judicio	al Conference
Location of E				t tour		Event	lity:	1		Ever	nt State:
lost District:	:										
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evel:						Active	Retired:				
Description o						Active					
								n Sept 8-11, no Theater i			
of Protecte	d Darrone	# of A++			# of Defe	dante		f Defendants		# of Witn	
1	u Persons:	650	enuees	•	0	iuants:	0	.ustouy:		0	ıy.
Estimated Lo	cal Lodging	Rate:			ed Local Pe	r Diem R	ate:		d Loca	l Require	d Misc:
b)(7)(E)				(b)(7)(	E)			\$0.00			
NTICIPATED	TOTAL DU	RATION	OF EVE	NT							
ravel Date:					tart Date:			Detail Er		e:	
9/6/2019				9/7/20	19			9/12/2	019		
lumber of D		/Month	s: 7			Specify	Days				
DAILY SCHED			Mand		Tuesday	14/-	dnesday	Thursday		Falalan	Catuada
Start Time	Sunday (7)(F)	_	Mond	ay	Tuesday	we	unesday	Thursday		Friday	Saturda (b)(7)(E
End Time:	·/( · /(=/								+		
						1					
Will this deta	ail include f	unding f	or Satu	rdays, Su	ndays, and	or Holic	ays? Yes				
N DISTRICT Requesting F	unding for	in distric	t resou	rces? Yes							
Overtime Ho			of Days			# of 18	1:		Total:		
									\$0.00		
b)(7)(E)	ours/Day:	1	of Days	:		# of 082 (b)(7)(	-		Total: (b)(7	)(E)	
GUARDS											
Hours per Da	ay:	# of Day	51		# of Person	5‡		ly Rate:		Total:	
b)(7)(E) TRAVEL		4			b)(7)(		(b)(7		_	(b)(7)(E	
Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First Last I (75% N x 2 da trip longer 1 da	Days M&IE ys, if is than	odging To (Include taxes)		fileage tal	Airfare Total	ATM, Lau Baggage,		Su	btotal
b)(7)(E)					\$0.00	(1	)(7)(E)				
TOTAL OTHE	R										
\$0.00											

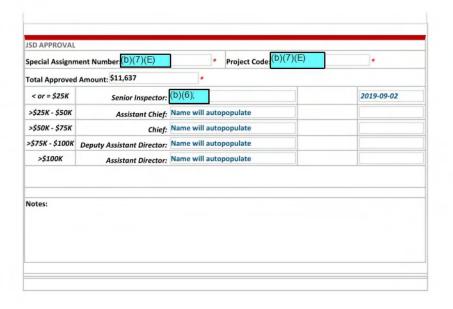
OUT OF DISTRIC	Т						
Are you request	ing out of di	strict assist	ance? Yes				
Number of ope	rational pers	onnel requ	ested (b)(7)(	Number of	administrative per	rsonnel requeste	<b>d</b> : 0
Total estimated			_				
REPORTING IN							
	9/6/2019			Reporting T	ime:		1
Reporting Date	1 3/0/2025						
Address:				City:	St	ate:	
Special Equipm (7)(E)	ent Required	for Report	ing Personnel:				
Special Skills Re b)(7)(E)	quested:						
Special Instruct	ions for Repo	orting Perso	nnel:				
b)(7)(E)							
INTELLIGENCE/I			threats associat				
(b)(7)(E)  Has the Office of Explanation:	f Protective	Intelligence	been notified?	Yes			
NOTES TO OPER	ATIONS SUP	PORT BRAN	ICH				
Continuation of b)(6); (b)(7)(	SCJ Book Tou	ır from Port	land, OR				
b)(6); (b)(7)(	C); (b)(7)(E	E); (b)(7)(F	-)				
DETAIL SUPERV	ISOR, DEPUT	Y IN-CHARG	E, INSPECTOR IN	N-CHARGE			
Name:				Operational Tit	le:		
b)(6);				OPO Inspector			
Office Phone:	_			Cell Phone:			
b)(6);				(b)(6);			
DOCUMENTATI District and Inte		ttachment	s helong here:				
			d ABQ 2019.doc	c			
OPO REVIEW							
ANTICIPATED TO	OTAL DURAT	ION OF EVE	NT				
Travel Date:			Detail Start Dat	te:		nd Date:	
9/6/2019			9/7/2019		9/12/	2019	
Number of Day	/Weeks/Mo	nths: 7		Specify:	ays		
DAILY SCHEDUL							
F4	Sunday	(b)(7)(F		lay Wedne	esday Thursda	y Friday	Saturday (b)(7)(E)
Start Time:		(b)(7)(E	-)				(b)(7)(E)
End Time:	b)(7)(E)						
					6		
Will this detail i	nclude fundi	ng for Satur	days, Sundays, a	and/or Holiday	s? Yes		
N DISTRICT							
Requesting Fun	ding for in di	strict resou	rces? Yes				
Overtime Hour	s/Day:	# of Days	:	# of 1811:		Total:	
						\$0.00	
	s/Day:	# of Days	:	# of 082:		Total:	
		1		(b)(7)(E)		(b)(7)(E)	
(b)(7)(E					,		
b)(7)(E GUARDS	n . *	Davis	lu - e =				
Overtime Hours (b)(7)(E) GUARDS Hours per Day:		Days:	# of Pe	_	Hourly Rate:	Total:	FI
(b)(7)(E GUARDS	# of	Days:	# of Pe (b)(7)(	_	(b)(7)(E)	(b)(7)(	E)

b)(7)(F) TOTAL OTHER \$0.00 Notes:  OUT OF DISTRICT Number of operational personnel requ 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	i Last 75% x 2 trip is han 1		
TOTAL OTHER  50.00  Notes:  OUT OF DISTRICT  Number of operational personnel requ  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);	,	\$0.00	(b)(7)(E)
Notes:  OUT OF DISTRICT  Number of operational personnel requ 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: (D)(6);			
OUT OF DISTRICT  Number of operational personnel requ 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: (D)(6);			
Number of operational personnel required.  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),			
DETAIL TOTAL  Note: The following fields are required.  Total Detail Estimate: \$12,386.50  Detail Status: Approved  Name: (D)(6);	ested (b)(7)(	Number of	f administrative personnel requested: 0
DETAIL TOTAL  Note: The following fields are required.  Total Detail Estimate: \$12,386.50  Detail Status: Approved  Name: (D)(6);			
Detail Status: Approved  Name: (D)(6);  OPO COMPLETION			
Name: (b)(6);  OPO COMPLETION			
OPO COMPLETION			
Final Approved Amount: \$19,830.00		Is the AAR	attached?

	ED ST	Ales.				ed State als Serv			Solette Solette	THE REAL PROPERTY.
U.S. Dep	artment	of Justice			JSD	Review		Ju	dicial S	ecurity Event
INSTRUCTIONS: Use this form to Note: All boxes	request	funding for			el, and di	strict security	officer			
Submission Nun		u are re	quireu.		Ent	er the Protec	tive Ass	essment Num	ber ass	signed:
b)(7)(E)					(b)	(7)(E)				
Requested By:	lu ere	• • • •		Title	i: ) Inspecto					
0)(6); Circuit:	(USN		District/			H				
9					y Division					
Mission Name: SJC Sotomayor						I Smith Prote	ective Re	esponse, 12th	Circuit J	ludicial Conference)
ocation of Ever		et Address)				Event City:				Event State:
500 Olympic Blv	/d					Santa Mor	nica			CA
lost District: Central District	of Califo	rnia								
Detail Type:	or camo	11110								
Supreme Court	Justice A	ssistance								
evel:						Active/Ret	ired:			
escription of E						Active				
)(7)(E)					and d	lepart on \$		nber 6 (b)(7)		This event is a
of Protected P	ersons:		dees:		# of Defe	ndants:	in Cus		in C	custody:
1		1,250	I.	41	0		0	m.at + 7.	0	
stimated Local	Lodging	Rate:		timate (7)(E	_	r Diem Rate:		So.00	ocal Re	quired Misc:
								1000		
			<u> </u>	/ / //	-					
b)(7)(E)	DTAL DU	RATION OF			7)					
NTICIPATED TO	DTAL DU	RATION OF	EVENT	etail Sta	rt Date:			Detail End D	ate:	
b)(7)(E)  ANTICIPATED TO	DTAL DU	RATION OF	EVENT		rt Date:			Detail End D 9/7/2019	Pate:	
ANTICIPATED TO Fravel Date: 9/3/2019	s/Weeks		EVENT	etail Sta	rt Date:	Specify: Da	ays		ate:	
ANTICIPATED TO Fravel Date: 9/3/2019 Number of Days DAILY SCHEDUL	s/Weeks	/Months: 5	EVENT	etail Sta	art Date: 9 Tuesday	Specify: Da				iday Saturday
ANTICIPATED TO Fravel Date: 9/3/2019 Number of Days DAILY SCHEDUL	s/Weeks	/Months: 5	EVENT	etail Sta	art Date:			9/7/2019		day Saturday
ANTICIPATED TO Fravel Date: 9/3/2019 Number of Days DAILY SCHEDUL	s/Weeks	/Months: 5	EVENT	etail Sta	art Date: 9 Tuesday			9/7/2019		day Saturda
D)(7)(E) ANTICIPATED TO Fravel Date: 9/3/2019 Number of Days DAILY SCHEDUL Start Time: End Time: Will this detail in	s/Weeks E Sunday	/Months:	Description	etail Sta 9/4/201 (b)(	Tuesday 7)(E)	Wedne	sday	9/7/2019		day Saturday
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D)(7)(E) ANTICIPATED TO Travel Date: 9/3/2019 Number of Days DAILY SCHEDUL Start Time: End Time: Will this detail in	s/Weeks E Sunday nclude fi	/Months: M	EVENT De S	(b)(	Tuesday 7)(E)	Wedne	sday	9/7/2019		day Saturday
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D)(7)(E) ANTICIPATED TO Fravel Date: 9/3/2019 Alumber of Days DAILY SCHEDUL Start Time: End Time: Will this detail in	s/Weeks E Sunday nclude fi	/Months: M	EVENT De S	(b)(	Tuesday 7)(E)	Wedne	sday	9/7/2019		day Saturday
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D)(7)(E) ANTICIPATED TO Fravel Date: 9/3/2019 Alumber of Days DAILY SCHEDUL Start Time: End Time: Will this detail in	s/Weeks E Sunday nclude fi	/Months: M	EVENT De S	(b)(	Tuesday 7)(E)	Wedne	sday	9/7/2019		day Saturday
D)(7)(E) ANTICIPATED TO Fravel Date: 9/3/2019 Alumber of Days DAILY SCHEDUL Start Time: End Time: Will this detail in	s/Weeks E Sunday nclude fi	/Months: M	EVENT De S	(b)(	Tuesday 7)(E)	Wedne	sday	9/7/2019		day Saturday
D)(7)(E) ANTICIPATED TO Fravel Date: 9/3/2019 Alumber of Days DAILY SCHEDUL Start Time: End Time: Will this detail in	s/Weeks E Sunday nclude fi	/Months: M	EVENT De S	(b)(	Tuesday 7)(E)	Wedne	sday	9/7/2019		day Saturday
D)(7)(E) ANTICIPATED TO Fravel Date: 9/3/2019 Alumber of Days DAILY SCHEDUL Start Time: End Time: Will this detail in	s/Weeks E Sunday nclude fi	/Months: M	EVENT De S	(b)(	Tuesday 7)(E)	Wedne	sday	9/7/2019		iday Saturday
D)(7)(E) ANTICIPATED TO Fravel Date: 9/3/2019 Alumber of Days DAILY SCHEDUL Start Time: End Time: Will this detail in	s/Weeks E Sunday nclude fi	/Months: M	EVENT De S	(b)(	Tuesday 7)(E)	Wedne	sday	9/7/2019		iday Saturday
D)(7)(E) ANTICIPATED TO Fravel Date: 9/3/2019 Number of Days DAILY SCHEDUL Start Time: End Time: Will this detail in	s/Weeks E Sunday nclude fi	/Months: M	EVENT De S	(b)(	Tuesday 7)(E)	Wedne	sday	9/7/2019		iday Saturday
ANTICIPATED TO Fravel Date: 9/3/2019 Number of Days DAILY SCHEDUL	s/Weeks E Sunday nclude fi	/Months: M	EVENT De S	(b)(	Tuesday 7)(E)	Wedne	sday	9/7/2019		iday Saturday
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D)(7)(E)  INTICIPATED TO  ravel Date: 9/3/2019  Illumber of Days  PAILY SCHEDUL  Start Time: End Time: Vill this detail in	s/Weeks E Sunday nclude fi	/Months: M	EVENT De S	(b)(	Tuesday 7)(E)	Wedne	sday	9/7/2019		iday Saturday
D)(7)(E) ANTICIPATED TO Fravel Date: 9/3/2019 Alumber of Days DAILY SCHEDUL Start Time: End Time: Will this detail in	s/Weeks E Sunday nclude fi	/Months: M	EVENT De S	(b)(	Tuesday 7)(E)	Wedne	sday	9/7/2019		iday Saturday

Overtime Ho	urs/Day:	#	of Day	75:	# of 18	_	Tot (b)	al: (7)(E)	
Overtime Ho	urs/Day:		of Day	rs:	# of 0		Tot		
(b)(7)		1			(b)(7	)	(b)	7)(E)	
GUARDS									
Hours per Da		# of Day	5:		Persons: (7)(E	Hourly		Total:	_
(b)(7		4		(0)	( / )(L	(b)(7	)(E	(b)(7)(E)	
Number of	Full Day	First	and	Lodging Total	POV/Mileage	Airfare	ATM, Laundry	, Subtotal	-
Full M&IE	M&IE	Last [	Days	(Include	Total	Total	Baggage, etc		
Days (Do not include		(75% I x 2 da		taxes)					
first and		trip							
last days)		longer 1 da							
(b)(7)(E)		1 44	241		\$0.00	(b)(7)(E)	_		
TOTAL OTHE	R				¥ 0.110	(-/(-/(-/			_
(b)(7)(E)									
Itemize Othe	r expenses:	:							
OUT OF DIST									
Are you requ									_
				uested(b)(7)	Numbe	r of adminis	trative personn	el requested:	
Total estima	ted travel c	osts:(b	)(7)(E						
REPORTING	INFORMAT	ION					(AVE)		
Reporting Da	9/4/2	019			Report	ing Time:(b)	(/)(E		
Address:					City:		State:		
(b)(7)(E)							CA		_
Special Equip None	oment Requ	uired for	Repo	rting Personne	el;				
	Daminatad								-
Special Skills None	nequested								
Special Instru	uctions for	Reportir	ng Pers	sonnel:					
None									
INTELLIGENC									
	ef narrative	e describ	ing an	y threats asso	ciated with th	e event:			
(b)(7)(F)									
Has the Offic	e of Protec	tive Inte	lligeno	e been notifie	ed? Yes				
Explanation:	_								
(b)(7)(E)									
NOTES TO OF	PERATIONS	5UPPOF	RT BRA	NCH					
9/5-6/2019	9 SCJ Sc	oto-Ma	yor a	t CA/C-Sai	nta Monica.				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,						
(b)(7)(E)									

December of Days/Weeks/Months:   Detail Start Date:   Spring   S	DETAIL SUPERVI Name:				.,ar L		erational Title:			
DOCUMENTATION  Intrict and lited document attachments belong here:  300 SISS SMM 14 CSaria Monica Special Instructions and Ops Plan.docx  Sotomayor visit to N-EA.docx  PO REVIEW  INTICIPATED TOTAL DURATION OF EVENT  ravel Date:  9/4/2019  9/4/2019  9/4/2019  Specify: Days  Intribute of Days/Meeks/Months: 5  Specify: Days  Intribute of	b)(6); (b)(7)(	C);				OP	O Inspector			
DOCUMENTATION  istrict and Intel document attachments belong here: 909 SICSSM at CAC Santa Monica Special Instructions and Ops Plan.docx  Storomayor visit to N-CA.docx  PPO REVIEW  INTICIPATED TOTAL DURATION OF EVENT  ravel Date:    Detail End Date:   9/3/2019   9/7/2019   9/7/2019	Office Phone:									
Static and Intel document attachments belong here:  900 SICSM AC ACOX SAINE Monica Special Instructions and Ope Plandocx  1 Stormayor visit to N-CA doox  1 St	))(6),	_				(b)	(6);			
Static and Intel document attachments belong here:  900 SICSM AC ACOX SAINE Monica Special Instructions and Ope Plandocx  1 Stormayor visit to N-CA doox  1 St										
Static and Intel document attachments belong here:  900 SICSM AC ACOX SAINE Monica Special Instructions and Ope Plandocx  1 Stormayor visit to N-CA doox  1 St										
Stormayor visit to N-CA doox  STORMAYOR VISIT OF DEVENT  Foreign Date:  9/3/2019  9/4/						•				
INTICIPATED TOTAL DURATION OF EVENT ravel Date: 9/3/2019 9/4/2019 9/4/2019 9/7/2019 Specify: Days  Mumber of Days/Weeks/Months: 5 Specify: Days  Monday Tuesday Wednesday Thursday Friday Saturday Start Time: D)(7)(E) End Time: D)(7)(E) D)(7)							Ops Plan.docx			
INTICIPATED TOTAL DURATION OF EVENT Travel Date: 9/3/2019 9/4/2019 9/201	R Sotomayor vis	it to N-0	A.doc	X						
Travel Date: 9/3/2019 9/4/2019 9/7/2019	PO REVIEW									
Travel Date: 9/3/2019 9/4/2019 9/7/2019										
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Number of Days/Weeks/Months: 5  Specify: Days  MAILY SCHEDULE  Sunday Monday Tuesday Wednesday Thursday Friday Saturday  Start Time: (b)(7)(E) (b)(7)(E)  End Time: (b)(7)(E) (b)(7)(E)  Sunday Monday Tuesday Wednesday Thursday Friday Saturday  Start Time: (b)(7)(E) (b)(7)(E)  End Time: (b)(7)(E) (b)(7)(E)  Sunday Sundays, and/or Holidays? Yes  N DISTRICT  equesting Funding for in district resources? Yes  District (b)(7)(E) (b)(7)(E) (b)(7)(E)  District (c)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	ravel Date:			-						
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time:					9/4/20	)19	a se Dave		119	
Start Time: (D)(7)(E) (D)(			/Mon	ths: 5			Specify: Days	•		
End Time  Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes  DISTRICT  Exequesting Funding for in district resources? Yes  District  Distr	ALL SCHEDOL		day	Mond	lay	Tuesday	Wednesd	ay Thursday	y Friday	Saturday
Vill this detail include funding for Saturdays, Sundays, and/or Holidays?   Ves	Start Time:			(b)(7)(E	) (t	)(7)(E)				
A DISTRICT  Requesting Funding for in district resources? Yes  District Hours/Day: # of Days: # of 1811:	End Time:									
A DISTRICT  Lequesting Funding for in district resources? Yes  District Hours/Day: # of Days: # of 1811:										
Requesting Funding for in district resources? Yes    Description Hours/Day:	Vill this detail i	nclude f	unding	for Satur	days, Su	ndays, and	or Holidays?	/es		
District Hours/Day: # of Days: # of Days: # of 1811: District Dist	N DISTRICT									
Divertime Hours/Day:   # of Days:   # of 082:   Total:			in dist	1		\$				
Distribution Hours/Day: # of Days: # of Objection Hours/Day: # of Days: # of Objection Hours/Day: # of Days: # of Objection Hours/Day: # of Days: # of Persons: Hourly Rate: Total: Distribution Hours property		/Day:								
BURDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total:  ## of Persons: Hourly Rate: Total: Total:  ## of Persons: Total: Total: Total:  ## of Persons: Total: Tota		/Day								
Hours per Day: # of Days: # of Persons: Hourly Rate: Total:   Di(7)(E)	b)(7)(E)	, Day.								
Color   Colo	GUARDS						1 21 21 2			
Number of Full Day M&IE First and Last Days (75% Days (7	Hours per Day:			ays;						
Number of Full Day M&IE Days (75% M&IE vaxes) Days (Do not include first and last longer than 1 day)  Day (Do not include first ind last days)  Days (To not include first ind last days)  So.00  Di(7)(E)  Di	14 11		4			(b)(7)(E	(1	o)(7)(E)	(b)(7)(E	)
Full M&IE Days (75% (Include Total Days (75% M&IE x 2 taxes) and last days) and l	RAVEL Number of	ull Day	MOIE	First and	Last La	daina Tota	DOV/Mileage	Airfore Total	ATM	Subtotal
include first and last days)  (b)(7)(E)  So.oo  (b)(7)(E)  So.oo  (c)(7)(E)  So.oo  (day)  So.oo  (d		un Day	IVIOLIE	Days (7	5%	(Include		Alliare Iotal		Subtotal
Indid last days)  Ionger than 1 day)  Ionger t	Days (Do not include first					taxes)			Baggage, etc.	
SOUTO (F) (E) SOUTO (B) (D) (7) (E) SOUTO (B) (D) (7) (E) SOUTO (F) (F) SOUTO (F) (F) SOUTO (F) SO	and last days)			longer th	an 1					
TOTAL OTHER  D)(7)(E)  Itemize Other expenses:  isee calculations in Special Instructions to OSB  Idea:  DUT OF DISTRICT  Itumber of operational personnel requested  D)(7)(E)  Instructions to OSB  Number of administrative personnel requested:  D)(7)(E)  Instructions to OSB  Number of administrative personnel requested:  D)(7)(E)  Instructions in Special Instructions to OSB  Number of administrative personnel requested:  D)(7)(E)  Instructions in Special Instructions to OSB  Number of administrative personnel requested:  D)(7)(E)  Instructions in Special Instructions to OSB  Number of administrative personnel requested:  D)(7)(E)  Instructions in Special Instructions to OSB  Number of administrative personnel requested:  D)(7)(E)  Instructions in Special Instructions to OSB  Number of administrative personnel requested:  D)(7)(E)  Instructions in Special Instructions to OSB  Number of administrative personnel requested:  D)(7)(E)  Instructions in Special Instructions to OSB  Number of administrative personnel requested:  D)(7)(E)  Instructions in Special Instructions to OSB  Number of administrative personnel requested:  D)(7)(E)  Instructions in Special Instructions to OSB  Number of administrative personnel requested:  D)(7)(E)  D)(7)(E)  D)(7)(E)  D)(7)(E)  D)(7)(E)  D)(7)(E)  D)(7)(E)  D)(7)(E)  D)(7)(E)  D)(8)(E)  D)(8)(	61/71/E1		_	day)			1¢0.00	(b)(7)(E)		
temize Other expenses: isee calculations in Special Instructions to OSB  lotes:  DUT OF DISTRICT  lumber of operational personnel requested  botal estimated travel costs  DUT OF DISTRICT  lumber of administrative personnel requested:  Number of administrative personnel requested:  lote:  DETAIL TOTAL  lote: The following fields are required.  Social Detail Estimate: \$21,103.00							\$0.00	(0)(1)(L)		
temize Other expenses: isee calculations in Special Instructions to OSB  lotes:  DUT OF DISTRICT   Number of administrative personnel requested   D)(7)   Number of administrative personnel requested:	0)(7)(E)		1							
Number of administrative personnel requested:  Number of administrative		xpenses	:							
Number of administrative personnel requested:    Dotal estimated travel costs   Dotal estimat	See calculations	in Spec	ial Inst	ructions to	OSB					
Number of administrative personnel requested:    Dotal estimated travel costs   Dotal estimat										
Number of administrative personnel requested:	Notes:									
Number of administrative personnel requested:										
Number of administrative personnel requested:										
Number of administrative personnel requested:	OUT OF DISTRIC	т								
otal estimated travel costs U)(1)(E)  DETAIL TOTAL  Solve: The following fields are required.  Solve Detail Estimate: \$21,103.00    Petail Status: Approved    App	Number of oper	ational	persor	nel reque	(b)	(7)	Number of a	dministrative pe	ersonnel requeste	ed:
DETAIL TOTAL  Lote: The following fields are required.  Lotal Detail Estimate: \$21,103.00 *  Lotal Status: Approved *  Lame (b)(6); *  Lotal Detail Status: Approved *	Total estimated	travel c	osts	)(7)(E						
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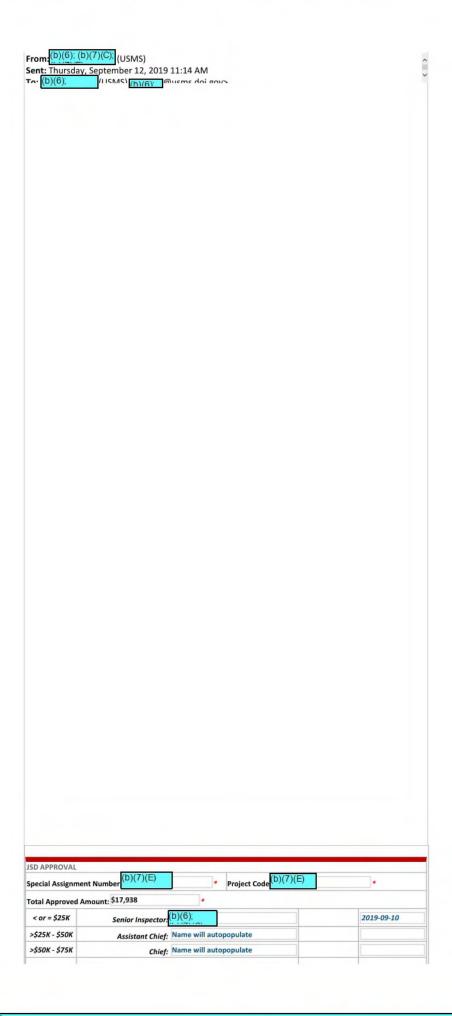
OUT OF DISTRIC							
Are you reques	ting out of dis	trict assistance?	Yes				
Number of ope	erational perso	nnel requested	(b)(7)(	Number of admi	nistrative per	rsonnel requested	b 0
Total estimate	d travel costs:	(b)(7)(E)					
REPORTING IN		1-11-11-1					
	9/10/2019			Reporting Time:	1600		1
Reporting Date	#						_
Address: 5900 N Glenw	nnd Ave			City: chicago	St	ate:	
L-care and a second		for Reporting Pe	ersonnel:	unicago			
(b)(7)(E)							
Special Skills R	equested:						
(b)(7)(E)							
Special Instruc	tions for Repo	rting Personnel:					
n/a							
INTELLIGENCE/							
		ribing any threa					
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(b)(7)(E)							
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Name: b)(6), (b)(7)(		IN-CHARGE, IN:	Ope	erational Title: D Inspector			
Name: (b)(6); (b)(7)( Office Phone:		IN-CHARGE, IN:	Ope OPC Cell	erational Title: D Inspector Phone:			
Name: (b)(6); (b)(7)( Office Phone:		IN-CHARGE, IN:	Ope	erational Title: D Inspector Phone:			
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OTAL OTHER						
(b)(7)(E)						
temize Other expenses: b)(6); (b)(7)(C); (b)	(7)(E): (b)(7)(E)					
5)(0), (5)(1)(0), (5)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
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U.S. Department	of Justice		JSD	Review		Ju	dicial Se	curity Event
NSTRUCTIONS: Jse this form to request Note: All boxes with a re			ravel, and dis	trict security	officer staf	ing.		
Submission Number:	u are requ	meu.	Ente	r the Protect	ive Assessi	nent Num	ber assi	gned:
)(7)(E)			(b)(	7)(E)				
equested By:			itle: OPO Inspector					
)(6); (USMS)	Dis	trict/Divis						
2			rity Division					
Aission Name: (ex. U.S.				I Smith Protei	ctive Respo	nse, 12th (	Circuit Ju	idicial Conference)
ustice Sotomayor prot		WHFI-2019	9					
ocation of Event: (Stree Seneca Falls	et Address)			Event City: Seneca Fall:	s			Event State:
ost District:				Jacob Com Com				
Northern District of Nev	v York							
Petail Type:	-1-4							
Supreme Court Justice A	ssistance			Active/Retir	rod:			
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being induction	at the 2019	women	s man or r	anic muuci	non e cen	amony (	V 111 1-	ZOTAL JUSTICE
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stimated Local Lodging )(7)(E)  INTICIPATED TOTAL DU ravel Date: 9/12/2019  Jumber of Days/Weeks	1,700 Rate:	Estima (b)(7)	oted Local Per )(E		in Custod	timated Lo	in Cu 0 ocal Req	istody:
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Statimated Local Lodging ()(7)(E)  ANTICIPATED TOTAL DU Fravel Date: 9/12/2019  Number of Days/Weeks DAILY SCHEDULE Sunday Start Time (b)(7)(E) End Time	1,700 Rate:  RATION OF E	Estima (b)(7) VENT Detail 9/12/	Start Date: //2019 Tuesday	Specify: Day Wedness	in Custod: 0  Es  \$50  De  9  This (b)(7)	timated Lo	in Cu 0 ocal Req	istody: uired Misc:
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Reporting Date:    State:   St				1		(b)(7	)(	(	b)(7)(E)	
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NUMBER OF A CONTROL OTHER  50.00  JULY OF DISTRICT  Ave you requesting out of district assistance? Tes  Number of operational personnel requested: DIGTY Number of administrative personnel requested: 0  Fotal estimated travel cost DIGTY Number of administrative personnel requested: 0  Reporting INFORMATION  Reporting Time DIGTY State:  Special Equipment Required for Reporting Personnel: 1  And 1  And 2  And 3  And 3  And 4  An	b)(7)(F)		-	uayı		\$0.00	\$0.00	\$0.00	(b)(7)(F)	
DUT OF DISTRICT  The your requesting out of district assistance? To see the property of operational personnel requested. DISTRICT  Number of administrative personnel requested. DISTRICT  Reporting Time DISTRICT	** ** *	R				<b>\$0.00</b>	90.00	90.00	(6)(1)(2)	
DUT OF DISTRICT  In you requesting out of district assistance? Total  Number of operational personnel requested. DITY.  Number of administrative personnel requested. DITY.  State:  Sepocial Equipment Required for Reporting Personnel:  (A)  Special Skills Requested: (B)  NUTELIGENCE/INVESTIGATION  Trovide a brief narrative describing any threats associated with the event:  (B)  NUTELIGENCE/INVESTIGATION  Total as the Office of Protective Intelligence been notified? No  Application.  NOTES TO OPERATIONS SUPPORT BRANCH  (B)  DITY.  DITY						1				
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Number of operational personnel requested:    Dital estimated travel cost   Dital			d die	ulas neeles	Vos					
For all estimated travel cost D)(7)(E)  REPORTING INFORMATION  Reporting Date:    9/12/2019   Reporting Time D)(7)						V				
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: 0)(7)(E) Special Instructions for Reporting Personnel: (7)(E) NTELLIGENCE/INVESTIGATION Trovide a brief narrative describing any threats associated with the event: (b)(7)(E)  Mas 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 (G)(B)(T)(C)(C)(G)(G)(G)(G)(G)(G)(G)(G)(G)(G)(G)(G)(G)					ested 1011/	Numb	er or adminis	strative perso	nnel requested:	
Reporting Date: 9/12/2019 Reporting Time D)(7)  Address: City: State:  Special Equipment Required for Reporting Personnel:  n/a  Special Skills Requested: 9)(7)(E)  Special Instructions for Reporting Personnel:  NOTES TO OPERATIONS SUPPORT BRANCH  D)(7)(E)  DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  JAMES (6): OPO Inspector  Cell Phone: (6): OPO Inspector  Cell Phone: (6): (b)(7)(C)  City: State:  City: State:  State:  State:  State:  City: State:  State:  State:  State:  City: State:  State: State: State: State: State: State: State: State: State: State				)(7)(E)						
Address:   City:   State:	REPORTING				_	1	(Per	V7V		
Special Equipment Required for Reporting Personnel:  n/a Special Skills Requested: b)(7)(E) Special Instructions for Reporting Personnel: 0/7/(E)  NTELLIGENCE/INVESTIGATION Provide a brief narrative describing any threats associated with the event: (b)(7)(E)  Has the Office of Protective Intelligence been notified?  Explanation:  NOTES TO OPERATIONS SUPPORT BRANCH  b)(7)(E)  DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Name: (a) (b) (c) (c) (b) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		ate: 9/12/	2019				ting Time			
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As the Office of Protective Intelligence been notified?  NOTES TO OPERATIONS SUPPORT BRANCH  (b)(7)(E)  DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Name: (6)(6)(6)(7)(C)  DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Operational Title: (6)(7)(C)  (6)(6)(7)(C)  OPIC INSPECTOR  Cell Phone: (6)(6)(7)(C)  (6)(6)	C									
Special Skills Requested: b)(7)(E)  Special Instructions for Reporting Personnel: D)(7)(E)  NTELLIGENCE/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: (c)(6) (d)(7)(C)  OPC Inspector  Coll Inspector  Coll (d)(6) (d)(6)		oment Requ	iired 1	or Kepor	ung Personne	ei;				
Special Instructions for Reporting Personnel:  (I)(7)(E)  NTELLIGENCE/INVESTIGATION  Provide a brief narrative describing any threats associated with the event:  (D)(7)(E)  Has the Office of Protective Intelligence been notified?  Explanation:  NOTES TO OPERATIONS SUPPORT BRANCH  (D)(7)(E)  DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Name:  (G):  (D):  (D)		Requested								
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NTELLIGENCE/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:  (06).  Operational Title:  OPERATIONS:  (C9) (D)(7)(C):  Cell Phone:  (60) (D)(7)(C):  (C9)(60)	Special Instru	uctions for	Repo	ting Pers	onnel:					
Provide a brief narrative describing any threats associated with the event:  (D)(7)(E)  Has the Office of Protective Intelligence been notified? No  Explanation:  NOTES TO OPERATIONS SUPPORT BRANCH  (D)(7)(E)  DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Name:  Operational Title:  OPERATIONS:  OPERATIONS (DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE)  OPERATIONS (DEPUTY IN-CHARGE)						1				
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:  OPERATIONS:  OPERATIONS (DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE)  OPERATIONS (DEPUTY IN-CHARGE)										
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Operational Title:   Operational Title:   OPO Inspector   Office Phone:   Cell Phone:   (b)(6);   OPO (b)(6);   OPO (c)(6);	Has the Office	ef narrative	descritive Ir	ribing any	e been notifié		he event:			
Operational Title:   Operational Title:   OPO Inspector   OPGice Phone:   Cell Phone:   (b)(6);   (b)(6);   OPG Inspector	Has the Office Explanation:	ef narrative	descritive Ir	ribing any	e been notifié		he event:			
(6); OPO Inspector  Office Phone: (6); (b)(7)(C); (b)(6);	Has the Office Explanation:	ef narrative	descritive Ir	ribing any	e been notifié		he event:			
(6) (b)(7)(C) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Has the Office the state of the	e of Protect	describe in	ntelligence	e been notifie	ed? No				
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DOCUMENTATION District and Intel document attachments belong here:	Has the Office Phone: (b)(7)(E)  DOCUMENTAL SUPERIOR (C): (C): (C): (C): (C): (C): (C): (C):	e of Protect  PERATIONS  RVISOR, DE  CO;	supp	ort Brai	e been notifie	OPE IN-CHARGI Operation OPO Insp Cell Phon (b)(6):	ector			
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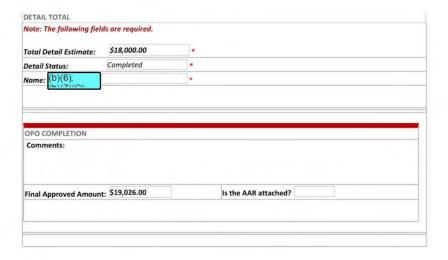
Travel Date:			Detai	l Start Date:		Detail Er	d Date:	
9/12/2019			9/12	2/2019		9/15/20	019	
Number of Day	/s/Weeks/M	onths: 4			Specify: Days			
DAILY SCHEDU	LE							
	Sunday	Mor	_	Tuesday	Wednesda		Friday	Saturday
Start Time:		(b)(7)	(E)			(b)(7)(E)		
End Time:	(b)(7)(E)							
Will this detail	include fund	ng for Satu	ırdays, S	Sundays, and/	or Holidays? Y	25		
N DISTRICT								
Requesting Fur	nding for in d	strict reso	urces?	Yes				
Overtime Hou	rs/Day:	# of Day	rs;		# of 1811:		Total:	
b)(7)		1			(b)(7		(b)(7)(E)	
Overtime Hou	rs/Day:	# of Day	rs:		# of 082:		Total:	
0		0			0		\$0.00	
GUARDS		_						
Hours per Day  (7)(E)		Days:		# of Person (b)(7)(E	_	ourly Rate:	Total:	1
TRAVEL	2			(D)(1)(L		0)(7)(	(b)(7)(E	1
Number of Full M&IE Days (Do not include first and last days)	Full Day M&	Days ( M&IE days, if longer t	75% x 2 trip is than 1	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
		day	y)					
(b)(7)(E)		day	y)		\$0.00	\$0.00	\$0.00	(b)(7)(E)
(b)(7)(E) TOTAL OTHER		day	y)		\$0.00	\$0.00	\$0.00	(b)(7)(E)
E 5.7 F.7 F.	erational pers	onnel requ		b)(7)(E)	1		\$0.00	
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>\$75K - \$100K	Deputy Assistant Director:	Name will autopopulate	
>\$100K	Assistant Director:	Name will autopopulate	
Notes:			

SHITE.	m co			ed State				
U.S. Depart	ment of Justice	e	ISD	Approved		Ju	dicial Security Ever	nt
NSTRUCTIONS: Use this form to re	quest funding f	or overtin	ne, travel, and		0.521.0	_1		
Note: All boxes wit		required.		nter the Prote	ctive Asse	ssment Num	ber assigned:	
b)(7)(E)				)(7)(E)				
Requested By:			Title:					
0)(6); (U:	SMS)	District	OPO Inspec	tor				
2			Security Division	n				
Mission Name: (ex				DCJ Smith Prot	ective Res	sponse, 12th (	Circuit Judicial Conj	ference,
ocation of Event:			dii	Event City	:		Event Stat	e:
New York City				New York			NY	
lost District:	E Nimo - U - 1							
Southern District o	n New York							
Supreme Court Ju:	stice Assistance							
evel:				Active/Ret	tired:			
escription of Eve				Active				
						efendants	# of Witnesses	
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Estimated Local Lo \$0.00 ANTICIPATED TOT. Fravel Date: 9/13/2019 Number of Days/V DAILY SCHEDULE	350 odging Rate:  AL DURATION (  Veeks/Months	Es Si DF EVENT De	o stimated Local I 0.00 etail Start Date 9/13/2019	Per Diem Rate	in Cust	Estimated Lo \$0.00 Detail End D 9/18/2019	in Custody:  0  ccal Required Misc  ate:	H
Number of Days/V DAILY SCHEDULE Si Start Time:	350 odging Rate:  AL DURATION of  Veeks/Months  unday  (E)	Es \$i DF EVENT De 5	etail Start Date 3/13/2019 Tuesda	Per Diem Rate : Specify:	in Cust 0	Estimated Lo \$0.00 Detail End D 9/18/2019	in Custody:  0  ccal Required Misc  ate:	H
Estimated Local Lo	350 odging Rate:  AL DURATION of  Veeks/Months  unday  (E)	Es \$i DF EVENT De 5	etail Start Date 3/13/2019 Tuesda	Per Diem Rate : Specify:	in Cust 0	Estimated Lo \$0.00 Detail End D 9/18/2019	in Custody:  0  ccal Required Misc  ate:	H
Estimated Local Lo	350 odging Rate:  AL DURATION of  Veeks/Months  unday  (E)	Es \$i DF EVENT De 5	etail Start Date 3/13/2019 Tuesda	Per Diem Rate : Specify:	in Cust 0	Estimated Lo \$0.00 Detail End D 9/18/2019	in Custody:  0  ccal Required Misc  ate:	H
Start Time  Will this detail incl  N DISTRICT  Requesting Fundir  Lestimated Local Loc  SOLO DATE DATE:  9/13/2019  Number of Days/V  DAILY SCHEDULE  SOLO DATE  SOLO	adding Rate:  AL DURATION (  Veeks/Months  unday (E)	Es Si	etail Start Date 9/13/2019  Tuesda	Per Diem Rate : Specify:	in Cust 0	Estimated Lo \$0.00 Detail End D 9/18/2019	in Custody:  0  ccal Required Misc  ate:	H
Estimated Local Lo	adding Rate:  AL DURATION of the second seco	Es Si	ottimated Local in 0.00  etail Start Date 9/13/2019  Tuesda ys, Sundays, an	Per Diem Rate : Specify:	in Cust 0	Estimated Lo \$0.00 Detail End D 9/18/2019	in Custody:  0  ccal Required Misc  ate:	H
Start Time  Will this detail incident of District  Requesting Funding  Lary Op District  Requesting Funding  Lary Op District  Requesting Funding  Lary Op District  Lary Op D	deling Rate:  AL DURATION (  Veeks/Months  unday  (E)	Es Si	ottimated Local in 0.00  etail Start Date 9/13/2019  Tuesda ys, Sundays, an	Per Diem Rate : Specify:  Wedne	ays  ays  Yes	Estimated Lo \$0.00  Detail End D  9/18/2019  Thursday	in Custody:  0  coal Required Miso  ate:  Friday  0)(7)(E)	H
Start Time Will this detail inc N DISTRICT Requesting Fundir OUT OF DISTRICT Are you requesting Number of operat	deging Rate:  AL DURATION of the second seco	DF EVENT Do S S Monday r Saturdat resource assistance	ottimated Local in 0.00  etail Start Date 9/13/2019  Tuesda ys, Sundays, an	Per Diem Rate : Specify:  Wedne	ays  ays  Yes	Estimated Lo \$0.00  Detail End D  9/18/2019  Thursday	in Custody:  0  ccal Required Misc  ate:	H
stimated Local Loc	Veeks/Months  Under funding for in district grout of district ground personner avel costs:	Es Si	ottimated Local in 0.00  etail Start Date 9/13/2019  Tuesda ys, Sundays, an	Per Diem Rate : Specify:  Wedne	ays  ays  Yes	Estimated Lo \$0.00  Detail End D  9/18/2019  Thursday	in Custody:  0  coal Required Miso  ate:  Friday  0)(7)(E)	H
Start Time Will this detail inc N DISTRICT Requesting Fundir OUT OF DISTRICT Are you requesting, Number of operat FORD IN TOP OF THE REPORTING INFO	Veeks/Months  Weeks/Months  Unday  Under funding for a district ground district ground personner avel costs:	DF EVENT Do S S Monday r Saturdat resource assistance	ottimated Local in 0.00  etail Start Date 9/13/2019  Tuesda ys, Sundays, an	Specify:  Wedne  Number of a	ays  ays  Yes	Detail End D 9/18/2019  Thursday	in Custody:  0  coal Required Miso  ate:  Friday  0)(7)(E)	H
Estimated Local Lo	Veeks/Months  Under funding for in district grout of district ground personner avel costs:	DF EVENT Do S S Monday r Saturdat resource assistance	ottimated Local in 0.00  etail Start Date 9/13/2019  Tuesda ys, Sundays, an	Specify:   Specify:   Wedne  Mumber of a	ays  ays  Yes	Detail End D 9/18/2019  Thursday	in Custody:  0  coal Required Miso  ate:  Friday  0)(7)(E)	H
Estimated Local Lo	Veeks/Months  Weeks/Months  Unday  Under funding for a district ground district ground personner avel costs:	DF EVENT Do S S Monday r Saturdat resource assistance	ottimated Local in 0.00  etail Start Date 9/13/2019  Tuesda ys, Sundays, an	Specify:  Wedne  Number of a	ays  ays  Yes	Detail End D 9/18/2019  Thursday	in Custody:  0  coal Required Miso  ate:  Friday  0)(7)(E)	H
Estimated Local Lo	Veeks/Months  Weeks/Months  Unday  Under funding for a district ground personner are averaged to the control of	Ess Si DF EVENT Do S S S S S S S S S S S S S S S S S S S	timated Local in 0.00  etail Start Date 2/13/2019  Tuesda  ys, Sundays, an etail Start Date 2/13/2019	Specify:   Specify:   Wedne  Mumber of a	ays  ays  Yes	Detail End D 9/18/2019  Thursday	in Custody:  0  coal Required Miso  ate:  Friday  0)(7)(E)	H
Start Time  Will this detail inc  NO DISTRICT  Requesting Fundir  OUT OF DISTRICT  Are you requesting, Number of operat  Foot and estimated tr  REPORTING INFO  REPORTING INFO  REPORTING DATE:	Veeks/Months  Weeks/Months  Unday  Under funding for a district ground personner are averaged to the control of	Ess Si DF EVENT Do S S S S S S S S S S S S S S S S S S S	timated Local in 0.00  etail Start Date 2/13/2019  Tuesda  ys, Sundays, an etail Start Date 2/13/2019	Specify:   Specify:   Wedne  Mumber of a	ays  ays  Yes	Detail End D 9/18/2019  Thursday	in Custody:  0  coal Required Miso  ate:  Friday  0)(7)(E)	H
stimated Local Loc	Veeks/Months  Weeks/Months  Unday  Under funding for in district gout of district ional personner avel costs:  Weeks/Months	Ess Si DF EVENT Do S S S S S S S S S S S S S S S S S S S	timated Local in 0.00  etail Start Date 2/13/2019  Tuesda  ys, Sundays, an etail Start Date 2/13/2019	Specify:   Specify:   Wedne  Mumber of a	ays  ays  Yes	Detail End D 9/18/2019  Thursday	in Custody:  0  coal Required Miso  ate:  Friday  0)(7)(E)	H

na					
NTELLIGENCE/INVESTIGATION					
rovide a brief narrative descri	bing any threats associa	ated with the ev	vent:		
(b)(7)(E)					
las the Office of Protective Int	elligence been notified	No			
xplanation:					
NOTES TO OPERATIONS SUPPO	RT BRANCH				
9/24-9/15:					
b)(7)(E)					
DETAIL SUPERVISOR, DEPUTY II Name:	N-CHARGE, INSPECTOR	Operational T	itle.		
)(6);		OPO Inspecto			
Office Phone:		Cell Phone:			
b)(6); (b)(7)(C); b)(7)(F)		(b)(6);			
		(b)(7)(C):	_		
DOCUMENTATION					
District and Intel document atta	achments belong here:				
draft_Ops Plan Justice Sotomay		ept-13_17-2019	-NYC.pdf		
OPO REVIEW					
OPO REVIEW					
ANTICIPATED TOTAL DURATION	N OF EVENT				
Travel Date:	Detail Start D	ate:	De	tail End Date:	
9/13/2019	9/13/2019		9	/18/2019	
Number of Days/Weeks/Monti	ns: 5	Specify:	Days		
DAILY SCHEDULE					
Sunday	Monday Tues	day Wedr	nesday Thi	ursday Frida	
	b)(7)(E)			(b)(7)(E)	
End Time: (b)(7)(E)					
			- 1/		
Will this detail include funding	tor Saturdays, Sundays,	and/or Holida	ys? res		
N DISTRICT					
Requesting Funding for in distr	ict resources? No				
Notes:					
OUT OF DISTRICT		- 1			
Number of operational person	nel requested:(b)(7)(E	Number	of administrat	ive personnel requ	ested: 0
Total estimated travel costs:	b)(7)(E)				
Note:					



### U.S. Department of Justice United States Marshals Service

# REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

**APPROVED** 

		SPECIA	AL ASSIGNMENT No.	(B)(7)(E)		
		Р	ROJECT CODE	(b)(7)(E)		
TO: Program Ma Operational	nager Division (JSD, ISD, PS	D, etc.): <b>JSD</b>				
FROM: (b)(6); (b)(7)(C); (b)(7)(F)						
United State	es Marshal, Chief Deput	y, or designee				
District:	Central District of Ca	alifornia				Circuit:09
1. Detail Name:	09/30 SCJ Sonia Sc	otomayor travel	6); (b)(7)(C)			
			Extraditions use Case et No., and Judge's Na			
2. Location of Detail: Host District: Overseas Travel?:	(b)(6); (b)(7)(C) Central District	A t of California		Circuit:09		
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: Detail Type: ESU / SOG: Case Type:	Court Security Protection Detail - Supreme Court Justic	res	
Brief Description of Detail: (Based upo submission of additional supportint do [SCJ Sotomayor will be traveli	ocumentation)	t level of an assignment, the Operational Division may re	quire the
5. No. of Defendants in custody:	Total No. of Defendants:	No. USMS In-Custody Witnesses:	
5. Reported Threats: (b)(7)(E)			
7. Has the Operational Plan been submitted	d? Yes		
8. Host/Trial District Information: No. of District DUSMs on Special Assign No. of In-District DUSMs committed to st	ment: taff this detai <sup>(b)(7)(E)</sup>		
9. Are you requesting Out-of-District Assist	tance? (check one) <b>Yes</b> 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)(E)

Scheduled Da	ys: MonFri.
--------------	-------------

	Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	Ō	X	0	=	\$0.00	х	0	х	0	=	\$0.00
n-District (082/1802)	0	x	0	-	\$0.00	х	0	х	0	=	\$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	Ó	х	0	=	\$0.00	х	0	х	0	=	\$0.00
Out-of-District	0	×	0	-	\$0.00	×	0	Y	0		\$0.00

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

Per Diem Estima	ate Computation:				Name and Allert		- 1 al 1 al 1 a a a a a		
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	X	0	=	\$0.00	X	0	=	\$0.00
A SECTION ASSESSMENT OF THE SECTION ASSESSME	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)

t-of-District Hourly Rate	Detail Hours	Subtotal	No. Guards	No. Days	TOTAL
Hourly Rate	Detail Hours	Subtotal	No. Guards	No. Days	TOTAL

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

Expense:	\$1,536.34	
Description:	S/TX 1,536.34	

Detail Supervisor:  Detail Supervisor Phone:  (b)(6); (b)(7)(C); (b)(7)(F)		
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)		
1		
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	
organization of the marchay of the polytry of the organization		
Approval for Out-of-District Assistance? (check one) Yes		
Type/Number of Personnel Required:	No. of DUSMs SDUSMs	Admin.
	(b)(7)(E)	

(hour)

Per Diem Rate: Hotel Name: Hotel Telephone:

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:
City/District Location:
Reporting Date/Time:

09/30/2019

(mm/dd/yyyy)

City/District Location: Reporting Date/Time:

17. Approval for overtime? (check one)
Scheduled Detail Hours (b)(7)(E)

Scheduled Deta	ail Hours:(b)(	7)(E)		Schedul	ed Days: MonFri.						
Overtime Estim	ate Computa Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No Dave		TOTAL
In-District (1811)	0	X	0	=	\$0.00	х	0	x	No. Days 0	=	\$0.00
In-District (082/1802)	0	х	0	=	\$0.00	x	0	x	0	=	\$0.00
	Hourly Rate	9	Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	Ó	х	0	=	\$0.00	х	0	х	0	=	\$0.00
Out-of-District (082/1802)	0	Х	0	=	\$0.00	Х	0	x	0	=	\$0.00

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

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

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

-District Hourly Rate 0	×	Detail Hours 0	=	\$0.00	x	No. Guards 0	х	No. Days	=	**TOTAL ***0.00
ut-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/DISAPPROVED BY: APPROVED (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, (D)(6): (D)(7)(C) CA" has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid <i>only</i> during the time-frame specified above.
	S/TX (b)(6): (b)(7)(C): (b)(7)(E):  No overtime funding approved (contingent upon receipt of funding from FSD)  (b)(7)(E) guard funding approved (contingent upon receipt of funding from FSD)
	Fiscal Year: <b>2019</b> 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: (Include the District #) Project Code: (Include the District #)
	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: COMMENTS:	DATE:
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:	DATE:

THIS ASSIGNMENT IS:	
APPROVED/DISAPPROVED BY:	
COMMENTS:	

DATE:

#### U.S. Department of Justice United States Marshals Service

### **APPROVED**

SPECIAL ASSIGNMENT No. PROJECT CODE

Circuit:10

TO:

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

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

United States Marshal, Chief Deputy, or designee

District: **District of Utah** Circuit:10

10/1/2019 SCJ Kennedy Protection Detail 1. Detail Name:

> (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 District of Utah Host District:

Overseas Travel?: No

3. Starting Date: Number of Days/Weeks: 10/01/2019 Ending Date: 10/03/2019 3

(mm/dd/yyyy) (mm/dd/yyyy)

REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

4. Description:				
Program Type: Detail Type: ESU / SOG: Case Type:	Court Security Protection Detail - Suprem	e Court Justices		
submission of additional supportint do [ The United States Supreme ( Anthony Kennedy. The Justice	cumentation) Court has requested the U e will be traveling to Salt L ith the investiture and of J	.S. Marshals Ser ake City, UT Oct udge Howard Nie	of an assignment, the Operational Division may revice to provide protection for Retired Assober 1-3, 2019. On Oct. 2, SCJ Kenned elson at the United States District Courthouse.	sociate Justice y will be
5. No. of Defendants in custody:	Total No. of Defenda	ants:	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 Assign No. of In-District DUSMs committed to st				
9. Are you requesting Out-of-District Assist	ance? (check one) <b>No</b> 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.

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

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

Per Diem Estima	te Computation:				Value of the second		-1.07 911 1 2 2		
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	X	0	=	\$0.00	X	0	=	\$0.00
10.000 10.000 00.000	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

Out-of-District								
Out-of-District	x 0	= \$0	0.00 x	0	х	0	=	\$0.0

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

Evnonco	62 EED 00
Expense:	\$2,569.00

Description: See block 15 for breakdown

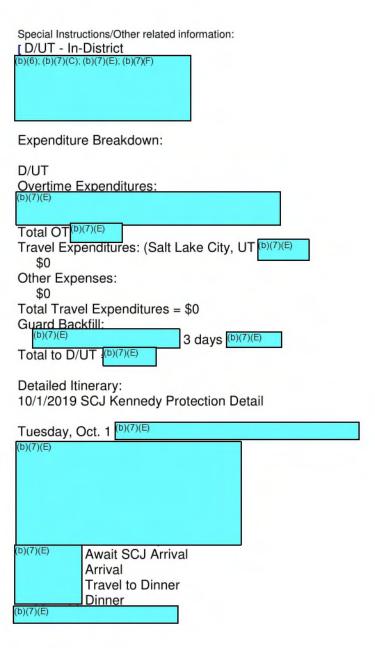
15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:
City/District Location:
Reporting Date/Time:
10/01/2019 (mm/dd/yyyy)

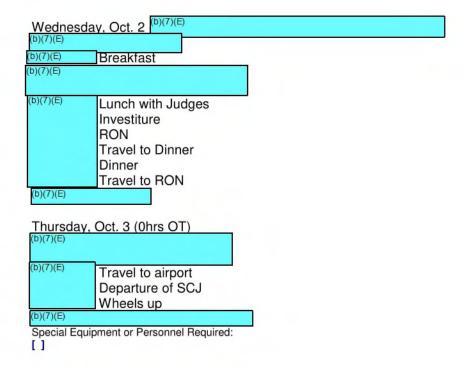
Detail Supervisor: Detail Supervisor Phone:

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

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

(hour)





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

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

O9/27/2019

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 Deta	ail Hours (b)(7	()(E)		Schedule	ed Days: MonFri.						
Overtime Estim	ate Computa		Detail OT hours		Subtotal		No. DUSMS		No Davo		TOTAL
In-District (1811)	0	x	0	=	\$0.00	x	0	X	No. Days 0	=	\$0.00
In-District (082/1802)	0	х	0	=	\$0.00	x	0	x	0	=	\$0.00
	Hourly Rat	e	Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	Ó	Х	0	=	\$0.00	х	0	х	0	=	\$0.00
Out-of-District (082/1802)	0	х	0	=	\$0.00	х	0	х	0	=	\$0.00

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

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

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

-District Hourly Rate 0	x	Detail Hours 0	=	Subtotal \$0.00	х	No. Guards 0	x	No. Days 0	=	TOTAL \$0.00
ut-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	х	0	=	\$0.00	Х	0	Х	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/DISAPPROVED BY: (b)(6); (b)(7)(C);

DATE: 09/27/2019

(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 pvertime 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:

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

Org Code 2:

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: COMMENTS:

DATE:

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

Ops Plan Supreme Court Justice AK SLC, UT.docx

### U.S. Department of Justice United States Marshals Service

(mm/dd/yyyy)

### REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

**APPROVED** 

		SPECIA	AL ASSIGNMENT No.	(b)(7)(E)		
		P	ROJECT CODE	(b)(7)(E)		
TO: Program Ma Operational  FROM: (b)(6); (b)(7)(C);	Division (JSD, ISD, PSD	, etc.): JSD				_
	es Marshal, Chief Deputy,	or designee	_			
District:	Southern District of O	hio				Circuit:06
1. Detail Name:	10/10/19 – 10/11/19 F Kennedy	Protective Mission	Supreme Court Justic	е		
			Extraditions use Case Net No., and Judge's Nam			
2. Location of Detail: Host District: Overseas Travel?:	Columbus Southern Distric No	t of Ohio		Circuit:06		
3 Starting Date:	10/09/2019	Ending Date:	10/12/2019	Number of Days/Weeks	4	

(mm/dd/yyyy)

4. Description:			
Program Type: Detail Type: ESU / SOG: Case Type:		Court Security Protection Detail - Supreme Court Justic	ces
submission of addit [ Associate US Circuit Court of P. Kinneary Fed luncheon from curricula for the	ional supportint doc Supreme Court Appeals Investi deral Courthous 2:15-1:45. Judo se events have as not been con	umentation) Justice Kennedy will be traveling to 0 tures of Judges Chad A. Readler and e in Columbus Ohio. Judge Murphy's ge Readler's ceremony will begin at 2 not been completed, and while the ti	Columbus, OH October 10-11, 2019 to attend the Sixth deferic E. Murphy on Friday October 11, 2019, at the Joseph secremony will begin at 11:00 a.m. followed by a light 2:00 p.m., followed by a reception from 3:30-5:00 p.m. The times are probable they are not absolute. The final itinerary see are October 10th and October 11th, 2019. This has been
5. No. of Defendants in c	ustody:	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

No. of In-District DUSMs committed to staff this detail

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.

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

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

Per Diem Estima	te 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)

nourly Rate		Detail Hours		Subtotal \$0.00		No. Guards		No. Days		\$0.00
ut-of-District Hourly Rate		Detail Hauma		Cultinate		No. Cuarda		No Deve		TOTAL
-District Hourly Rate <b>0</b>	х	Detail Hours 0	=	Subtotal \$0.00	x	No. Guards 0	×	No. Days 0	=	TOTAL \$0.00

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

_	
Expense:	\$10,361.00

Expense: Description: This mission is for guard reimbursement, overtime, and travel funds. 15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:
City/District Location:
Reporting Date/Time:

(mm/dd/yyyy)

Detail Supervisor: Detail Supervisor Phone:

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

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

(hour)

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:
Guard Backfill: Guard reimbursemen  Travel Expenditures: None for in district DUSM  [DITOTAL DITOTAL DITOTALI DITOTALI
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: (a)(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: MIE:	\$0 \$0
Other expenses Hotel Parking: Hotel Taxes:	\$0 \$0
Other expenses	s: \$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 Exper	nditures:
(0)(1)(2)	
Guard Backfill: Guard reimburs	emen <sup>(b)(7)(E)</sup>
Travel Expendit District DUSM	ures: b)(7)(E)
Loughig.	3nights = Total (b)(7)(E) $\phi(7)(E)$ 4days) = (b)(7)(E)
Other expenses Hotel Parking: Hotel Taxes:	
Other expenses: \$0	
Total to (b)(5); (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
Travel Expenditures:
                              3nights (b)(7)(E)
Lodging:
                    (b)(7)(E) (4days) = (b)(7)(E)
 MIE:
Other expenses:
Hotel Parking: $0
Hotel Taxes: (b)(7)(E) 3nights = Tota
 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:
 Guard Backfill:
 Guard reimbursement (b)(7)(E)
Travel Expenditures:
Lodging: (b)(7)(E)
                              3nights = Tota
 Lodging:
 MIE:
                    (b)(7)(E) 4days) (b)(7)(E)
 Other expenses:
Other expenses.

Hotel Parking: $0

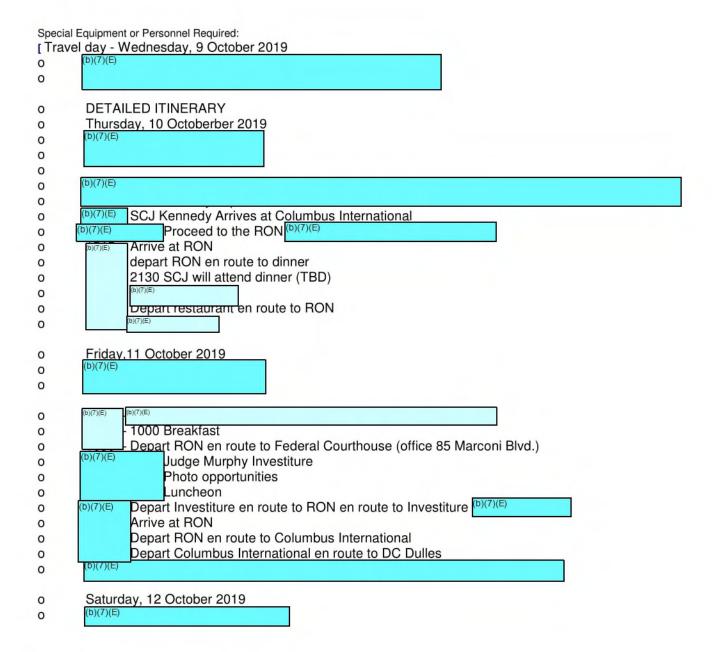
Listal Taxes: (b)(7)(E)

3nights = Tota(b)(7)(E)
```

Other expenses: \$0

Tolls: \$0
Total to (b)(6): (b)(7)(C): (b)(7)(E): (b)(7)(F)  Overall Total tq(b)(7)(E)
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)
Overtime Expenditures:
Guard Backfill: Guard reimbursemen (b)(7)(E)
Travel Expenditures: Lodging: $ \begin{array}{ll} \text{(b)(7)(E)} \\ \text{MIE:} \end{array} $ 3nights = Total $ \begin{array}{ll} \text{(b)(7)(E)} \\ \text{4days)} \end{array} $
Other expenses: Hotel Parking: \$0 Hotel Taxes: (b)(7)(E) 3nights = Total
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:
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 = Tota
Other expenses: \$0 Tolls: (b)(7)(E)
Total to (b)(7)(E)
DETAIL TOTAL - \$10,361]



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? (chock are) Yes
Scheduled Detail Hours

Scheduled Days: Sat. & Sun. incl.

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

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

Per Diem Estimat	e Computation:								
In-District	Daily Rate 0	×	No. of Days	=	Subtotal \$0.00	х	No. DUSMS	=	TOTAL \$0.00
Out-of-District	Daily Rate 0	x	No. of Days	-	Subtotal \$0.00	x	No. DUSMS	=	TOTAL \$0.00

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

In-District Hourly Rate 0	x	Detail Hours 0	=	Subtotal \$0.00	x	No. Guards	x	No. Days	=	TOTAL \$0.00
Out-of-District	_									
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	Х	0	=	\$0.00	Х	0	х	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/DISAPPROVED BY: APPROVED (b)(6); (b)(7)(C); (b)(7)(F)

DATE: 10/04/2019

)(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.

b)(7)(E)

overtime funding approved (contingent upon receipt of funding approved (contingent upon receipt of funding from FSD)

travel funding approved (contingent upon receipt of funding from FSD)

guard funding approved (contingent upon receipt of funding approved (contingent upon receipt of funding from FSD)

N/OH

(b)(7)(E)
overtime funding approved (contingent upon receipt of funding approved (contingent travel funding approved (contingent upon receipt of funding from FSD)

(b)(7)(E)
upon receipt of funding from FSD)
guard funding approved (contingent upon receipt of funding from FSD)
upon receipt of funding from FSD)

E/KY
(b)(7)(E)
overtime funding approved (contingent upon receipt of funding approved (contingent upon receipt of funding approved (contingent upon receipt of funding from FSD)

(b)(7)(E)
travel funding approved (contingent upon receipt of funding from FSD)

upon receipt of funding from FSD)

E/MI (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(E) (c)(7)(E) (

travel funding approved (contingent upon receipt of funding from FSD)

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: (l)(7)(E)

To charge your travel in E2, use JSD's codes:
Org Code 2: (b)(7)(E)
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: COMMENTS:	DATE:
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:	DATE:
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:	DATE:
Ken Ops Oct 10 2019 docy	

Ken Ops Oct 10 2019.docx

#### U.S. Department of Justice United States Marshals Service

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

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

No

10/26/2019

(mm/dd/yyyy)

Ending Date:

10/31/2019

(mm/dd/yyyy)

District:

1. Detail Name:

2. Location of Detail: Host District:

3. Starting Date:

Overseas Travel?:

### **APPROVED**

TO:

FROM:

SPECIAL ASSIGNMENT No. PROJECT CODE Program Manager Operational Division (JSD, ISD, PSD, etc.): **JSD** United States Marshal, Chief Deputy, or designee **Eastern District of California** Circuit:09 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) **Eastern District of California** Circuit:09 Number of Days/Weeks:

6 days

REQUEST FOR

SPECIAL ASSIGNMENTS RESOURCES

Description:							
Program Type: Detail Type: ESU / SOG: Case Type:	ail Type: Protection Detail - Supreme Court Justices U / SOG:						
submission of additional supportint of	oon the complexity, national importance, or threat l locumentation)	level of an assignment, the Operational Division may re	equire the				
(b)(6); (b)(7)(C); (b)(7)(E)							
No. of Defendants in custody:	Total No. of Defendants:	No. USMS In-Custody Witnesses:					
Reported Threats: (b)(7)(E)							
Has the Operational Plan been submitt	ed? Yes						
. Host/Trial District Information: No. of District DUSMs on Special Assig No. of In-District DUSMs committed to	nment <sup>(b)(7)(</sup> staff this detail: <sup>(b)(7)(E</sup>						
. Are you requesting Out-of-District Assi	stance? (check one) <b>Yes</b> No. of DUSMs SDUSMs (b)(7)(E		Admin.				
<b>0.</b> Will you accept GS-082 (DUSMs) / G	S-1802 (DEOs)? (check one)						

11. Will the detail incur **overtime?** (check one)
Scheduled Detail Hours (b)(7)(E)

Scheduled Detail	Hours(b)(7)(E)			Schedule	d Days: MonFri.						
Overtime Estimat In-District (1811)	te Computation: Hourly Rate 0	x	Detail OT hours 0	=	Subtotal \$0.00	х	No. DUSMS 0	x	No. Days 0	=	TOTAL \$0.00
In-District (082/1802)	0	x	0	=	\$0.00	х	0	x	0	-	\$0.00
Out-of-District (1811)	Hourly Rate 0	x	Detail OT hours 0	=	Subtotal \$0.00	×	No. DUSMs 0	x	No. Days 0	=	**************************************
Out-of-District (082/1802)	0	х	0	=	\$0.00	х	0	х	0	=	\$0.00

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

Per Diem Estima	te Computation:				V17 x 22 x 22				
	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	×	0	=	\$0.00	×	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 0	x	Detail Hours 0	=	Subtotal \$0.00	x	No. Guards 0	х	No. Days	=	TOTAL \$0.00
Out-of-District										
Hourly Rate		<b>Detail Hours</b>		Subtotal		No. Guards		No. Days		TOTAL
0	х	0	=	\$0.00	Х	0	Х	0	=	\$0.00

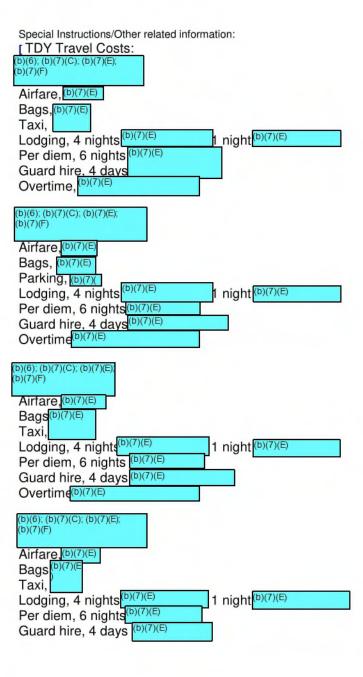
### 14. Will the detail incur other expenses? (check one) Yes

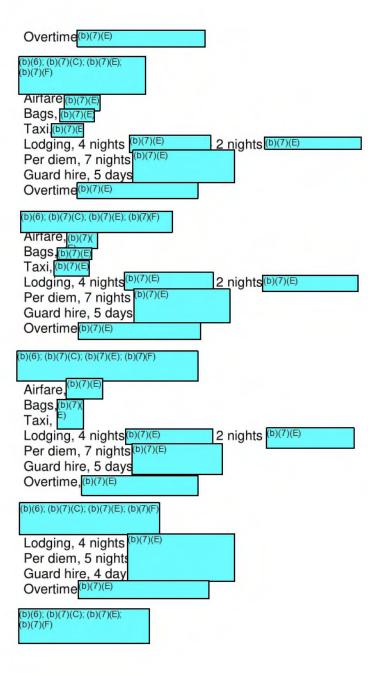
nse:	\$40,280.00
ription:	see box 15

(mm/dd/yyyy)

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

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





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		
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)		
(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.

17. Approval for overtime? (check one) Yes

Scheduled Deta	ail Hours (b)(7)	)(E		Schedul	ed Days: MonFri.						
Overtime Estim	ate Computa 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	х	0	х	0	=	\$0.00
	Hourly Rate	Э	Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	ó	х	0	=	\$0.00	х	0	х	0	=	\$0.00
Out-of-District (082/1802)	0	х	0	=	\$0.00	х	0	х	0	=	\$0.00

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

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

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

		^		\$0.00		0		0		\$0.00
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
t-of-District										
District  Hourly Rate  0	×	Detail Hours 0	=	Subtotal \$0.00	x	No. Guards 0	х	No. Days 0	=	**TOTAL \$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

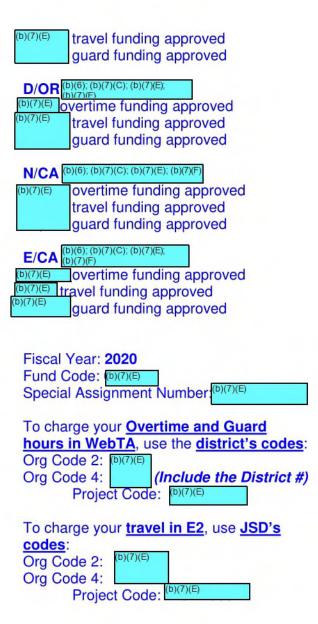
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: APPROVED (b)(6); (b)(7)(C); (b)(7)(F)

DATE: 10/21/2019

### COMMENTS: 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)(F) overtime funding approved travel funding approved guard funding approved S/CA(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F) overtime funding approved travel funding approved (b)(7)(E) guard funding approved W/WA (b)(6); (b)(7)(C); (b)(7)(E); pvertime funding approved ravel funding approved guard funding approved E/WA(b)(6); (b)(7)(C); (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)

overtime funding approved



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

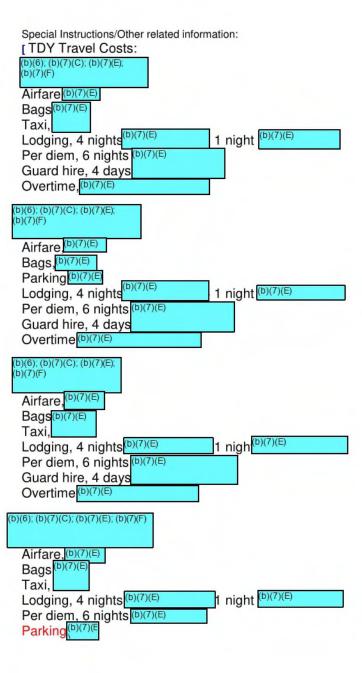
The attached After Action Report must be completed by the host district and returned to OSB within 7 business days of the assignment's completion.

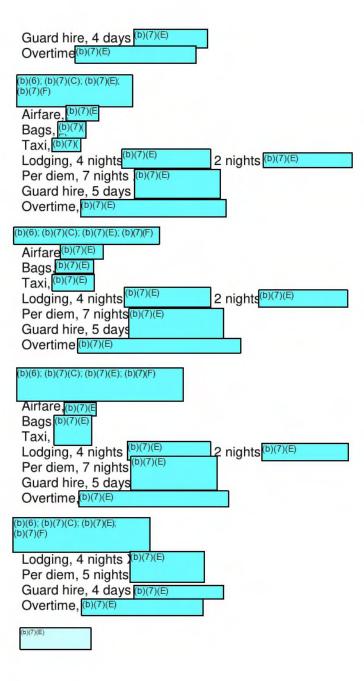
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS: APPROVED (b)(6); (b)(7)(C);

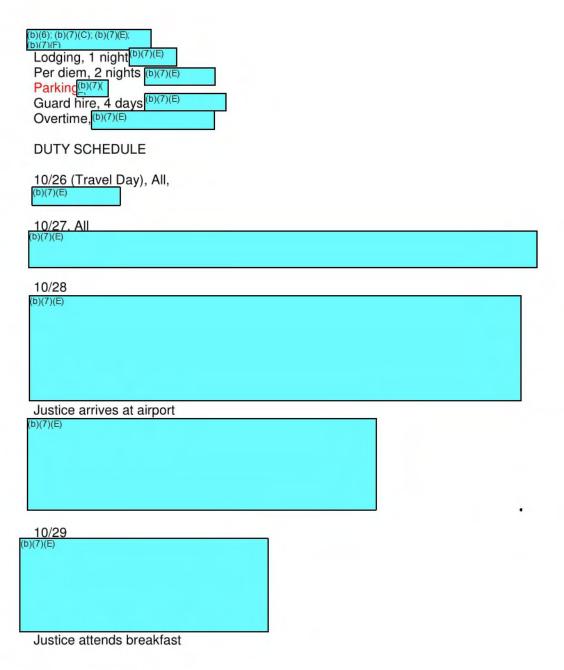
DATE: 10/22/2019

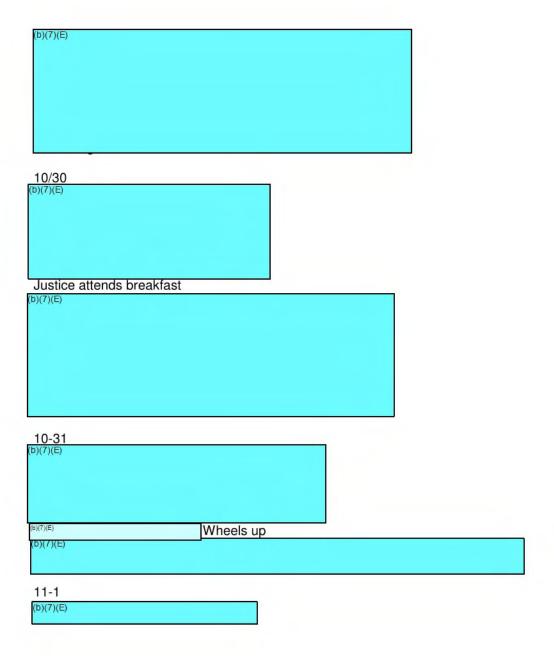
APPROVED/DISAPPROVED BY: COMMENTS:	DATE
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:	DATE

SCJ Kennedy (b)(7)( Dct 2019.doc









#### COMMENTS:

(b)(7)(E)

The supplemental funding request; "10/26-31/2019 – SCJ Ret. Kennedy Protection Detail, [D)(6); (D)(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);

overtime funding approved travel funding approved guard funding approved

### S/CA (b)(6); (b)(7)(C); (b)(7)(E);

overtime funding approved travel funding approved

[b)(7)(E) guard funding approved

## W/WA (b)(6); (b)(7)(C); (b)(7)(F)

overtime funding approved travel funding approved guard funding approved

### E/WA (b)(6); (b)(7)(C); (b)(7)(E);

overtime funding approved travel funding approved guard funding approved

# D/AZ (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

overtime funding approved travel funding approved guard funding approved

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

overtime funding approved travel funding approved guard funding approved
N/CA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(E) overtime funding approved travel funding approved guard funding approved
E/CA (b)(6): (b)(7)(C): (b)(7)(E): (b)(7)(E): (b)(7)(E) overtime runding approved (b)(7)(E) travel funding approved (b)(7)(E) guard funding approved
Fiscal Year: <b>2020</b> 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: (Include the District #) Project Code: (b)(7)(E)
To charge your travel in E2, use JSD's codes: Org Code 2: 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: COMMENTS: APPROVED (b)(6); (b)(7)(C); (b)(7)(F)

DATE: 10/22/2019

THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:

DATE:

THIS ASSIGNMENT IS:	
APPROVED/DISAPPROVED BY	1
COMMENTS:	

DATE:



SCJ Kennedy CD(7)(Dct 2019.doc

### U.S. Department of Justice United States Marshals Service

### **APPROVED**

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

TO: Program Manager

Operational Division (JSD, ISD, PSD, etc.): JSD

FROM:

JSD-OPO-NY, 2nd Circuit

United States Marshal, Chief Deputy, or designee

District: Southern District of New York

1. Detail Name:

11/26/2019 - 12/01/2019 - Retired SCJ Kennedy Protection Detail (b)(6):

(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 No

Host District: Overseas Travel?: Southern District of New York

Circuit:02

3. Starting Date:

11/26/2019 (mm/dd/yyyy) Ending Date: 12/01/2019 (mm/dd/yyyy) Number of Days/Weeks:

5

Circuit:02

REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

### 4. Description:

Court Security Protection Detail - Supreme Court Justices

Program Type: Detail Type: 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)(C); (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	vel Day (Travel Comp auth	norized) ]			
5. No. of Defendants in	custody: 0 To	otal No. of Defendants:	0	No. USMS In-Custody Witnesses:	0
6. Reported Threats:	(b)(7)(E)				
	(b)(7)(E)				
<b>7.</b> Has the Operational I	Plan been submitted?	No			
8. Host/Trial District Info No. of District DUSMs No. of In-District DUS	ormation: s on Special Assignment: <b>0</b> SMs committed to staff this detail:	(b)(7)(E)			
9. Are you requesting C	Out-of-District Assistance? (check No.	one) <b>Yes</b> of DUSMs	SDUSMs		Admin. 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)

Overtime Estimat	te Computation: Hourly Rate		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	X	0	=	\$0.00	х	0	х	0	=	\$0.00
In-District (082/1802)	0	x	0	=	\$0.00	х	0	x	0	=	\$0.00
	Hourly Rate		Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	Ó	x	0	=	\$0.00	х	0	×	0	=	\$0.00
Out-of-District	0	x	0	=	\$0.00	x	0	x	0	=	\$0.00

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

(082/1802)

Per Diem Estima	ate Computation:				1 2.4				
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	X	0	=	\$0.00	X	0	=	\$0.00
100000000000000000000000000000000000000	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

Hourly Rate	×	Detail Hours 0		Subtotal \$0.00	X	No. Guards 0	X	No. Days 0		**TOTAL
Out-of-District										
n-District Hourly Rate <b>0</b>	×	Detail Hours 0	=	Subtotal \$0.00	x	No. Guards 0	х	No. Days	=	TOTAL \$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:
Reporting Date/Time:

11/26/2019

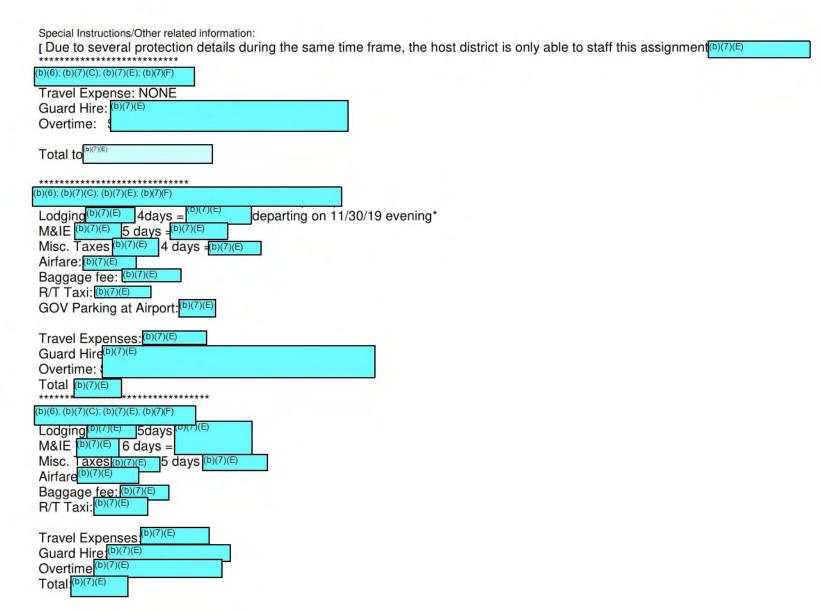
(mm/dd/yyyy)

Detail Supervisor: Detail Supervisor Phone:

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

(b)(7)(E)(hour)

Per Diem Rate: Hotel Name: Hotel Telephone:



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)

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

(b)(6); (b)(7)(C); (b)(7)(F) 11/20/2019 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.

17. Approval for overtime? (check one) Yes Scheduled Detail Hours: (b)(7)(E

Scheduled Days: Sat. & Sun. incl.

	Hourly Rate	9	Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	Ó	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	9	Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	ó	x	0	=	\$0.00	х	0	x	0	=	\$0.00
Out-of-District	0	x	0	=	\$0.00	x	0	x	0	=	\$0.00

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

Per Diem Estimat	e Computation:								
In-District	Daily Rate 0	×	No. of Days	=	Subtotal \$0.00	x	No. DUSMS	=	TOTAL \$0.00
Out-of-District	Daily Rate 0	×	No. of Days 0	=	Subtotal \$0.00	х	No. DUSMS	=	TOTAL \$0.00

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

In-District Hourly Rate 0	x	Detail Hours 0	=	Subtotal \$0.00	x	No. Guards 0	x	No. Days 0	=	TOTAL \$0.00
Out-of-District	_									
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	Х	0	=	\$0.00	Х	0	Х	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/DISAPPROVED BY: APPROVED (b)(6); (b)(7)(C); (b)(7)(F)

DATE: 11/20/2019

(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)

overtime funding approved

\$0 travel funding approved guard funding approved

**N/TX** (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

overtime funding approved travel funding approved [b)(7)(E) quard funding approved

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

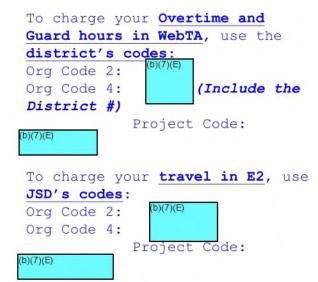
(b)(7)(E) overtime funding approved travel funding approved

b)(7)(E) guard funding approved

Fiscal Year: 2020
Fund Code: (b)(7)(E)

Special Assignment Number:

(b)(7)(E)



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

# U.S. Department of Justice United States Marshals Service

# REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

**APPROVED** 

		Р	ROJECT CODE	(b)(7)(E)		
TO: Program Ma Operational	nager Division (JSD, ISD, PSI	D, etc.): <b>JSD</b>				
FROM: (b)(6); (b)(7)(C) (b)(7)(F)	JSD OPO					
United State	es Marshal, Chief Deputy	, or designee				
District:	Southern District of I	New York				Circuit:02
1. Detail Name:	12/16/19 - 12/19/19	Retired SCJ Kenn	edy Protection Detail			
			Extraditions use Case I et No., and Judge's Nan			
2. Location of Detail: Host District: Overseas Travel?:	(b)(6); Southern Distri No	ct of New York		Circuit:02		
3. Starting Date:	12/16/2019 (mm/dd/yyyy)	Ending Date:	12/19/2019 (mm/dd/yyyy)	Number of Days/Weeks:	3 days	

SPECIAL ASSIGNMENT No.

Description:	
Program Type: Detail Type: ESU / SOG: Case Type:	Court Security Protection Detail - Supreme Court Justices
submission of additional sup	Based upon the complexity, national importance, or threat level of an assignment, the Operational Division may require the oportint documentation)
(b)(6); (b)(7)(C)	
DUSM itinerary below:	
Tuesday, December 17	7, 2019
Hour	
(b)(6); (b)(7)(C); (b)(7)(E)	
Wednesday, Decembe	er 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)											
7. Has the Operational I	Plan been submit	ted?	Yes									
8. Host/Trial District Info No. of District DUSMs No. of In-District DUS	s on Special Assi	gnment staff th	: 0 nis detail: 0									
9. Are you requesting C	Out-of-District Ass	sistance	e? (check one) <b>Yes</b> No. of DUSMs SDUSMs (b)(7)(E)				Admin.					
10. Will you accept GS	-082 (DUSMs) / (	GS-180	2 (DEOs)? (check one) Yes									
11. Will the detail incur Scheduled Detai	overtime? (chec il Hours:(b)(7)(E)	k one)	Yes	Schedu	led Days: <b>MonFri.</b>				1			
Overtime Estima In-District (1811)	Hourly Rate 0	×	Detail OT hours 0	=	Subtotal \$0.00		x	No. DUSMS 0	х	No. Days 0	=	TOTAL \$0.00
In-District (082/1802)	0	×	0	=	\$0.00		х	0	x	0	=	\$0.00
Out-of-District (1811)	Hourly Rate	x	Detail OT hours (b)(7)(E)	=	Subtotal (b)(7)(E)		х	No. DUSMs (b)(7)(E)	х	No. Days 1	=	<b>TOTAL</b> (b)(7)(E)
Out-of-District	0	x	0	=	\$0.00		х	0	X	0	=	\$0.00

(082/1802)

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

Per Diem Estima	ate Computation:		Security security		F 1000 - 1000				
	Daily Rate		No. of Days		Subtotal		No. DUSMS		TOTAL
In-District	0	X	0	=	\$0.00	X	0	=	\$0.00
									and the state of t
	Daily Bate		No. of Days		Subtotal		No. DUSMS		TOTAL
Out-of-District	(D)(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

In-District Hourly Rate 0	x	Detail Hours 0	=	Subtotal \$0.00	×	No. Guards 0	х	No. Days 0	=	TOTAL \$0.00
Out-of-District										
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
(b)(7)(E)	х	(b)(7)(E)	=	(b)(7)(E)	Х	(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(D)(7)(E)	hotel taxes and fees
		-

5. DEPUTY REPORTING INFORM City/District Location: Reporting Date/Time:	IATION/SPECIAL INSTRUCTIONS:  12/17/2019  (mm/dd/yyyy)	(b)(7)(E) (hour)	Per Diem Rate: Hotel Name: Hotel Telephone:	
Detail Supervisor: Detail Supervisor Phone:	(b)(6); (b)(7)(C); (b)(7)(F)			
Special Instructions/Other rela	ited information:			
(b)(7)(E)	hts(b)(7)(E) g)(b)(7)(E) per day x 4 days (b)(7)(E)			
OT not worked will not b	e claimed. Final Detail hours will be confi	rmed and forwarded to Detail personnel by the I	IC at the conclusion of the mission.	
(b)(7)(E)				
Special Equipment or Personn (b)(7)(E)	nel Required:			
	wer/funds will be expended only on the above-caption (C); (b)(7)(F) 12/13/2019			
Signature of U.S. Marshal	l, 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 (0)(7)(E)

Scheduled Det	tail Hours	7)(E)		Schedul	ed Days: MonFri.						
Overtime Estim In-District (1811)	nate Computa Hourly Rate 0		Detail OT hours 0	=	Subtotal \$0.00	x	No. DUSMS 0	x	No. Days 0	=	TOTAL \$0.00
In-District (082/1802)	0	x	0	=	\$0.00	x	0	х	0	=	\$0.00
Out-of-District (1811)	Hourly Rate (b)(7)(E)	e X	Detail OT hours (b)(7)(E)	=	Subtotal (b)(7)(E)	х	No. DUSMs	x	No. Days 1	=	TOTAL (b)(7)(E)
Out-of-District (082/1802)	0	х	0	=	\$0.00	х	0	х	0	=	\$0.00

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

Per Diem Estimat	te Computation:								
In-District	Daily Rate 0	x	No. of Days	=	Subtotal \$0.00	x	No. DUSMS 0	=	TOTAL \$0.00
Out-of-District	Daily Rate	х	No. of Days 1	=	Subtotal (b)(7)(E)	х	No. DUSMS	=	<b>TOTAL</b> (b)(7)(E)

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

In-District Hourly Rate 0	x	Detail Hours 0	=	Subtotal \$0.00	x	No. Guards 0	х	No. Days 0	=	TOTAL \$0.00
Out-of-District	-								_	
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
(b)(7)(E)	х	(b)(7)(E)	=	(b)(7)(E)	Х	(b)(7)(E)	Х	4	=	(b)(7)(E)

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

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

DATE: 12/13/2019

(b)(7)(E)

The supplemental funding request; "12/16-19/2019 - SCJ Ret. Kennedy Protection Detail,

the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

(b)(7)(E) (b)(7)(E): (b)(7)(F)

overtime funding approved funding approved funding approved guard funding approved

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

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

Project Code:

(b)(7)(E)

To charge your **travel in E2**, use

JSD's codes:

Org Code 2: (b)(7)(E)
Org Code 4:

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

#### U.S. Department of Justice United States Marshals Service

Program Manager

District:

1. Detail Name:

2. Location of Detail: Host District:

3. Starting Date:

Overseas Travel?:

SI - JSD/OPO-2nd Circuit

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

No

12/22/2019

(mm/dd/yyyy)

Southern District of New York

Ending Date:

12/27/2019

(mm/dd/yyyy)

#### **APPROVED**

TO:

FROM:

SPECIAL ASSIGNMENT No. PROJECT CODE Operational Division (JSD, ISD, PSD, etc.): JSD United States Marshal, Chief Deputy, or designee Southern District of New York Circuit:02 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)

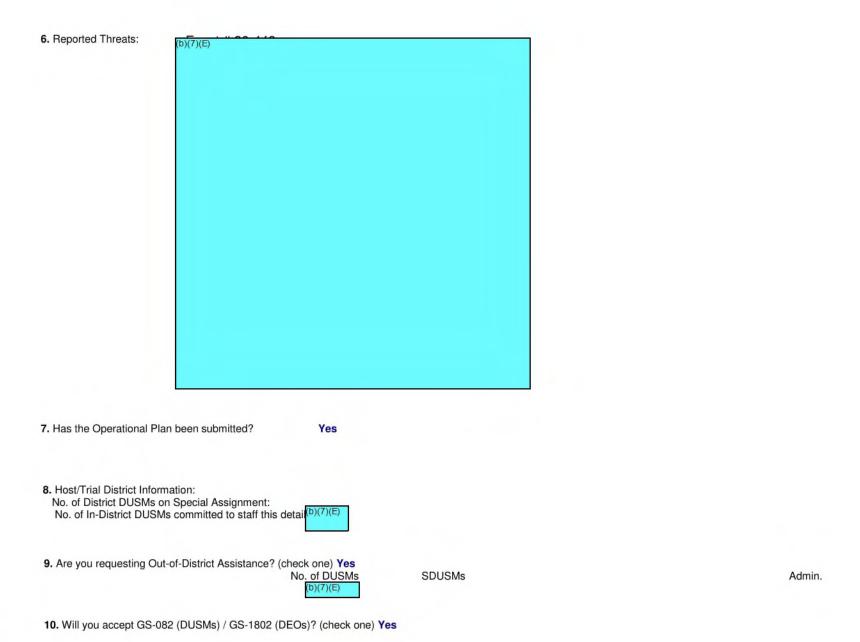
Circuit:02

Number of Days/Weeks:

6 days

REQUEST FOR SPECIAL ASSIGNMENTS RESOURCES

Program Type: Detail Type: ESU / SOG: Case Type:	Court Security Protection Detail - Supreme Court Justice	es
Brief Description of Detail: (Based submission of additional supporting [D)(6); (b)(7)(C); (b)(7)(E)		level of an assignment, the Operational Division may require the



# 11. Will the detail incur overtime? (check one) Yes Scheduled Detail Hours (b)(7)(E)

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

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

Per Diem Estima	te Computation:				1 2.4 8				
	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 0 No. Guards Subtotal No. Days TOTAL **Detail Hours** X 0 \$0.00 \$0.00 X Out-of-District Hourly Rate No. Days TOTAL **Detail Hours** Subtotal No. Guards 0 0 \$0.00 0 0 \$0.00 X X X

### 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:
Reporting Date/Time:

12/22/2019

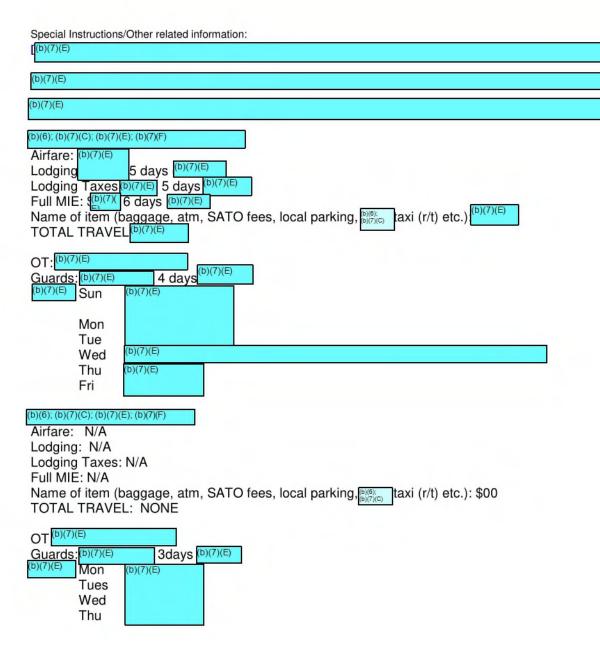
(mm/dd/yyyy)

Detail Supervisor: Detail Supervisor Phone:

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

(hour)

Per Diem Rate: Hotel Name: Hotel Telephone:



(6)(6), (6)(7)(6), (6)(7)(7)
Airfare: N/A
Lodging: N/A
Lodging Taxes: N/A
Full MIE: N/A
Name of item (baggage, atm, SATO fees, local parking axi (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
Sunday, December 22, 2019
Sun (b)(7)(E)
(b)(7)(E)
(b)(7)(E)
(b)(7)(E)
Manday Bassachas 00, 0040
Monday, December 23, 2019
- N. N.
(b)(7)(E)
Tuesday, December 24, 2019 (b)(7)(E)
(b)(7)(E)

(b)(7)(E)	
(b)(6); (b)(7)(C); (b)(7)(E)	
Wednesday, December 25, 2019	<u></u>
(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 Deta				Schedule	ed Days: MonFri.						
Overtime Estim			Detail OT hours		Subtotal		No. DUSMS		No Dave		TOTAL
In-District (1811)	Hourly Rate 0	x	0	=	\$0.00	x	0	×	No. Days 0	=	\$0.00
In-District (082/1802)	0	x	0	=	\$0.00	x	0	x	0	=	\$0.00
	Hourly Rat	е	Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	Ó	х	0	=	\$0.00	х	0	х	0 '	=	\$0.00
Out-of-District (082/1802)	0	х	0	=	\$0.00	х	0	х	0	=	\$0.00

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

Per Diem Estimat	e Computation:								
In-District	Daily Rate 0	x	No. of Days	=	Subtotal <b>\$0.00</b>	х	No. DUSMS	=	TOTAL \$0.00
Out-of-District	Daily Rate 0	x	No. of Days	=	Subtotal <b>\$0.00</b>	×	No. DUSMS 0	=	TOTAL \$0.00

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

Hourly Rate										
it-of-District		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
District Hourly Rate 0	x	Detail Hours 0	=	Subtotal \$0.00	x	No. Guards	х	No. Days	=	TOTAL \$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/DISAPPROVED BY: (b)(6); (b)(7)(C); (b)(7)(F)

DATE: 12/17/2019

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)

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

Project Code:

b)(7)(E)

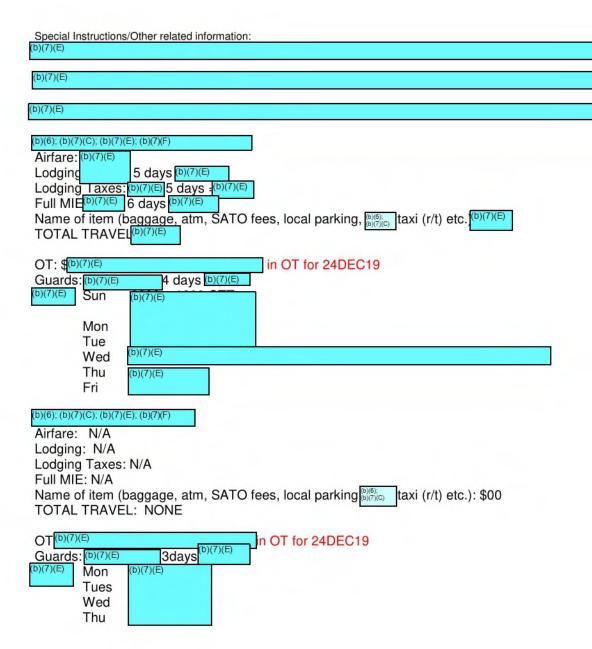
To charge your travel in E2, use JSD's codes:
Org Code 2: (b)(7)(E)
Org Code 4:

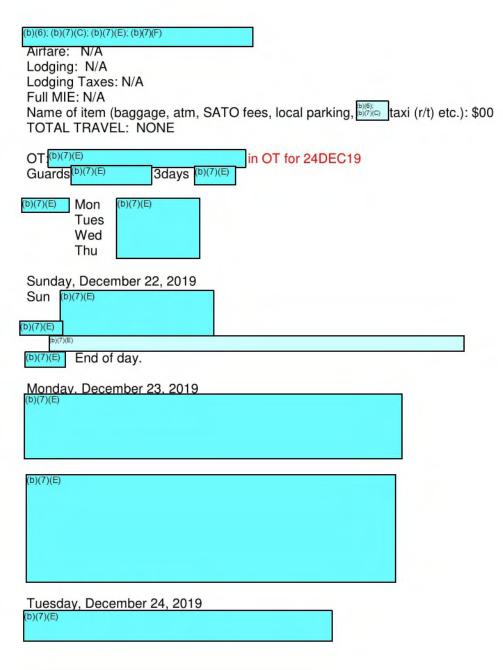
Project Code:

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 burnrate 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: COMMENTS:	DATE:
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:	DATE:
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:	DATE:
DIF	draft Ops Plan Justice Kennedy_Operation (b)(6); (b)(7)(C) pd





(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); (b)(7)(F) (D)(7)(F)
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)(Cr
(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);
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 ope	erations on my i	Phone.	
(b)(6); (b)(7)(C); (b)(7)(F) Senior Inspector			
United States Marshals Service			
Judicial Security Division (b)(6); (b)(7)(C)			
(0)(0), (0)(1)(0)			
1			
Special Equipment or Personnel Required: (b)(7)(E)			
(b)(1)(E)			
I certify that the above manpower/funds will be expended only or	n 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.
Type/Number of Personnel Required:		SDUSMs	Admin.

## 17. Approval for overtime? (check one) Yes Scheduled Detail Hours (b)(7)(E)

Scheduled Deta	ail Hours (b)(	7)(E)		Schedule	ed Days: MonFri.						
Overtime Estim	ate Computa		Detail OT hours		Subtotal		No. DUSMS		No. Days		TOTAL
In-District (1811)	0	х	0	=	\$0.00	х	0	x	0	=	\$0.00
In-District (082/1802)	0	х	0	=	\$0.00	x	0	x	0	=	\$0.00
	Hourly Rat	e	Detail OT hours		Subtotal		No. DUSMs		No. Days		TOTAL
Out-of-District (1811)	Ó	Х	0	=	\$0.00	х	0	х	0	=	\$0.00
Out-of-District (082/1802)	0	х	0	=	\$0.00	х	0	х	0	=	\$0.00

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

Per Diem Estimat	e Computation:								
In-District	Daily Rate 0	×	No. of Days	=	Subtotal \$0.00	x	No. DUSMS	=	TOTAL \$0.00
Out-of-District	Daily Rate 0	x	No. of Days	=	Subtotal \$0.00	х	No. DUSMS	=	TOTAL \$0.00

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

-District Hourly Rate 0	×	Detail Hours 0	=	Subtotal \$0.00	x	No. Guards 0	x	No. Days 0	=	TOTAL \$0.00
ut-of-District	_				<del></del>					
Hourly Rate		Detail Hours		Subtotal		No. Guards		No. Days		TOTAL
0	Х	0	=	\$0.00	X	0	X	0	=	\$0.00

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

\$10,005.00 Listed in Sec #15: airfare, parking, taxi fees, guard hire, per diem Expense: Description:

TOTAL REQUESTED FUNDS \$8,745.00

\$10,005.00 TOTAL APPROVED FUNDS

APPROVAL LEVEL REQUIRED OST THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: APPROVED (b)(6); (b)(7)(C); (b)(7)(F)

DATE: 12/17/2019

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

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

To charge your Overtime and
Guard hours in WebTA, use the
district's codes:
Org Code 2:
Org Code 4:
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 burnrate 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: COMMENTS:	DATE:
THIS ASSIGNMENT IS: APPROVED/DISAPPROVED BY: COMMENTS:	DATE:
THIS ASSIGNMENT IS:	
APPROVED/DISAPPROVED BY: COMMENTS:	DATE:
PDE	VINES VINES VINES
	draft Ops Plan Justice Kennedy_Operation <sup>(b)(6); (b)(7)(C)</sup> pdf

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Mashal.			d States Is Service	. (	Tank Park	A VANDA
U.S. Department of Justi	ce	JSD A	pproved	Ju	udicial Security E	vent
INSTRUCTIONS:						
Use this form to request funding Note: All boxes with a red "*" ar		travel, and dist	trict security offic	er staffing.		
Submission Number: (b)(7)(E)			r the Protective 7	Assessment Nur	nber assigned:	
Requested By:		Title:				
(b)(6); usms)		OPO Inspector				
Circuit:	District/Di	vision: strict of Californ	i-			
Mission Name: (ex. U.S. v. Smith				Response, 12th	Circuit Judicial C	onference)
SCJ Anthony Kennedy travel (b		CA				
Location of Event: (Street Addre. b)(6); (b)(7)(C)	ss)		Event City:		Event S	tate:
Host District:					I.A	
Central District of California						
Detail Type:						
Supreme Court Justice Assistanc Level:			Active/Retired:			
			Retired			
Description of Event; (Provide a brief narrative describ	ning the event	to include the	number of particle	ants national a	ttention media	roverage
extraordinary strain on district re			oj paracij			J. Liuge,
(b)(6); (b)(7)(C)						
# of Protected Persons: # of At	tandaar.	# of Defen		f Defendants	# of Witness	ses
1 0 Protected Persons: # of At	tendees:	0	dants: in C	Custody:	in Custody:	
Estimated Local Lodging Rate:	Estin	nated Local Per	Diem Rate:	Estimated L	ocal Required N	lisc:
(b)(7)(E)	(b)(	7)(E)		\$0.00		
ANTICIPATED TOTAL DURATION	OF EVENT					
Travel Date:		il Start Date:		Detail End I	Date:	
1/26/2019	1/2	7/2019		2/9/2019		
Number of Days/Weeks/Month	ıs: 4		Specify: Days			
DAILY SCHEDULE						
Start Time: (b)(7)(E)	Monday	Tuesday	Wednesday (b)(7)(E)	Thursday	Friday	Saturday
End Time:			(-/\(\)-/			
						1
		Cundaus and/	or Holidays? Yes			
Will this detail include funding f	or Saturdays,	Sundays, and/				
	for Saturdays,	Sundays, and/	,			
IN DISTRICT						
IN DISTRICT Requesting Funding for in distric		Yes	# of 1811:		tal:	
IN DISTRICT  Requesting Funding for in district  Overtime Hours/Day: # (b)(7)(E)	ct resources? of Days:	Yes	# of 1811: b)(7)(E)	To (b	)(7)(E)	
IN DISTRICT  Requesting Funding for in district  Overtime Hours/Day: # (b)(7)(E) 1  Overtime Hours/Day: #	ct resources? of Days: of Days:	Yes	# of 1811; b)(7)(E) # of 082;	To (b	)(7)(E) tal:	
IN DISTRICT  Requesting Funding for in district  Overtime Hours/Day: # (b)(7)(E)	ct resources? of Days: of Days:	Yes	# of 1811: b)(7)(E)	To (b	)(7)(E)	
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Requesting Funding for in district Overtime Hours/Day: # (b)(7)(E) 1  Overtime Hours/Day: # of Day: 0  GUARDS  Hours per Day: # of Day  0  TRAVEL  Number of Full Day First Full M&IE Last I	of Days: of	# of Persons 0 g Total POV/M	# of 1811:  b)(7)(E) # of 082:   0	To (b)	(7)(E) tal: 0.00 Total: \$0.00	otal
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Requesting Funding for in district Overtime Hours/Day: #	of Days: of Days: of Days: of Days:  //s:  and Lodgin Days M&IE tax ys, if o is	# of Persons 0 g Total POV/M Tot	# of 1811:  b)(7)(E)  # of 082:   0	To (b) To (s) (d) Rate:  7)(E)  ATM, Laundi Baggage, et	(7)(E) tal: 0.00  Total:   \$0.00	otal
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ETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  JOHN STATE CONTROL OF STATE	xplanation:	ecuve in	telligence been	nounear page				
Operational Title: OPO Inspector OPO Inspect	OTES TO OPERATIO	NS SUPP	ORT BRANCH					
Operational Title: OPO Inspector OPO Inspect								
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OCUMENTATION  Interest and Intel document attachments belong here:  Intellect and In	ame:			Ope	erational Title:			
(b)(6): (b)(7)(C): (c)  DOCUMENTATION  Instrict and Intel document attachments belong here:  Instrict and Intel Instrict and Instrict resources? Yes  Instrict and Instrict resources? Yes  Instrict resources? Yes  Instrict and Instrict resources? Yes  Instrict resources.  Inst	1/7//01							
istrict and Intel document attachments belong here:  Internety (D)(B):  1019.docx  PO REVIEW  NTICIPATED TOTAL DURATION OF EVENT  Travel Date: 1/26/2019 1/27/2019 1/27/2019 1/29/2019 1/2								
Strict and Intel document attachments belong here:    Detail End Date:   Detail Start Date:   Detail End Date:	OCUMENTATION							
AND STRICT Total:  AND STRICT TOTAL DURATION OF EVENT  AND DAYS (**Days**)  AND STRICT TOTAL TOTAL DURATION OF EVENT  AND STRICT TOTAL TOTAL  AND STRICT TOTAL:  AND	strict and Intel docu			ng here:				
Tayed Date: 1/26/2019	PO REVIEW							
umber of Days/Weeks/Months: 4 Specify: Days  AILY SCHEDULE  Sunday Monday Tuesday Wednesday Thursday Friday Saturd  Start Time: (b)(7)(E) (b)(7)(E)  End Time: (b)(7)(E)  Ith this detail include funding for Saturdays, Sundays, and/or Holidays? Yes  IN DISTRICT  equesting Funding for in district resources? Yes  IN DISTRICT  equesting Funding for in district resources? Yes  IN DISTRICT  equesting Funding for in district resources? Yes  IN DISTRICT  equesting Funding for in district resources? Yes  IN DISTRICT  equesting Funding for in district resources? Yes  IN DISTRICT  equesting Funding for in district resources? Yes  IN DISTRICT  equesting Funding for in district resources? Yes  IN DISTRICT  equesting Funding for in district resources? Yes  IN DISTRICT  equesting Funding for in district resources? Yes  IN DISTRICT  End Time: (b)(7)(E)	NTICIPATED TOTAL	DURATIO	N OF EVENT					
umber of Days/Weeks/Months: 4  AILY SCHEDULE  Sunday Monday Tuesday Wednesday Thursday Friday Saturd  Start Time: (b)(7)(E)  End Time: (b)(7)(E)  Fill this detail include funding for Saturdays, Sundays, and/or Holidays? Yes  ADISTRICT  equesting Funding for in district resources? Yes  Evertime Hours/Day: # of Days: # of 1811: Days: Dol(7)(E)  1 (b)(7)(E)  Divertime Hours/Day: # of Days: # of 082: Total: Dol(7)(E)  DIVARDS  For Day: # of Days: # of Persons: Hourly Rate: Total: Days (75% M&IE x 2 days, if trip is longer than 1 day)  Div(7)(E)  So.00								
Sunday Monday Tuesday Wednesday Thursday Friday Saturd (b)(7)(E)  End Time: (b)(7)(E)  Fill this detail include funding for Saturdays, Sundays, and/or Holidays? Yes  Friday Saturd (b)(7)(E)  Fill this detail include funding for Saturdays, Sundays, and/or Holidays? Yes  Friday Saturd (b)(7)(E)  Fill this detail include funding for Saturdays, Sundays, and/or Holidays? Yes  Friday Saturdays? Yes  Friday Saturdays (b)(7)(E)  Friday Saturdays (b)(7)(E)  Friday Saturdays? Yes  Friday Saturdays? Yes  Friday Saturdays? Yes  Friday Saturdays. Yes  Friday Saturday. Yes  Friday Saturdays. Yes  Friday Saturday. Yes  Friday Saturdays. Yes  Friday Saturday. Yes  Friday Satur				7/2019	1	2/9/201	19	
Start Time: b)(7)(E)  End Time: b)(7)(E)  End Time: b)(7)(E)  Fill this detail include funding for Saturdays, Sundays, and/or Holidays? Yes  I DISTRICT  Equesting Funding for in district resources? Yes  Invertime Hours/Day: # of Days: # of 1811: Total: (b)(7)(E)  I (c)(7)(E)  I (d)(7)(E)  I		ks/Mon	ths: 4		Specify: Days			
Start Time: (b)(7)(E)  End Time: (b)(7)(E)  (b)(7)(E)  (c)(7)(E)  (d)(7)(E)  (equesting Funding for in district resources? Yes  (d)(7)(E)  (equesting Funding for in district resources? Yes  (d)(7)(E)  (equesting Funding for in district resources? Yes  (equesting Funding for in district resources?  (e		ınday	Monday	Tuesday	Wednesda	v Thursday	Eriday	Saturda
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Vill this detail include funding for Saturdays, Sundays, and/or Holidays? Yes  N DISTRICT equesting Funding for in district resources? Yes  Overtime Hours/Day: # of Days: # of Isl1: Total: DO(7)(E) 1 (b)(7)(E) (b)(7)(E)  Overtime Hours/Day: # of Days: # of 082: Total: DO 0 0 S0.00  SUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total: DO 0 0 (b)(7)(E) S0.00  RAVEL  Number of Full Day M&IE First and Last Lodging Total Days (75% M&IE x 2 days, if trip is longer than 1 day)  DO(7)(E) S0.00 S0.00 S0.00 S0.00 S0.00 (b)(7)(E)  OTAL OTHER  SO.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00  Number of operational personnel requested: Number of administrative personnel requested: otal estimated travel costs:	End Time: (h)(7	)/F)						
DISTRICT  equesting Funding for in district resources? Yes  Divertime Hours/Day: # of Days: # of Days:   # of 082:   Total:   (b)(7)(E)    Divertime Hours/Day: # of Days: # of 082:   Total:   (b)(7)(E)    Divertime Hours/Day: # of Days: # of Persons: Hourly Rate:   Total:   (b)(7)(E)    DIVERDOR HOURS HOT DAYS: # of Persons: Hourly Rate:   Total:   (b)(7)(E)    DIVERDOR HOURS HOT DAYS: # of Persons: Hourly Rate:   Total:   (b)(7)(E)    DIVERDOR HOURS HOT DAYS: # of Persons: Hourly Rate:   Total:   (b)(7)(E)    DIVERDOR HOURS HOT DAYS: # of Persons: Hourly Rate:   Total:   (b)(7)(E)    DIVERDOR HOURS HOT DAYS: # of Days: # of Persons: Hourly Rate:   Total:   (b)(7)(E)    DIVERDOR HOURS HOT DAYS: # of Days: # of Persons: Hourly Rate:   Total:   (b)(7)(E)    DIVERDOR HOURS HOT DAYS: # of Days: #	(0)(1	/(=/						
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Total Detail Estimate:	\$1,301.00	•
Detail Status:	Completed	•
Name: (b)(6); (b)(7)(C)		•
OPO COMPLETION		
Comments:		
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Final Approved Amoun	t: \$4,566.00	Is the AAR attached?

	AT DEN	ALES.	N		d State Is Serv		A CONTRACTOR	GA L	
U.S. D	epartment	of Justice		ISD	Review		Judi	icial Se	curity Event
NSTRUCTION	NS: to request	funding for	overtime, trav			office		ann se	curry event
Note: All box Submission N		ed "*" are req	uired.	Ento	e the Destan	liun Ar	ssessment Numb	or acci	anod:
(b)(7)(E)	vuiliber.				7)(E)	ive A	sessment Numb	EI 0331	Bueut
Requested B	y:		Title	e:					
b)(6):	(SMS)	-		O Inspector					
Circuit:			strict/Division orthern Distr		rnia				
Mission Nam SCJ Kennedy		v. Smith, SCJ				ctive F	Response, 12th Ci	rcuit Ju	idicial Conference
ocation of E	vent: (Stree	et Address)			Event City:				Event State:
b)(7)(E)					San Francis	со			CA
Host District: Northern Dis		fornia							
Detail Type:									
Supreme Co	urt Justice A	Assistance							
Level:					Active/Reti Retired	red:			
extraordinary SCJ Kennedy visit to San F	ef narrative strain on a (b)(6): (b rancisco, he	district resour ()(7)(C) will be atter	ces, etc.) are visitin nding a law pr	ng San Franc rogram at th	cisco with a p	ossib of Sa	le trip to Sacrame n Francisco, Hast	ento, C	
	d Persons:	# of Attend	ees:	# of Defen	dants:	in Cu	Defendants istody:	in Cu	Witnesses istody:
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	TOTAL DU	RATION OF							
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Total estimated							
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	ent Required	for Reporting P	ersonnel:	- I and the same			
N/A							
Special Skills Re	equested:						
N/A							
	tions for Repo	rting Personnel	:				
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NTELLIGENCE/I			ate accociated	with the event:			
(b)(7)(E)  Has the Office of	of Protective In	ntelligence beer	n notified? No				
explanation: (b)(7)(E)							
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DOCUMENTATION DISTRICT and Interval District and Interval District PATED TO Travel Date: 1/29/2019 Number of Day: DAILY SCHEDUL Start Time: End Time: Will this detail is N DISTRICT Requesting Fun Overtime Hour D Overtime Hour O	el document at visit.docx 19 FEB 2019 SF  OTAL DURATIO  S/Weeks/Mon  E  Sunday  (b)(7)(E)  include fundin  ding for in dists/Day:	Monday  (b)(7)(E)  g for Saturdays  trict resources?  # of Days:  # of Days:	ong here: ail Start Date: 30/2019 Tuesday (b)(7)(E)	Specify: Days  Wednesday  # of 1811:  (b)(7)(E)  # of 082:	1/3/20 y Thursday	Total: (b)(7)(E) Total:	Saturday
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DOCUMENTATION DISTRICT and Intel JUSTICE KENNEDY DOPO REVIEW  ANTICIPATED TO Travel Date:  1/29/2019  Number of Day: DAILY SCHEDUL Start Time: End Time: Will this detail in IN DISTRICT Requesting Fun Overtime Hour O GUARDS Hours per Day:	el document at visit.docx 19 FEB 2019 SF  OTAL DURATION  s/Weeks/Mon  E  Sunday  (b)(7)(E)  ding for in dist s/Day:  s/Day:	Monday (b)(7)(E)  g for Saturdays  trict resources? # of Days: 1 # of Days: 0	ong here: ail Start Date: 30/2019 Tuesday (b)(7)(E)	# of 1811: (b)(7)(E) # of 082: 0 ms: Ho	y Thursday	Total: (D)(7)(E) Total: 50.00	
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Number of ope Total estimated Note:	rational personnel requested: (b)(7)( Number of administrative per	
	travel costs: (b)(7)(E)	sonnel requested: 0
	travel costs: (CATACE)	
DETAIL TOTAL		
Note: The follow	ving fields are required.	
Total Detail Est	imate: \$34,829.00 *	
Detail Status:	Completed	
Name: (b)(6);	•	
JSD APPROVAL		
JSD APPROVAL Special Assignr	(EVZVE)	
	nent Number (b)(7)(E) Project Code: (b)(7)(E)  Amount: \$26,197  Senior Inspector: (b)(6): (b)(7)(C);	2019-01-28
JSD APPROVAL Special Assignr Total Approved	Project Code: (b)(7)(E)  Amount: \$26,197  Senior Inspector: (b)(6): (b)(7)(C): (b)(7)(F)	2019-01-28 2019-01-28
JSD APPROVAL Special Assignr Total Approved < or = \$25K	Amount: \$26,197   Senior Inspector: (b)(7)(F)   Assistant Chief:	
JSD APPROVAL Special Assignr Total Approvec < or = \$25K >\$25K - \$50K	Project Code: (b)(7)(E)  Amount: \$26,197  Senior Inspector: (b)(6): (b)(7)(C): (b)(7)(F)	

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U.S. Department	of Justice		ISDI	Review		Judicial	Security	Event
NSTRUCTIONS: Use this form to request		ertime, tra			ficer staffing.	20016101	Jecuity.	uvem.
Note: All boxes with a re-	d "*" are requi	red.	le s					
Submission Number: (b)(7)(E)				r the Protective 7)(E)	e Assessment	t Number a	ssignea:	
Requested By:		Titl	-	11-1				
b)(6); usms)		OP	O Inspector					
Circuit:		rict/Division						
Mission Name: (ex. U.S.) SCJ Anthony Kennedy tr	v. Smith, SCJ Sr	mith Assiste		Smith Protecti	ve Response,	12th Circui	t Judicial (	Conference)
ocation of Event: (Stree				Event City:			Event	State:
Long Beach, CA				Long beach			CA	
Host District:	enia							
Central District of Califor  Detail Type:	md							
Supreme Court Justice A	ssistance							
evel:				Active/Retired	d:			
Description of Event:				Retired				
(Provide a brief narrative extraordinary strain on d SCJ Kennedy (b)(6); Beach the Justice will be	listrict resource will be traveli	es, etc.) ing from Pa	ılm Spring, C	CA to Long Bead g on board the	ch, CA. on Fel Queen Mary	bruary 11, i February 1	2019. Whi 2, 2019	ile in Long
of Protected Persons:	# of Attendee	s:	# of Defend	dants: ii	of Defendan n Custody:		of Witnes Custody:	
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ANTICIPATED TOTAL DUI	RATION OF EV	12	art Date:		Detail	End Date:		
2/10/2019		2/11/2			2/13/			
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Number of Days/Weeks, DAILY SCHEDULE	/ Ivionths:			Specify.				
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OTES TO OPERATIONS SUPPORT BRANCH  ETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE anne:  O(6) (b) (7) (C)  Deparational Title:  Decarding properties of the propertie									
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AILLY SCHEDULE  End Times  Long Joy (D) (T) (E)  Source For Days  Wednesday  Thursday  Start Times  End Times	OTES TO OPE	RATIONS SUPP	ORT BRANCH	1					
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Interest	ETAIL SUPER	VISOR, DEPUTY	IN-CHARGE,	INSPECTOR IN-	CHARGE				
Cell Phone: D(G), (D)(T)(C)  COLUMENTATION  Strict and Intel document attachments belong here: emedy wist to Long Beach.docx  PO REVIEW  ANTICIPATED TOTAL DURATION OF EVENT  Taylo Jone  Taylo Jone  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturda  Start Time:  End Time:  End Time:  End Time:  D(T)(E)  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturda  Start Time:  End Time:  End Time:  D(T)(E)  In	ame:			Op	erational Title:				
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Service and intel document attachments belong here:  Internet of in Palm Spring 2019.docs  POREVIEW  NTICIPATED TOTAL DURATION OF EVENT  Tavel Date:  2/10/2019  2/11/2019  2/13	)(6); (b)(7)	)(C)							
AND CONTRICT PATED TOTAL DURATION OF EVENT  avel Date:  \$\text{P10/2019} \text{Detail End Date:} \text{2/13/2019} 2/13/	strict and Internedy in Pale	el document at m Spring 2019.c	docx	elong here:					
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DISTRICT  equesting Funding for in district resources? Yes    Vertime Hours/Day:		Sunday		Tuesday	Wednesda	y Thurso	day	Friday	Saturda
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DOLOTO (E)  UNARDS  UN	End Time:  Vill this detail  N DISTRICT  Requesting Fu	Sunday  (b)(7)(E)  include funding	(b)(7)(E)	ys, Sundays, and	d/or Holidays? Y		Total	al;	Saturda
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OTAL OTHER  50.00  otes:  UT OF DISTRICT  umber of operational personnel requested:  Number of administrative personnel requested:  otal estimated travel costs:	End Time:  Vill this detail  N DISTRICT equesting Fur Overtime Hou ()(7)(E) Overtime Hou ()(7)(E) SUARDS Hours per Day ()(7)(E)	Sunday  (b)(7)(E)  include funding for in distriction for individual for indi	(b)(7)(E) g for Saturda trict resource # of Days: 1 # of Days:	ys, Sundays, and space of the s	# of 1811: (b)(7)(E) # of 082: (b)(7)(E)	es ourly Rate:	Tota (b)	al: (7)(E) al: 7)(E)	
otes:  UT OF DISTRICT  umber of operational personnel requested:  Number of administrative personnel requested:  otal estimated travel costs:	End Time:  Vill this detail  N DISTRICT equesting Fur Overtime Hou b)(7)(E)  Overtime Hou b)(7)(E)  SUARDS dours per Day b)(7)(E)  RAVEL  Number of Full M&IE Pays (Do not include first	Sunday  (b)(7)(E)  include funding for in distriction of the control of the contr	(b)(7)(E)  g for Saturda  trict resource # of Days: 1  H of Days: 1  Days: 4  First and La  Days (75%  M&IE x 2  days, if trip longer than	# of Perso (b)(7)(E) St Lodging Tot (Include taxes)	# of 1811: (b)(7)(E) # of 082: (b)(7)(E)	es ourly Rate: o)(7)(E)	Tot: (b) Tot: (b)(	al: (7)(E) al: 7)(E) Total: (b)(7)(	E)
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otal estimated travel costs:	End Time:  Viii this detail  N DISTRICT equesting Fur  Overtime Hou  O)(7)(E)  Overtime Hou  O)(7)(E)  SUARDS  Hours per Day  O)(7)(E)  RAVEL  Number of Full M&IE Days (Do not include first ind last days)  D)(7)(E)  OTAL OTHER  SO.00  ootes:	Sunday  (b)(7)(E)  include funding for in distriction of the state of	(b)(7)(E)  g for Saturda  trict resource # of Days: 1  H of Days: 1  Days: 4  First and La  Days (75%  M&IE x 2  days, if trip longer than	# of Perso (b)(7)(E) St Lodging Tot (Include taxes)	# of 1811: (b)(7)(E) # of 082: (b)(7)(E)	ourly Rate: D)(7)(E) Airfare To	Toto (b) (c) (b) (c) (b) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	al: (7)(E) al: 7)(E)  Total: (b)(7)(  ATM, aundry, ggage, etc.	E) Subtotal
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	mate: \$17,023	.00		
Detail Status:	Complete	ed *		
Name: (b)(6);		*		
Notes:				
JSD APPROVAL				
Special Assignm	nent Number: (b)(	7)(E) *	Project Code: (b)(7)(E)	•
Total Approved	Amount: \$10,082	*		
< or = \$25K	Senior I	nspector: (b)(6);		2019-02-05
>\$25K - \$50K		ant Chief: Name will autop	populate	
>\$50K - \$75K		Chief: Name will autop	populate	
>\$75K - \$100K	Deputy Assistant	Director: Name will autop	populate	
>\$100K	Assistant	Director: Name will autor	populate	

U.S. Department of Justice  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:  D)(7)(E)  Requested By:  Title:  DO(5)(B)  USMS)  Circuit:  District/Division:  District/Division:  DoUT Inspector  Circuit:  District of Florida  Mission Name: (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Confere Retired SCJ Anthony Kennedy  Location of Event: (Street Address)  Event City:  Event State:  PL  Well State:  PL  PL  Description of Event:  (Provide a brief narrative describing the event to include the number of participants, national attention, media covero extraordinary strain an 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 Protected Persons:  # of Attendees:  # of Defendants:  in Custody:  0  Estimated Local Required Misc:  So00  So00  So00  ANTICIPATED TOTAL DURATION OF EVENT  Travel Date:  Detail End Date:  2/26/2019  Number of Days/Weeks/Months:  Detail Start Date:  Detail Start Date:  Do(7)(E)  Specify: Weeks  DATIONAL SCHEDOUE  District Spource, 12th Circuit Judicial Confere Response, 12	- 11	Ales.		United Marsha	d State Is Servi			TO ALL	BIOT	ALL THE STATE OF T
NSTRUCTIONS: Use this form to request funding for overtime, travel, and district security officer staffing. Note: All boxes with a red "*" are required. Submission Number: D)(7)(E) Submission Number: D)(7)(E) Submission Number: D)(7)(E) Submission Number: D)(6)(5) USMS) Circuit: District/Division: Southern District of Florida Mission Name: (ex. U. S. v. Smith, ScI Smith Assistance, USDCI Smith Protective Response, 12th Circuit Judicial Confere Retired SCI Anthony Kennedy Location of Event: (Street Address) Event City: Event City: Event State: Detail Type: Southern District of Florida Detail Type: Southern District of Florida Detail Type: Description of Event: Provide a brief narrotive describing the event to include the number of participants, national attention, media covera 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 (D)(6), (D)(7)(C)  ## of Protected Persons: ## of Person	U.S. Department	t of Justice		JSD Aı	pproved			udicial Se	curity	Event
Enter the Protective Assessment Number assigned:	NSTRUCTIONS: Use this form to request	t funding for ov				offic				
Requested By: District/Division: District/Division: District/Division: District/Division: District/Division: District of Florida Mission Name: (ex. U.S. v. Smith, SCI Smith Assistance, USDCI Smith Protective Response, 12th Circuit Judicial Confere Retired SCI Anthony Kennedy Location of Event: (Street Address) Event City: Event State: FL Hosts District: Southern District of Florida Detail Type: Supreme Court Justice Assistance Level: Retired Description of Event: (Provide a brief narrative describing the event to include the number of participants, national attention, media covera extraordinary strain an 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: in Custody:	Submission Number:	ure requ		Enter	r the Protect	tive /	Assessment Nu	mber assi	gned:	
District/Division: Southern District of Florida Mission Name: (ex. U.S. v. Smith, SCI Smith Assistance, USDCI Smith Protective Response, 12th Circuit Judicial Confere Retired SCI Anthony Kennedy Location of Event: (Street Address) Location of Event (Ity) Location of Event: (Street Address) Location of Event (Ity) Loc			1.		7)(E)					
Mission Name: (ex. U.S. v. Smith, SCI Smith Assistance, USDCI Smith Protective Response, 12th Circuit Judicial Confere Retired SCI Anthony Kennedy Location of Event: (Street Address)  Location of Event City: (Street Address)  Location										
Active/Retired Sci Anthony Kennedy  Detail Type: Supreme Court Justice Assistance  Detail Type: Supreme Court Justice Assistance of the USMS in providing a Protective Detail for Retired Associate Supreme Court Justice Anthony Kennedy while he travels to Di(6); (b)(7)(C)  Detail Type: Supreme Court Justice Anthony Kennedy while he travels to Di(6); (b)(7)(C)  Detail Type: Supreme Court Justice Anthony Kennedy while he travels to Di(6); (b)(7)(C)  Detail Type: Supreme Court Justice Anthony Kennedy while he travels to Di(6); (b)(7)(C)  Detail Type: Supreme Court Justice Anthony Kennedy while he travels to Di(6); (b)(7)(C)  Detail Type: Supreme Court Justice Assistance of the USMS in providing a Protective Detail End Date: Supreme Court Justice Anthony Kennedy Witnesses in Custody: Supreme Court Justice Assistance of the USMS in providing a Protective Detail End Date: Supreme Court Justice Assistance of the USMS in Providing a Protective Detail End Date: Supreme Court Justice Assistance of the USMS in Priday Supreme Court Justice Anthony Kennedy Thursday Friday Supreme Court Justice Anthony Kennedy										
Retired SCJ Anthony Kennedy  Location of Event: (Street Address)  Location of Event: (Retired Event)  Location of Event: (						ctive	Response, 12ti	h Circuit Ju	ıdicial	Conference)
Host District: Southern District of Florids Detail Type: Soureme 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 covera obstraordinary 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)  If of Protected Persons: # of Attendees: # of Defendants: in Custody:				istance, esses	211111111111111111111111111111111111111		response, and			congerence,
Host District: Southern District of Florids Detail Type: Supreme Court Justice Assistance Level:    Active/Retired		et Address)			Event City:					State:
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Supreme Court Justice Assistance    Active/Retired   Retired	Southern District of Flor	ida								
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Description of Event: Provide a brief narrative describing the event to include the number of participants, national attention, media covera 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: in Custody:	*	- Internal Spire			Active/Reti	red:				
Provide a brief narrative describing the event to include the number of participants, national attention, media covera 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: in Custody: in Custody: in Custody: 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					Retired					
Stimated Local Lodging Rate:  Estimated Local Per Diem Rate:  Estimated Local Required Misc:  \$0.00  Estimated Local Per Diem Rate:  \$0.00  Estimated Local Required Misc:  \$0						# 0	f Defendants	# of '	Witne	sses
\$0.00 \$0.00  ANTICIPATED TOTAL DURATION OF EVENT  Travel Date: 2/26/2019  Number of Days/Weeks/Months: 1 Specify: Weeks  DAILY SCHEDULE Sunday Monday Tuesday Wednesday Thursday Friday Satu Start Time: (b)(7)(E)  \$0.00  Start June Sounday Sounday Sounday Sounday Satu Start Time: (b)(7)(E)			25:		dants:	in (		in Cu		
Travel Date:		g Rate;			Diem Rate:			Local Req	uired	Misc:
2/26/2019   2/26/2019   3/4/2019   3/4/2019	ANTICIPATED TOTAL DL	JRATION OF EV	/ENT							
Number of Days/Weeks/Months:   Specify: Weeks  DAILY SCHEDULE  Sunday Monday Tuesday Wednesday Thursday Friday Satu Start Time: (b)(7)(E) (b)(7)(E)			-							
DAILY SCHEDULE  Sunday Monday Tuesday Wednesday Thursday Friday Satu Start Time: (b)(7)(E) (b)(7)(E)	2/26/2019		2/26				3/4/2019			
		Months: 1			Specify: We	eks				
		Mon	day	Tuesday	Wednes	day	Thursday	Frid	lay	Saturday
End Time:	Start Time:	(b)(7)(E	)				(b)(7)(E)			
	End Time:									
Will this detail include funding for Saturdays, Sundays, and/or Holidays? Ves		funding for Sat	urdays, S	Sundays, and/o	or Holidays?	Yes				
N DISTRICT	Will this detail include f									

Overtime Ho	ours/Day:		# of Day	ys:		# of 181	L:		Tota		
(b)(7)(E) Overtime Ho	/Daw		1 # of Day			(b)(7) # of 082:			(b)(	7)(E)	
(b)(7)	ours/Day.		# of Day	ys.		(b)(				7)(E)	
GUARDS						<u> </u>					
Hours per Da	ay:	# of D	ays:		# of Person	ns:		urly Rate	:	Total:	_
(b)(7)(E		3			(b)(7)		(b)	(7)(		(b)(7)(E	:)
Number of Full M&IE Days (Do not include	Full Day M&IE	Las (75%	st and it Days % M&IE days, if	Lodging T (Includ		Mileage otal	Airfar Total		И, Laundry, ggage, etc.	Su	btotal
first and last days)		long	rip is er than day)								
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TOTAL OTHE	R										
\$0.00											
OUT OF DIST	RICT										
Are you requ		of dist	rict assis	stance? N	0	1					
INTELLIGENC											
Provide a bri				y threats	associated	with the e	vent:				
Has the Offic Explanation: (b)(7)(E)		uve n	Keingen	ce been no	ouned: (1)						
NOTES TO O	PERATIONS	SUPP	ORT BRA	ANCH							
b)(7)(E)											
D)(1)(L)											
DETAIL SUPE Name:	RVISOR, DI	EPUTY	IN-CHAI	RGE, INSP			ritla.				
(b)(6);						erational 1 O Inspecto					
Office Phone	:					l Phone:					
(b)(6);					-	(6);					
DOCUMENT				- <b>t</b> - b-l	<b>b</b> ====						
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Travel Date: 2/26/2019				2/26/	start Date:			_	tail End Da /4/2019	te:	
				2/20/	2019	T			/4/2019		
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Start Tim		,	(b)(7)	-	. acsuay	wed		(b)(7		. may	Juluruay
End Tim			101	* *							
Will this deta	ail include f	fundin	g for Sat	urdays Si	indays, and	l/or Holida	vs? Ye	5			
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Requesting F		in dist	_		15		1.		l=		
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Overtime Ho	ours/Dave		# of Da	vs:		# of 082			Tota	7.5 7	
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GUARDS							_				
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(b)(7)(E		3			(b)(7)(		(t	)(7)(E		(b)(7)(E	=)
TRAVEL											
	Full Day	M&IE				POV/M		Airfare	Total		Subtotal
						100	al				

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 DISTRI		ersonnel requested:		Number of	administrative	e personnel reques	ted:
Total estimate				unioci oi	uu.iiiiiisti ative	personner reques	
Note:	u travercos	ts.					
DETAIL TOTAL  Note: The follo		are required. \$1,966.00					
Detail Status:		Completed					
Name: (b)(6);		completed					
OPO COMPLET							
Comments:							
Final Approve	d Amount:	\$2,075.00		Is the AAR a	ttached?		

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U.S. D	epartment of	Justice		JSD	Review		Ju	dicial Se	curity E	vent
NSTRUCTION Use this form	N5:	nding for		e, travel, and di		officer				
Submission N		arere	equirea.	Ent	er the Protect	ive Ass	essment Nun	ber ass	igned:	
b)(7)(E)					(7)(E)					
Requested By b)(6);	y: (USMS)			Title: OPO Inspecto	se.					
Circuit:	(031413)	T	District/D							
2				ecurity Division						
	e: (ex. U.S. v. S GCJ Kennedy D		CJ Smith A	ssistance, USD	CJ Smith Protei	ctive R	esponse, 12th	Circuit J	udicial C	onference)
ocation of E	vent: (Street A	(ddress)			Event City:				Event S	tate:
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U.S. D	epartment	of Justice			JSD Revie	w	but	icial Security Event
NSTRUCTION	NS: to request	funding fo		e, travel, a	and district sec	curity offic	er staffing,	
Submission N		u aren	equirea.		Enter the P	rotective /	Assessment Numb	er assigned:
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Requested B	_			Title:				
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(b)(6); (b)(		t Address)			Event	City:		Event State:
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Start Time:  End Time:  Will this detail include  N DISTRICT Requesting Funding for Overtime Hours/Day: (b)(7)(E)  GUARDS  Hours per Day: (b)(7)(E)  TRAVEL	ment at 9.docx	IN-CHARGE, I  ttachments be  ON OF EVENT  De  Monday  (b)(7)(E)  g for Saturday	NSPECTOR IN-C Op OP Cel (b)  clong here:  tail Start Date: /23/2019  Tuesday rs, Sundays, and	HARGE erational Title: O Inspector I Phone: (6); Specify: Days Wednesda	(b)(7)(E)		Saturday (b)(7)(E)
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DETAIL SUPERVISOR, I lame: D)(6);  DOCUMENTATION DISTRICT DOPOREVIEW  NOTICIPATED TOTAL D Travel Date:  Start Time: End Time: End Time:  VIII this detail include N DISTRICT Lequesting Funding for Dovertime Hours/Day: D)(7)(E) DOVERTIME HOURS/Day: D)(7)(E) TOWNER HOURS/Day: D)(7)(E) TRAVEL Number of Full Da TRAVEL TRAVEL TOWNER HOURS/DAY: D)(7)(E) TRAVEL TOWNER HOURS/DAY: D)(7)(E) TRAVEL TOWNER HOURS/DAY: TOWNER HOURS/DAY: D)(7)(E) TRAVEL TOWNER HOURS/DAY: TO	ment at ment a	tachments be ON OF EVENT De Sths: 2 Monday (b)(7)(E)	Op OP Cel (b) Elong here: tail Start Date: /23/2019	Specify: Days  Wednesda	5/25/20 y Thursday (b)(7)(E)	019	
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Number of Full Da Full M&IE Days (Do not	1		(b)(7)(	(t	o)(7)(E)	(b)(7)(	E)
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and last days)		M&IE x 2 days, if trip i longer than day)	taxes)	7-44		Baggage, etc.	
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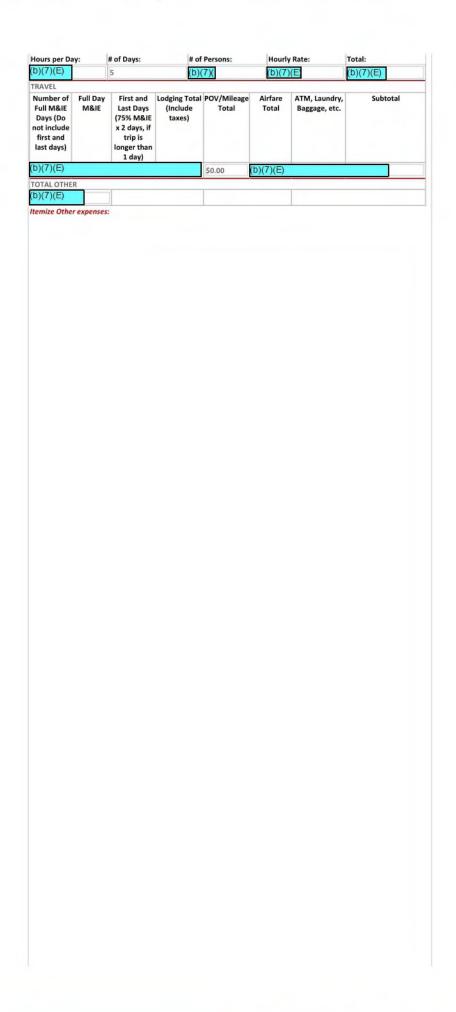
	mate: \$1,539.50	*		
Detail Status:	Completed	•		
Name: (b)(6);		*		
JSD APPROVAL				
Special Assignme	ent Number (b)(7)(E)	Project Code	(b)(7)(E)	•
Total Approved	Amount: \$1,756	•		
< or = \$25K	Senior Inspector:	(b)(6);		2019-05-17
>\$25K - \$50K		Name will autopopulate		
>\$50K - \$75K	Chief:	Name will autopopulate		
>\$75K - \$100K	Deputy Assistant Director:	Name will autopopulate		
>\$100K	Assistant Director:	Name will autopopulate		

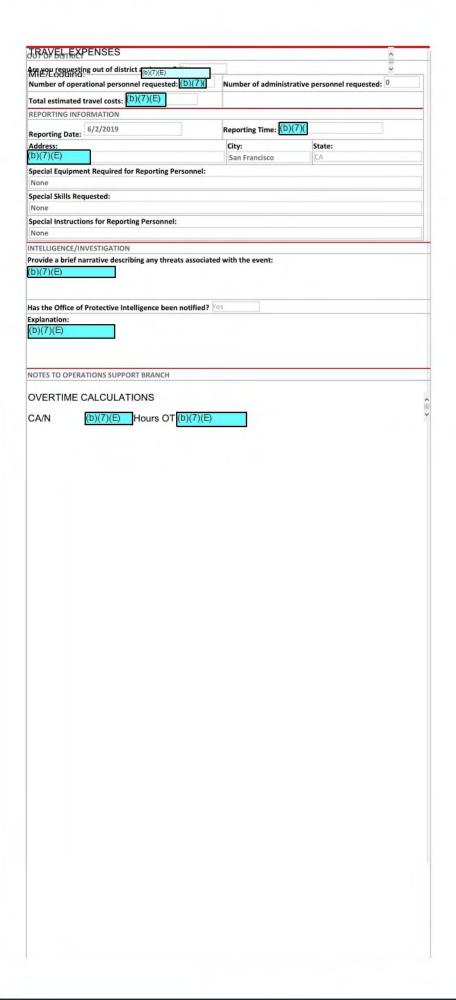
	TARSHA	A.S.			d State			STATE	TOW W
U.S. D	epartment o	f Justice		JSD A	pproved		Judi	icial Secu	rity Event
	to request fu			el, and dis	trict securit	y officer	staffing.		
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Circuit:			trict/Divisio licial Securit						
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	J Kennedy De								
b)(6);	vent: (Street	Address)			Event City (b)(6);	_		E	vent State:
Host District					(0)(0),	_			
	trict of New \	/ork							
Detail Type:									
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	ief narrative d v strain on dis			clude the i	number of p	articipan	ts, national atte	ention, n	nedia coverage,
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las the Office of explanation:	of Protective In	telligence be	en notified? Ves				
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ETAIL SUPERV	ISOR, DEPUTY	IN-CHARGE, I	NSPECTOR IN-CI	HARGE erational Title:			
(b)(6);				O Inspector			
Office Phone:			Cell	Phone:			
(b)(6);			(b)	(6);			
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DISTRICT Lequesting Fun District and Inte 5-31-06-01 Ope DPO REVIEW  ANTICIPATED TO Fravel Date:  Lumber of Days DAILY SCHEDUL  Start Time: End Time: Lequesting Fun District Lequesting Fun Divertime Hour Divertime Hour O GUARDS	el document at s Plan Supremo S/Weeks/Mon E Sunday include fundin ding for in dist s/Day:	Monday (b)(7)(E) g for Saturday rict resources # of Days: 1 # of Days: 0	tail Start Date: /31/2019  Tuesday s, Sundays, and	# of 1811: (b)(7) # of 082:	6/1/20:	Friday (b)(7)(E)  Total: (b)(7)(E)  Total: 50.00	Saturd
DPO REVIEW  DPO REVIEW  INTICIPATED TO Travel Date:  Start Time:  End Time:  Will this detail in District Function of Days Overtime Hour.  Dovertime Hour.  SUARDS Hours per Day:	el document at s Plan Supremo DTAL DURATIO s/Weeks/Mon E Sunday include fundin ding for in dist s/Day:	Monday (b)(7)(E) g for Saturday rict resources # of Days: 1 # of Days: 0	tail Start Date: //31/2019  Tuesday s, Sundays, and ? Yes	# of 1811:  (b)(7)  # of 082: 0	6/1/20:	Total: (b)(7)(E)  Total: (b)(7)(E)  Total: 50.00	
DPO REVIEW  ANTICIPATED TO Fravel Date:  Number of Days Start Time: End Time: Will this detail in N DISTRICT Requesting Fun Overtime Hour O GUARDS Hours per Days (b)(7)(E)	el document at s Plan Supremo S/Weeks/Mon E Sunday include fundin ding for in dist s/Day:	Monday (b)(7)(E) g for Saturday rict resources # of Days: 1 # of Days: 0	tail Start Date: /31/2019  Tuesday s, Sundays, and	# of 1811:  (b)(7)  # of 082: 0	6/1/20:	Friday (b)(7)(E)  Total: (b)(7)(E)  Total: 50.00	
End Time:  Will this detail i N DISTRICT Requesting Fun Overtime Hour (b)(7)(E) Overtime Hour 0 GUARDS Hours per Day: (b)(7)(E) TRAVEL	otal document at s Plan Supreme  otal DURATIO  s/Weeks/Mon  E  Sunday  ding for in dist s/Day:  s/Day:  # of D	Monday (b)(7)(E)  g for Saturday  rict resources # of Days: 1 # of Days: 0	tail Start Date: /31/2019  Tuesday  Tuesday  , Yes  # of Persor  (b)(7)(E	Wednesday /or Holidays? Ye # of 1811:	6/1/20:	Total: (b)(7)(E)  Total: (b)(7)(E)  Total: 50.00	
DISTRICT Requesting Fun Overtime Hours (b)(7)(E) Overtime Hours (c)(7)(E) Overtime Hours (d)(7)(E) Overtime Hours (d)(7)(	otal document at s Plan Supreme  otal DURATIO  s/Weeks/Mon  E  Sunday  ding for in dist s/Day:  s/Day:  # of D	Monday  (b)(7)(E)  g for Saturday  rict resources  # of Days:  0  First and Las Days (75%	tail Start Date: //31/2019  Tuesday  Tuesday  * Yes  # of Persor  (b)(7)(E)  t Lodging Total (include	Wednesday /or Holidays? Ye # of 1811:	6/1/20:	Total: (b)(7)(E)  Total: (b)(7)(E)  Total: (b)(7)(C)  ATM, Laundry,	<u> </u>
DISTRICT Requesting Fun District and Inte S-31-06-01 Ope DPO REVIEW  ANTICIPATED TO Fravel Date:  Number of Days SAILY SCHEDUL  Start Time: End Time: Will this detail i N DISTRICT Requesting Fun Dis	otal document at s Plan Supreme  otal DURATIO  s/Weeks/Mon  E  Sunday  ding for in dist s/Day:  s/Day:  # of D	Monday  (b)(7)(E)  g for Saturday  rict resources  # of Days:  0  First and Las  Days (75%  M&IE x 2	tail Start Date: //31/2019  Tuesday  Tuesday  **, Sundays, and **, Yes  # of Persor (b)(7)(E)  t Lodging Total (include taxes)	Wednesday  /or Holidays? Ye  # of 1811:  (b)(7)  # of 082: 0  POV/Mileage	6/1/20:	Total: (b)(7)(E)  Total: (b)(7)(E)  Total: (b)(7)(C)  Total: ATM,	<u> </u>
DPO REVIEW  ANTICIPATED TO Travel Date:  JUMBER of Days ALLY SCHEDUL  Start Time: End Time:  Will this detail in N DISTRICT  Requesting Fun Divertime Hour.  Divertime Hour.  Divertime Hour.  BUARDS Hours per Days:  Ally SCHEDUL  All Time:	otal document at s Plan Supreme  otal DURATIO  s/Weeks/Mon  E  Sunday  ding for in dist s/Day:  s/Day:  # of D	Monday  (b)(7)(E)  g for Saturday  rict resources # of Days:  # of Days:  ays:  First and Las  Days (75%  M&IE x 2  days, if trip io longer than	tail Start Date: //31/2019  Tuesday  **, Sundays, and (b)(7)(E)  **Lodging Total (Include taxes)	Wednesday  /or Holidays? Ye  # of 1811:  (b)(7)  # of 082: 0  POV/Mileage	6/1/20:	Total: (b)(7)(E)  Total: (b)(7)(E)  Total: (b)(7)(C)  ATM, Laundry,	Ē
DPO REVIEW  INTICIPATED TO TRAVEL  STATE TIME: End Time: End Time: Vill this detail in N DISTRICT Requesting Fun Divertime Hourn Divertime Hou	oral document at a Plan Supremo	Monday  (b)(7)(E)  g for Saturday  rict resources # of Days:  # of Days:  Days (75% M&IE x 2 days, if trip i longer than day)	tail Start Date: //31/2019  Tuesday  **Tuesday  # of Persor (b)(7)(E)  t Lodging Total (Include taxes) s	# of 1811: (b)(7) # of 082: 0  POV/Mileage Total	6/1/20: Thursday  Thursday  Airfare Total	Total: (b)(7)(E)  Total: (b)(7)(E)  Total: (b)(7)(  ATM, Laundry, Baggage, etc.	E) Subtotal
DPO REVIEW  INTICIPATED TO TRAVEL  STATE TIME: End Time: End Time: Vill this detail in N DISTRICT Requesting Fun Divertime Hourn Divertime Hou	otal document at s Plan Supreme  otal DURATIO  s/Weeks/Mon  E  Sunday  ding for in dist s/Day:  s/Day:  # of D	Monday  (b)(7)(E)  g for Saturday  rict resources # of Days:  # of Days:  ays:  First and Las  Days (75%  M&IE x 2  days, if trip io longer than	tail Start Date: //31/2019  Tuesday  **, Sundays, and (b)(7)(E)  **Lodging Total (Include taxes)	Wednesday  /or Holidays? Ye  # of 1811:  (b)(7)  # of 082: 0  POV/Mileage	6/1/20:	Total: (b)(7)(E)  Total: (b)(7)(E)  Total: (b)(7)(C)  ATM, Laundry,	Ē

OUT OF DISTRICT			1	
Number of operational		(b)(7)	Number of administrative pers	onnel requested:
Total estimated travel	osts: \$0			
Note:				
DETAIL TOTAL				
Note: The following fiel	ds are required.			
Total Detail Estimate:	\$3,285.00			
Detail Status:	Completed			
Name: (b)(6);				
OPO COMPLETION  Comments:				
	t: \$7,952.00	1	Is the AAR attached?	

SHIED	SHALL.	r		d States Is Service		STATE OF THE PARTY	O. P.
U.S. Departn	nent of Justice		JSD A	pproved		Judicial Secu	urity Event
NSTRUCTIONS: Use this form to req	uest funding for o				1		
Note: All boxes with Submission Number		uired.	Ento	r the Protective A	ccacemant No	mhor seeler	and:
b)(7)(E)	•			7)(E)	issessment Nu	imber assign	ieu:
Requested By:		Tit	tle:				
b)(6);	USMS)	OF	PO Inspector				
ircuit:		strict/Divisi					
Aission Name: (ex.			ity Division	Smith Protective	Resnonse 12t	h Circuit Ind	icial Conference)
ustice Kennedy at			unce, osber	Smith Protective	nespunse, 12t	n Circuit Jau	iciai conjerencej
ocation of Event: (				Event City:		E	vent State:
b)(7)(E)				San Francisco		C	A
ost District:							
Northern District of	California						
etail Type: upreme Court Justi	ice Assistance						
evel:	CE PERINGING			Active/Retired:			
				Retired			
10	(7)(E) w	mere ne	will attend	d events on Ju	une 6 and 7	. On aun	e /. AIVIN
				# of	Defendants	# of W	litnesses
of Protected Perso	ons: # of Attende		# of Defend	# of dants: in C			litnesses
of Protected Perso	ons: # of Attende	es:	# of Defend	dants: # of in C	Defendants ustody:	# of W	fitnesses tody:
of Protected Perso	ons: # of Attende	es:	# of Defend	dants: # of in C	Defendants ustody:	# of W in Cusi 0	ritnesses tody:
of Protected Persons stimated Local Lod b)(7)(E)	ons: # of Attende   200   ging Rate:	es:   Estimat   (b)(7)(i	# of Defend	dants: # of in C	Defendants ustody: Estimated	# of W in Cusi 0	ritnesses tody:
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DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Warner    Digit   Di									
Name: (b)(6), (b)(7)(C), (c)(F)(D)(C) (d)(G), (b)(T)(C) (d)(G), (b)(T)(C) (d)(G), (b)(T)(C) (e)(G), (b)(T)(C) (file Phone: (b)(6), (b)(T)(C) (file Phone: (b)(6), (b)(T)(C) (file Phone: (b)(6), (b)(T)(C) (file Phone: (b)(6), (b)(T)(C) (file Phone: (file									
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(b)(6), (b)(7)(C)  Office Phone: (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: 6/2/2019 6/3/2019 6/3/2019  Number of Days/Weeks/Months: 7  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)  GUARDS  Hours per Day: # of Days: # of 082: Total: (b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total: (b)(7)(E)  (b)(7)(E) (b)(7)(E) (b)(7)(E) (b)(7)(E) (b)(7)(E) (b)(7)(E) (b)(7)(E) (b)(7)(E) (b)(7)(E) (b)(7)(E) (b)(7)(E) (b)(7)(E) (b)(7)(E) (b)(7)(E) (c)(7)(E) (	DETAIL SUPERVISO	R, DEPUT	Y IN-CHARGE,	INSPECTOR IN-	CHARGE				
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: 6/2/2019 6/3/2019  Number of Days/Weeks/Months: 7  Detail Start Date: 6/3/2019  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? Yes  IN DISTRICT  Requesting Funding for in district resources? Yes  Overtime Hours/Day: # of Days: # of 1811: Total: (b)(7)(E)  Overtime Hours/Day: # of Days: # of 082: Total: (b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total: (b)(7)(E)  (b)(7)(E)  (b)(7)(E)  (b)(7)(E)  (b)(7)(E)	Name: (b)(6); (b)(7)(C);								
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:  6/2/2019  6/3/2019  Number of Days/Weeks/Months: 7  Detail Start Date:  6/8/2019  Number of Days/Weeks/Months: 7  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? Yes  IN DISTRICT  Requesting Funding for in district resources? Yes  Overtime Hours/Day: # of Days: # of 1811: Total:  (b)(7)(E)  Overtime Hours/Day: # of Days: # of 082: Total:  (b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total:  (b)(7)(E)  (b)(7)(E)  (b)(7)(E)  (b)(7)(E)  (b)(7)(E)						(C)			
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:  6/2/2019  Detail Start Date:  6/3/2019  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? Yes  IN DISTRICT  Requesting Funding for in district resources? Yes  Overtime Hours/Day: # of Days: # of 1811: Total:  (b)(7)(E)  Overtime Hours/Day: # of Days: # of 082: Total:  (b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total:  (b)(7)(E)  (b)(7)(E)  (b)(7)(E)  (b)(7)(E)  (b)(7)(E)  (b)(7)(E)  (b)(7)(E)									
ANTICIPATED TOTAL DURATION OF EVENT  Travel Date:	District and Intel do 1906 ak at sf special	cument a							
Travel Date:									
Number of Days/Weeks/Months: 7  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? Yes  IN DISTRICT  Requesting Funding for in district resources? Yes  Overtime Hours/Day: # of Days: # of 1811: Total:  (b)(7)(E)  Overtime Hours/Day: # of Days: # of 082: Total:  (b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total:  (b)(7)(E)  (b)(7)(E)  (b)(7)(E)  (b)(7)(E)  (b)(7)(E)	Travel Date:	L DURAT	D	etail Start Date:				:	
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Start Time:  (b)(7)(E)  Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes  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)(E)  GUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total:  (b)(7)(E) 5 (b)(7)(E) (b)(7)(E)	DAILY SCHEDULE			y Tuesday	Wedn	esday Thi	ursday	Friday	Saturday
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)(E) (b)(7)(E)  Overtime Hours/Day: # of Days: # of 082: Total:  (b)(7)(E) 5 (b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total:  (b)(7)(E) (b)(7)(E) (b)(7)(E)	Start Time:								
N DISTRICT   Requesting Funding for in district resources?   Yes			<u> </u>						
Requesting Funding for in district resources?   Yes		ıde fundi	ng for Saturda	iys, Sundays, an	d/or Holiday	s? Yes			
(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)	Requesting Funding			es? Yes					
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	Hours per Day:		Days:		_		e:		
		5		(b)(7)(E	)	(b)(7)(E)		(D)(7)(E)	

Days (Do not include first and last days)		Days (759 M&IE x 2 days, if trip longer that day)	(Include taxes)	Total	Airrare Total	Laundry, Baggage, etc.	
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Itemize Other I TRAVEL EXPEN DUSMS Total		(b)(7)( Loc	(b)(7)(E) Iging - (b) TOTAL ESTIMATE	)(7)(E) k6 ni D TRAVEL COSTS			- F
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	AFARSH	AL.	1		d State als Serv	_			S. C.
U.S. D	epartment	of Justice		JSD	Review		Juc	dicial Secur	ity Event
NSTRUCTION Use this form Note: All box	to request			avel, and dis	trict security	office	r staffing,		
Submission !		u are rec	uneu.	Ente	er the Protec	tive As	sessment Num	ber assigne	d:
(b)(7)(E)				(b)(	(7)(E)				
Requested B (b)(6);	_			tle: PO Inspector					
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ocation of E	vent: (Stree	et Address)			Event City:	_			ent State:
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Has the Office of Protective Intelligence been notified? Ves  Explanation:  IDI(7)(E)  NOTES TO OPERATIONS SUPPORT BRANCH  DD(7)(E)  DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Name:  Operational Title:  OPO Inspector  OPO Inspector  OPO Inspector  OPO Inspector  OPO REVIEW  DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Name:  Operational Title:  OPO Inspector  OPO Inspector  OPO Inspector  OPO Inspector  OPO REVIEW  DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  IDI(6),  DOCUMENTATION  DOCUMENTATION  DISTRICT  Travel Date:  Detail Start Date:  7/12/2019  Travel Date:  Detail End Date:  7/12/2019  Travel Date:  Travel Date:  Detail Start Date:  7/12/2019  Travel Date:  Detail End Date:  7/14/2019  Specify: Days  DAILY SCHEDULE  End Time:  DO(7)(E)  End Time:  DO(7)(E)  End Time:  DO(7)(E)  End Time:  DO(7)(E)  Total:  DO(7)(E)		ed travel costs	(b)(7)(E					
Address: City: State:  Special Equipment Required for Reporting Personnel:  // a Special Equipment Required for Reporting Personnel:  // a Special State:  Special Equipment Required for Reporting Personnel:  // a  Special Instructions for Reporting Personnel:  // a  SPECIAL SUPERNISOR of Protective Intelligence been notified?  // a  SEPTIME STREAM SUPPORT BRANCH  DI(7)(E)  DI(7)(E)  DETAIL SUPERNISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  SPANANCE:  DPOPTAIL SUPERNISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Name:  DPOPTAIL SUPERNISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  DPOPTAIL SUPERNISOR, DEPUTY IN-CHAR	REPORTING IN			_		/b\/7\/		
Special Equipment Required for Reporting Personnel:  // a Special Skills Requested:  // a Spec		e: 7/12/2019						
Special Skills Requested:  // A  STELLIGENCE/INVESTIGATION Provide a bird narrative describing any threats associated with the event:  DI(7)(E)  State the Office of Protective Intelligence been notified?  // C Special Skills Requested:  SI(7)(E)  SOUTES TO OPERATIONS SUPPORT BRANCH  DI(7)(E)  SOUTES TO OPERATIONS SUPPORT BRANCH  DI(7)(E)  DOETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Value:  Operational Title:  Operationa	Address:				City:	Sta	te:	
Special Skills Requested:  // a  // a  Special Instructions for Reporting Personnel:  // a  // b  // b	Special Equip	ment Required	for Reporting F	Personnel:				
ANTELLIBENCE/INVESTIGATION Provide a brief narrative describing any threats associated with the event:    Di(7)(E)	n/a							
Special Instructions for Reporting Personnel:  In/A  In/EUIGENCE/INVESTIGATION Provide a brief narrative describing any threats associated with the event:  D(7)(E)  Has the Office of Protective Intelligence been notified?  Has the Office Phone:  Operational Title:  Operatio		Requested:						
INTELLIGENCE/INVESTIGATION Provide a brief narrative describing any threats associated with the event:    Di(7)(E)	554	rtions for Reno	rting Personne	ŀ				
PROVIDE a brief narrative describing any threats associated with the event:  D(7)(E)  Has the Office of Protective Intelligence been notified?  Ves Explanation:  DOTAL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  DOT		ctions for nepo	rting rersonne					
Has the Office of Protective Intelligence been notified? Ves Explanation:  DOCTIVE  DOCTAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Warne:  OPERAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  OPERAIL SUPERVISOR, DEPUTY IN-CHARGE, IN-CHARGE  OPERAIL SUPERVISOR, DEPUTY IN-CHARGE  OPERAIL SUPERVISOR IN-CHARGE  OPERAIL SUPERVI	INTELLIGENCE	/INVESTIGATIO	N					
Explanation:    Di(7)(E)    DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE	Provide a brie (b)(7)(E)	f narrative des	ribing any thre	eats associated v	with the event:			
NOTES TO OPERATIONS SUPPORT BRANCH  D)(7)(E)  DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Name: Document Supervisor, Deputy In-CHARGE, INSPECTOR IN-CHARGE  Name: Document Supervisor, Deputy In-CHARGE, INSPECTOR IN-CHARGE  Operational Title: Document Supervisor, Deputy In-CHARGE, INSPECTOR IN-CHARGE  Option Supervisor, Deputy In-CHARGE, In-CHARGE  Option Supervisor, Deputy In-CHARGE, INSPECTOR IN-CHARGE  Option Supervisor, Deputy In-CHARGE, INSPECTOR IN-CHARGE  Option Supervisor, Deputy In-CHARGE  Option Supervisor, Deputy In-CHARGE  Option Supervisor, Deputy In-CHARGE  Option		of Protective I	ntelligence bee	n notified? Ves				
NOTES TO OPERATIONS SUPPORT BRANCH  D)(7)(E)  DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Name: Operational Title: Operational Title: D)(6):  OPO Inspection	(b)(7)(E)							
DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Name:  Operational Title: OPO Inspector OPO REVIEW  DOCUMENTATION DIstrict and Intel document attachments belong here: 77-12-07-14 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  Number of Days/Weeks/Months: 3 Specify: Days  DAILY SCHEDULE Sunday Monday Tuesday Wednesday Thursday Friday Saturda Start Time: DO(7)(E) End Time: DO(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: DO(7)(E)  DO(7)(E)  Sunday Monday # of Days: # of 1811: DO(7)(E)  Overtime Hours/Day: # of Days: # of 082: DO(7)(E)  Total: DO(7)(E)  Total: DO(7)(E)  NUMBER 2  Jays (75%  Hourls Pate: Total: DO(7)(E)  DO(7)(E)  DO(7)(E)  Subtotal TARAVEL  Number of Full Day M&IE First and Last Days (75% M&IE 2 Jays (75% M&IE 2 Jays (75% Laundry, Baggage, etc.  Baggage, etc.  Include first and last days  O So.00 So.00 So.00 So.00 So.00 So.00 So.00  TOTAL OTHER								
DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Name:    Operational Title:   OPO Inspector   OPO In	NOTES TO OPE	ERATIONS SUP	PORT BRANCH					
Name: D)(6); D)(6); DOCUMENTATION District and Intel document attachments belong here: D7-12-07-14 Ops Plan Supreme Court Justice Kennedy.docx  DOPO REVIEW  AMTICIPATED TOTAL DURATION OF EVENT Travel Date: Detail Start Date: T/11/2019 DAILY SCHEDULE  Sunday Monday Start Time: D)(7)(E) End Time: D)(7)(E) End Time: D)(7)(E) End Time: D)(7)(E) I D(D)(7)(E) D(	b)(7)(E)							
Name: D)(6); D)(6); DOCUMENTATION District and Intel document attachments belong here: D7-12-07-14 Ops Plan Supreme Court Justice Kennedy.docx  DOPO REVIEW  AMTICIPATED TOTAL DURATION OF EVENT Travel Date: Detail Start Date: T/11/2019 DAILY SCHEDULE  Sunday Monday Start Time: D)(7)(E) End Time: D)(7)(E) End Time: D)(7)(E) End Time: D)(7)(E) I D(D)(7)(E) D(								
DOCUMENTATION DISTRICT Requesting Funding for in district resources? Yes  Overtime Hours/Day: # of Days: # of Pass: # of 1811: [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 Days: # of 1811: [b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Pass: # of 1811: [b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Pass: # of 1811: [b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Pass: # of 1811: [b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Pass: # of 1811: [b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Pass: # of 1811: [b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Pass: # of 1811: [b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Pass: # of 1811: [b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Pass: # of 1811: [b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Pass: # of 1811: [b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Pass: # of 1811: [b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Pass Pass Pass Pass Pass Pass Pass Pas	DETAIL SUPER	VISOR, DEPUTY	/ IN-CHARGE, IN	NSPECTOR IN-CH	ARGE			
Office Phone: (b)(6): (b)(6): (c)(6): (b)(6): (c)(6): (c)(7):	Name:							
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:  0								
DOCUMENTATION District and Intel document attachments belong here: 77-12-07-14 Ops Plan Supreme Court Justice Kennedy, docx  OPO REVIEW  ANTICIPATED TOTAL DURATION OF EVENT Travel Date: 7/12/2019  Number of Days/Weeks/Months: 3  Specify: Days  Dall Y SCHEDULE  Sunday Monday Tuesday Wednesday Thursday Friday Saturda (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 Days: # of Bays: # of Bays: Total: (b)(7)(E)  1								
District and Intel document attachments belong here: 77-12-07-14 Ops Plan Supreme Court Justice Kennedy.docx  OPO REVIEW  ANTICIPATED TOTAL DURATION OF EVENT Travel Date: 7/12/2019  Number of Days/Weeks/Months: 3  Specify: Days  DAILY SCHEDULE  Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time: (b)(7)(E)  End Time: (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 IB11: Total: (b)(7)(E)  QUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total: (b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total: (b)(7)(E)  SUNDARDS  Hourly Rate: Total: (b)(7)(E)  Travel  Number of Full Day M&IE First and Last Days (75% D	(=/(=/							
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District and Intel document attachments belong here: 77-12-07-14 Ops Plan Supreme Court Justice Kennedy.docx  OPO REVIEW  ANTICIPATED TOTAL DURATION OF EVENT Travel Date: 7/12/2019  Number of Days/Weeks/Months: 3  Specify: Days  DAILY SCHEDULE  Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time: (b)(7)(E)  End Time: (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 IB11: Total: (b)(7)(E)  QUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total: (b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total: (b)(7)(E)  SUNDARDS  Hourly Rate: Total: (b)(7)(E)  Travel  Number of Full Day M&IE First and Last Days (75% D								
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No DISTRICT   Requesting Funding for in district resources? Yes								
Requesting Funding for in district resources?   Yes	Will this detail	include fundir	ng for Saturdays	s, Sundays, and/	or Holidays? Y	25		
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Divition	Requesting Fu	nding for in dis	trict resources	Yes				
Overtime Hours/Day: # of Days: # of 082: Total:  (b)(7)(E)		rs/Day:	-					
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	CT			
Number of ope	rational	personnel request	ed:(b)(7) Number of administrativ	e personnel requested:
Total estimated	travel c	osts: (b)(7)(E)		
Note:				
DETAIL TOTAL				
Note: The follow	wing field	ds are required.		
Total Detail Est	imate:	\$6,296.00		
9.1011 I01011 I-1.1		***************************************		
Detail Status:		Approved		
Jame: (b)(6);		Approved  nber: (b)(7)(E	Project Code: (b)(7)(E	
Name: (b)(6);	nent Nur	nber: (b)(7)(E		
Name: (b)(6);  ISD APPROVAL	nent Nur	nber: (b)(7)(E t:	Project Code: (b)(7)(E	
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ISD APPROVAL Special Assignr Total Approved	nent Nur	nber: (D)(7)(E t: Senior Inspector Assistant Chiej	Project Code: (b)(7)(E	
ISD APPROVAL  Special Assignr  Total Approvec  < or = \$25K  >\$25K - \$50K	nent Nur	nber: (b)(7)(E t: Senior Inspector Assistant Chiej Chiej	Project Code: (b)(7)(E	

44	STATES.		Unite Marsha	d State Ils Serv			S CONTRACTOR OF THE PARTY OF TH	CON THE PROPERTY OF
U.S. Departme	ent of Justice		ISD	Review		lu	dicial Secu	rity Event
NSTRUCTIONS: Use this form to reque	est funding fo	or overtim			officer		oreiai secui	nty tvent
Note: All boxes with a Submission Number:		required.	Ente	r the Protec	tive As	sessment Num	ber assign	ed:
b)(7)(E)				7)(E)	1			
Requested By:			Title:		_			
b)(6); USMS]	1	I=+ - + - •	OPO Inspector	*				
Circuit:			<b>Division:</b> District of Californ	nia				
Mission Name: (ex. U.	S. v. Smith, S				ctive R	esponse, 12th	Circuit Judio	cial Conference)
SCJ Anthony Kenned		4.5 44						
b)(6); (b)(7)(C)	reet Address	)		Event City:	_		Ev.	ent State:
Host District:				(b)(6);			10	1
Central District of Cali	ifornia							
Detail Type:								
Supreme Court Justice	a Assistance			Anti In	mari-			
Level:				Active/Reti	red:			
Description of Event; (Provide a brief narrat extraordinary strain o (b)(6); (b)(7)(C)	tive describin			number of pa	rticipa	nts, national at	tention, m	edia coverage,
# of Protected Person		ndees:	# of Defen	dants:		Defendants stody:	in Custo	tnesses ody:
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7/15/2019		/	/16/2019			7/18/2019		
Number of Days/Wee	ks/Months:	4		Specify: Da	<b>y</b> 5			
DAILY SCHEDULE Sund	lav	Monday	Tuesday	Wednes	day	Thursday	Friday	Saturday
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Will this detail include  N DISTRICT	e funding for		ys, Sundays, and/	or Holidays?	No			

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	of Days:	# of	Persons:	Hourh	y Rate:	Total:	
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TRAVEL					•		
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Days (Do not include	(75% M&IE x 2 days, if	taxes)					
first and	trip is						
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E1/7//E1	1 day)			Diam'r.	la	a.cacel	
(b)(7)(E)			\$0.00	\$0.00	\$0.00	(b)(7)(E	
TOTAL OTHER							
temize Other expenses:							
Parking(b)(7) 3days=(b)(  DUT OF DISTRICT  Are you requesting out of	district assis	tance? No					
NTELLIGENCE/INVESTIGA							
Provide a brief narrative of	describing an	y threats asso	ciated with th	e event:			
b)(7)(E)							
Has the Office of Protection	ve Intelligenc	e been notifie	d? Yes				
Explanation:	re intempene	e been noune					
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LOTES TO OBERATIONS	UDDODT DDA	NCH					
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(b)(6); (b)(7)(C); (b)(	7)(E); (b)(7	)(F)					
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			R IN-CHARGE				
DETAIL SUPERVISOR, DEP			Operation	al Title:			
DETAIL SUPERVISOR, DEP Name: b)(6);			Operation OPO Inspe	al Title:			
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DETAIL SUPERVISOR, DEP Name: b)(6); Office Phone:			Operation OPO Inspe	al Title:			
DETAIL SUPERVISOR, DEP Name: (b)(6);			Operation OPO Inspe	al Title:			
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DETAIL SUPERVISOR, DEP Name: b)(6); Office Phone: (b)(6);	UTY IN-CHAR	IGE, INSPECTO	Operation OPO Inspe Cell Phone (b)(6);	al Title:			
DETAIL SUPERVISOR, DEP Name: b)(6); Diffice Phone: b)(6):  DOCUMENTATION District and Intel document	UTY IN-CHAR	IGE, INSPECTO	Operation OPO Inspe Cell Phone (b)(6);	al Title:			
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DETAIL SUPERVISOR, DEP Name: b)(6); DOFfice Phone: (b)(6);  DOCUMENTATION District and Intel documer (cennedy's visit (b)(6); DOPO REVIEW ANTICIPATED TOTAL DUR Fravel Date: 7/15/2019 Number of Days/Weeks/I DAILY SCHEDULE Sunda Start Time: End Time: Will this detail include fur N DISTRICT Requesting Funding for in Overtime Hours/Day: 0	Months: 4  y  Morths: 4  y  Morths: 4  district resort  # of Day	its belong here  ENT Detail Start 7/16/2019  Inday Tu (E)  Irdays, Sunday  urces? Yes	Operation OPO Inspe Cell Phone (b)(6);  Date:  Speci esday W  # of 1 0	al Title: ctor ::  fy: Days //ednesday	7/18/2019 Thursday Tot: 50.	Friday Friday	Saturda
DETAIL SUPERVISOR, DEP Name: D)(6); Office Phone: (b)(6);  DOCUMENTATION District and Intel documer Gennedy's visit (b)(6);  DOPO REVIEW  ANTICIPATED TOTAL DUR Travel Date: 7/15/2019 Number of Days/Weeks/t DAILY SCHEDULE Sunda Start Time: End Time: Will this detail include fur N DISTRICT Requesting Funding for in Overtime Hours/Day: 0 Overtime Hours/Day:	ATION OF EV  Months: 4  y Mor  (b)(7)(  district reso) # of Day 0 # of Day	its belong here  ENT Detail Start 7/16/2019  Inday Tu (E)  Irdays, Sunday  urces? Yes	Operation OPO Inspe Cell Phone (b)(6);  Date:  Speci esday W  ss, and/or Hol # of 1 0 # of 0	ify: Days  (ednesday lidays? No	7/18/2019 Thursday Tot: 50. Tot:	Friday  al: 00	Saturda
DETAIL SUPERVISOR, DEP Name: b)(6); Diffice Phone: b)(6);  DOCUMENTATION District and Intel documer tennedy's visit (b)(6); DPO REVIEW ANTICIPATED TOTAL DUR Travel Date: 7/15/2019 Number of Days/Weeks/I DAILY SCHEDULE Sunda Start Time: End Time: Will this detail include fur N DISTRICT Requesting Funding for in Overtime Hours/Day: 0	Months: 4  y  Morths: 4  y  Morths: 4  district resort  # of Day	its belong here  ENT Detail Start 7/16/2019  Inday Tu (E)  Irdays, Sunday  urces? Yes	Operation OPO Inspe Cell Phone (b)(6);  Date:  Speci esday W  # of 1 0	ify: Days  (ednesday lidays? No	7/18/2019 Thursday Tot: 50. Tot:	Friday Friday	Saturda

	14		(D)(7)(E)	(D)	(/)(E)		(b)(7)(	F)
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 To	otal	ATM, Laundry, Baggage, etc.	Subtotal
b)(7)(E)				\$0.00	\$0.00		\$0.00	(b)(7)(
TOTAL OTHER								
(b)(7)(E)								
temize Other e Parking (b)(3								
Notes:								
OUT OF DISTRIC	ст			1				
lumber of ope	rational persor	nel requested:		Number of ad	ministrativ	e pe	rsonnel reques	ted:
Total estimated Note:	travel costs:							
lote: The follow	4							
lote: The follow	imate: \$4,0	59.00						
otal Detail Est	imate: \$4,0		 					
DETAIL TOTAL Note: The follow Fotal Detail Est Detail Status: Vame: (b)(6);	imate: \$4,0	59.00	*					
rotal Detail Esti Detail Status: Vame: (b)(6), Notes:	imate: \$4,0 Com	oleted	•					
Total Detail Esta Detail Status: Idame: (b)(6).	com	059.00 oleted	•	Project Code:	(b)(7)(E)			
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rotal Detail Esta Detail Status: Idame: (b)(6); Idotes: ISD APPROVAL Estation Assignment of the Approved  of the Status of the S	ment Number: d Amount: \$6,3	(b)(7)(E)  10  ior Inspector: (1)	* *		(b)(7)(E)			19-07-15
rotal Detail Esta Detail Status: Idame: (b)(6); Idotes: Idotes	ment Number: d Amount: \$6,3	(b)(7)(E)  10  ior Inspector: (1)	b)(6);	populate	(b)(7)(E)			
rotal Detail Est. Detail Status: Idame: (b)(6).  Idotes:  Idotes:	nent Number: 3 Amount: \$6,3	(b)(7)(E)  10  ior Inspector: (I)  Chief: N	b)(6); lame will auto	populate populate	(b)(7)(E)			
Note: The follow Fotal Detail Est. Detail Status: Vame: (b)(6); Notes: ISD APPROVAL Special Assignm	nent Number: d Amount: \$6,3 Sen As	(b)(7)(E)  10  ior Inspector: (1)	b)(6); lame will auto	populate populate populate	(b)(7)(E)			

MA	III STATES			d States als Servic		
U.S. Depart	ment of Just	tice	JSD	Review		Judicial Security Event
NSTRUCTIONS: Use this form to rec	quest fundin	ng for overtim				
Note: All boxes wit Submission Numbe		re required.	Ente	er the Protectiv	e Assessment Nu	mber assigned:
(b)(7)(E)				(7)(E)		•
Requested By: b)(6); (U			Title:			
Circuit:	JSMS)	District/	OPO Inspector  Division:			
9			Security Division			
			Assistance, USDC	J Smith Protect	ive Response, 12t	h Circuit Judicial Conference
SCJ Anthony Kenn Location of Event:				Event City:		Event State:
b)(6); (b)(7)(C)		E33/		(b)(6);		CA
lost District:						
Northern District o	f California					
<b>Detail Type:</b> Supreme Court Jus	tice Assistan	ice				
.evel:				Active/Retire	d:	
Description of Ever				Retired		
extraordinary strair b)(6); (b)(7)(C)			:.)			
of Protected Pers	sons: # of A	ttendees:	# of Defen		of Defendants n Custody:	# of Witnesses in Custody:
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stimated Local Lo (b)(7)(E)	dging Rate:		timated Local Pe )(7)(E)	r Diem Rate:	\$0.00	Local Required Misc:
ANTICIPATED TOTA	AL DURATIO	N OF EVENT				
Fravel Date:		De	tail Start Date:		Detail End	Date:
7/18/2019		7	/18/2019		7/21/201	19
Number of Days/W	Veeks/Mont	hs: <sup>5</sup>		Specify: Days		
DAILY SCHEDULE	unda.	Manday	Tuesday	Moderati	Thursday	Falden Fabrual
	inday (E)	Monday	Tuesday	Wednesda	(b)(7)(E)	Friday Saturda
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Start Time: (b)(7)  End Time:  Will this detail incl  N DISTRICT  Requesting Fundin  Overtime Hours/D	ude funding	rict resources # of Days:	Yes	# of 1811:	Т	otal:
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Start Time: (b)(7) End Time:  Will this detail incl N DISTRICT Requesting Fundin Overtime Hours/D b)(7)( Overtime Hours/D	ude funding	rict resources # of Days:	Yes	# of 1811: (b)(7)(	T.     (1	b)(7)(E)
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Will this detail inclination of the control of the	# of Day  Day  Firs  Last (75% x 2 d tri longe	rict resources # of Days: 1 # of Days: 1 ays: Lodg t Days G M&IE t days, if ip is er than	# of Person (D)(7)(E)  sing Total POV/N Include axes)	# of 1811: (b)(7)( # of 082: (b)(7) s: He (b	T (b courly Rate: )(7)(E) are ATM, Laund Baggage, e	(b)(7)(E)  Total: (b)(7)(E)  Total: (c)(7)(E)  Subtotal
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7)(E)								
	of Proteo	tive In	telligence beer	n notified? Yes				
xplanation: 0)(7)(E)								
IOTES TO OPE	RATIONS	SUPP	ORT BRANCH					
ETAIL SUPER\	/ISOR, D	EPUTY	IN-CHARGE, IN	SPECTOR IN-C	HARGE			
Name:	_			Ope	erational Title:			
(b)(6);				OP	O Inspector			
Office Phone:	1/01				Phone:			
b)(6); (b)(7	)(0)			(p)	(6);			
OCUMENTAT istrict and Int ennedy 535 O	el docum		tachments belo	ong here:				
NTICIPATED T	OTAL DI	JRATIO	N OF EVENT					
ravel Date: 7/18/2019				ail Start Date: 18/2019		7/21/20		
lumber of Day	s/Wook	/Mont		10/2019	Specify: Days		719	
AILY SCHEDU		s/ IVION	uns:		specify.			
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End Time	(b)(7)(	E)						
				-	-			
N DISTRICT			; for Saturdays		or Holidays?	/es		
N DISTRICT	nding for				/or Holidays? \frac{1}{2}	/es	Total:	
N DISTRICT	nding for		rict resources?			res	Total: (b)(7)(E)	
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equesting Fur Deertime Hour DO(7)( DOUT)( DO	rs/Day: rs/Day: : Full Day	# of Do	rict resources? # of Days: 1 # of Days: 1 ays: First and Last Days (75% M&IE x 2 days, if trip is longer than 1	# of Person (b)(7)( Lodging Tota (Include taxes)	# of 1811:  (b)(7)( # of 082: (b)(7)(E  ns: H  POV/Mileage Total	lourly Rate: b)(7)(E) a Airfare Total	(b)(7)(E) Total: (b)(7)(E)  Total: (b)(7)(I)  ATM, Laundry, Baggage, etc.	Subtotal
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DUSTRICT Requesting Fur Povertime Hour Povertime Ho	rs/Day: rs/Day: : Full Day	# of Do	rict resources? # of Days: 1 # of Days: 1 ays: First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	# of Person (b)(7)( Lodging Tota (Include taxes)	# of 1811:  (b)(7)( # of 082: (b)(7)(E  ns: H  POV/Mileage Total	lourly Rate: b)(7)(E)  Airfare Total  \$0.00	(b)(7)(E) Total: (b)(7)(E)  Total: (b)(7)(I)  ATM, Laundry, Baggage, etc.	Subtotal
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	mate: \$3,888.50	•	
Detail Status:	Completed	•	
Name: (b)(6);		•	
-	7		
JSD APPROVAL			
Special Assignm	nent Number (b)(7)(E)	Project Code (b)(7)(E)	
	Amount: \$2,620		
< or = \$25K	Senior Inspector:	(b)(6); (b)(7)(0):	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:			

	HITED ST	al.		Inited St Irshals S				
U.S. D	epartment	of Justice		JSD Appro	ved		Judicial Security Ev	ent
NSTRUCTION Use this form	NS: to request	funding for o		, and district se				
Note: All box Submission N		d "*" are requ	ired.	Enter the P	rotectiv	e Assessment No	umber assigned:	
(b)(7)(E)	tumber.			(b)(7)(E)	Total	rissessiment it	amber assigned:	
Requested B	_		Title:					
b)(6); ircuit:	USMS			nspector				
2			trict/Division: dicial Security I	Division				
Mission Nam	e: (ex. U.S.	v. Smith, SCJ S	mith Assistanc	e, USDCJ Smith	Protect	tive Response, 12t	th Circuit Judicial Co	nference
8/8-8/11 SC	J Kennedy							
ocation of E	vent: (Stree	et Address)		Event	_	1	Event St	
b)(6); lost District:				(b)(6	1):		NY	
Southern Dis		w York						
Detail Type:								
Supreme Co	urt Justice /	Assistance						
evel:				Active	e/Retire	ed:		
	ief narrative						attention, media co	overage,
		district resource nedy will be to	es, etc.) avelling(b)(6	): /b)/7)/C)				has
						1S assistance on S		
of Protecte	d Persons:	# of Attende	es: # 0	of Defendants:		# of Defendants in Custody:	# of Witnesse in Custody:	es
stimated Lo \$0.00	cal Lodging	Rate:	\$0.00	ocal Per Diem	Rate:	Estimated \$0.00	Local Required Mi	isc:
ANTICIDATE	TOTAL DI	RATION OF E	FAIT					
Fravel Date:	TOTAL DO	RATION OF E	Detail Start	Date:		Detail End	d Date:	
			8/8/2019			8/11/20	19	
Number of D	avs/Weeks	/Months: 4		Speci	fy: Day:	s 🗸		
DAILY SCHED								
	Sunday	Mor	iday Tu	uesday W	ednesda		Friday	Saturda
Start Time:	D)(7)(E)					(b)(7)(E)		
End Time:								
Vill this deta	ail include f	unding for Sat	urdays, Sunda	ys, and/or Hol	idays?	Yes 🗸		
	unding for	in district resc	ources? Yes	$\vee$				
Overtime Ho (b)(7)(	ours/Day:	# of Da	ys:	# of 18			Total: (b)(7)(E)	
Overtime Ho	nurs/Day+	# of Da	WE+	(b)(7 # of 0	_		Total:	
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GUARD5								
Hours per Da	ау:	# of Days:		Persons:		ourly Rate:	Total:	
(b)(7)(E		2	(p)	(1)(	(t	o)(7)(E	(b)(7)(E	
TRAVEL	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if	Lodging Total (Include taxes)	POV/Mileage Total	Airfa Tot			tal
Number of Full M&IE Days (Do not include first and last days)		trip is longer than 1 day)						
Number of Full M&IE Days (Do not include first and last days)	\$0.00	trip is longer than	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Number of Full M&IE Days (Do not include first and last days)	-	trip is longer than 1 day)		\$0.00	\$0.00	\$0.00	\$0.00	
Number of Full M&IE Days (Do not include first and	-	trip is longer than 1 day)		\$0.00	\$0.00	\$0.00	\$0.00	

Total estimate		sonnel request		Number of ad			
REPORTING IN		*					
	8/8/2019		110	Reporting Tin	ne:		
Reporting Dat Address:	te:		jana.	City:		ate:	
							$\vee$
Special Equipo None	ment Required	d for Reporting	Personnel:				
Special Skills I	Requested:						
N/A							
Special Instru N/A	ctions for Rep	orting Personn	el:				
INTELLIGENCE	/INVESTIGATION	ON					1
Provide a brief (b)(7)(E)	f narrative des	cribing any thr	eats associated v	with the even	ti		
Has the Office	of Protective	Intelligence be	en notified? Yes	$\overline{\vee}$			
Explanation:	OTTTOLECTIVE	intelligence be	en nouneur				
(b)(7)(E)							
NOTES TO OPE	RATIONS SUP	PORT BRANCH					
above overtim (b)(7)(E)	e calculations	are for SDNY a	re;				
(D)(1)(E)							
DETAIL SUPER	VISOR, DEPUT	Y IN-CHARGE	INSPECTOR IN-CH	ARGE			
Name:	VISON, DEFOI	i iii-ciinitac,		rational Title	1		
(b)(6),			OP	O Inspector			V
Office Phone:				Phone:	wil .		
(b)(6);			(b)(	(6); (b)(7)(C	)		
Click here t	o attach a file	reme Court Jus	elong here: itice Kennedy.doo	ex .			
OPO REVIEW							
ANTICIPATED	TOTAL DURAT	ION OF EVENT					
Travel Date:	TOTAL DONAL		etail Start Date:		Detail E	nd Date:	
		<b>10</b> 8	3/8/2019		8/11/2	2019	1
Number of Da	ys/Weeks/Mo	nths: 4		Specify: Da			
DAILY SCHEDU	ILE						
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	(b)(7)(E)	(5)(1)(2)		1	(5)(1)(2)		-
	(-)(-)(-)	-			_		
Will this detail	include fundi	ng for Saturda	ys, Sundays, and	or Holidays?	Yes 🗸		
IN DISTRICT				•			
	nding for in di	strict resource	yes V	1			
Overtime Hou		# of Days:	,,	# of 1811:		Total:	
(b)(7)(E)	, oay.	1		(b)(7)(		(b)(7)(E)	
	ırs/Day:	# of Days:		# of 082:		Total:	
Overtime Hou		1		(b)(7)(		(b)(7)(E)	
(b)(7)(E)		110					
(b)(7)(E) GUARDS	c #of		# of Person	ns:	Hourly Rate	Total	
(b)(7)(E)	/: # of	Days:	# of Persor (b)(7)(		Hourly Rate: b)(7)(E)	Total: (b)(7)(	E)
(b)(7)(E) GUARDS Hours per Day (b)(7)(E) TRAVEL	2	Days:	(b)(7)(		b)(7)(E)	(b)(7)(	
(b)(7)(E) GUARDS Hours per Day (b)(7)(E)	Full Day M&	Days:  E First and La Days (75% M&IE x 2 days, if trip longer than	(b)(7)( st Lodging Total (Include taxes)		b)(7)(E)	(b)(7)(	Subtotal
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\$0.00				
Notes:				
101031				
OUT OF DISTRICT				
Number of operationa	l personnel requeste	ed:(b)(7)(E)	Number of administra	tive personnel requested:
Total estimated travel	costs: \$0			
Note:				
DETAIL TOTAL				
Note: The following fie	elds are required.			
rote. The jonouning jie	as are required.			
Total Detail Estimate:	\$4,222.00			
Total Detail Estimate: Detail Status:	\$4,222.00 Completed	*		
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Detail Status: Name: (b)(6);	0	V.	Save	
Detail Status: Name: (b)(6); OPO COMPLETION	0	V.	Save	
Detail Status: Name: (b)(6); OPO COMPLETION	0	V.	Save	
Detail Status: Name: (b)(6); OPO COMPLETION	Completed	V.	Save	[V]

TARSHAL.			ted State hals Serv			of the state of th	VISION	The same
U.S. Department of Justice		JSC	Approved		J	udicial 5	Security	Event
NSTRUCTIONS: Use this form to request funding fo Note: All boxes with a red "*" are n		me, travel, and		officer	staffing.			
Submission Number:	equirea.		nter the Protec	tive Ass	essment Nu	mber as	signed:	
h\/7\/F\			(b)(7)(E)					
equested By: (b)(6): USMS)		OPO Inspe	ctor					
one,	District	/Division:	1101					
1		rn District of Fl	orida					
Mission Name: (ex. U.S. v. Smith, Se	CJ Smith	Assistance, US	DCJ Smith Prote	ctive Re	esponse, 12th	n Circuit	Judicial	Conference
CJ Kennedy Assistance ocation of Event: (Street Address)			Event City:				Event	State:
))(6): (b)(7)(C)			(b)(6):				FL	
ost District:								
outhern District of Florida								
upreme Court Justice Assistance								
evel:			Active/Reti	red:				
escription of Event:			Retired					
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	ndees:	# of De	fendants:	# of D in Cus			of Witnes Custody:	
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Overtime Ho	urs/Day:		# of Da	ys:	# of 08		Tota	
b)(7)(E			1		(b)(7)	(	(b)(	7)(E)
GUARDS Hours per Da	w.	# of D	ave.	4 -4	Persons:	Harri	y Rate:	Total:
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TRAVEL				(0)	V 1	1-11	1.0	· 71 /1-/
Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	(75% x 2 to	st and t Days 6 M&IE days, if rip is er than day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)			uayı		\$0.00	\$0.00	\$0.00	(b)(7)(E)
TOTAL OTHE	R						ly c.o.c.	
(b)(7)(E)								
temize Othe 1) S/F Overtime E (b)(7)(E)	(b)(6)	; (b)(	7)(C);	(b)(7)(E);	535 wo	orksheet s	ubmitted	Ĵ
DUT OF DIST								
OUT OF DISTI Are you requ	esting out			stance? No				

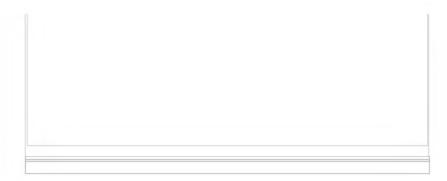
Start Time: (b)(7)(E)  End Time: (b)(7)(E)  Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes  N DISTRICT  Requesting Funding for in district resources? Yes  Overtime Hours/Day: # of Days: # of 1811: Total: (b)(7)(E)  Overtime Hours/Day: # of Days: # of 082: Total: (b)(7)(E)  DOVERTIME HOURS/DAY: # of Days: # of 082: Total: (b)(7)(E)  GUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total: (b)(7)(E)  STRAVEL	Charles and the		. 72.2	- L				
DICTION SUPPORT BRANCH  DICTIO		Protective In	telligence been	notified? Yes				
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DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  James: Operational Title: OPO Inspector Cell Phone: OIG).  DOCUMENTATION  DISTRICT And Intel document attachments belong here: ps Plan Supreme Court Justice Kennedy Aug 2019 update. docx  DETAIL SUPERVISOR, DEPUTY IN-CHARGE  MITICIPATED TOTAL DURATION OF EVENT Fravel Date: JOEAN Supreme Court Justice Kennedy Aug 2019 update. docx  DETAIL SUPERVISOR  MITICIPATED TOTAL DURATION OF EVENT Fravel Date: JOEAN Supreme Court Justice Kennedy Aug 2019 update. docx  DETAIL SUPERVISOR  MITICIPATED TOTAL DURATION OF EVENT Fravel Date: JOEAN Supreme Court Justice Kennedy Aug 2019 update. docx  DETAIL SUPERVISOR  MITICIPATED TOTAL DURATION OF EVENT Fravel Date: JOEAN Supreme Court Justice Kennedy Aug 2019 update. docx  DETAIL SUPERVISOR  MITICIPATED TOTAL DURATION OF EVENT Fravel Date: JOEAN Supreme Court Justice Kennedy Aug 2019 update. docx  MITICIPATED TOTAL DURATION OF EVENT Fravel Date: JOEAN Supreme Court Justice Kennedy Aug 2019 update. docx  Monday Tuesday  Wednesday Thursday Friday  Start Time:  DIT Time:  DIT Time: DI	<i>□</i> (, , , ∟ ,							
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Operational Title:  D(6), D(7) (E) D(7)								
OPO Inspector  Cell Phone: Di(6): Di(7): Detail End Date: B/26/2019 B/30/2019 B		OR, DEPUTY	IN-CHARGE, INS					
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Detail Start Date: 8/25/2019  Region of Days/Weeks/Months: 6  Specify: Days  Monday Tuesday Wednesday Thursday Friday Satur Time: (b)(7)(E)  End Time: (b)(7)(E)  Find Time Hours/Day: # of Days: # of	PO REVIEW							
8/25/2019  8/26/2019  8/30/2019	NTICIPATED TO	TAL DURATIO	ON OF EVENT					
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D)(7)(E)  1		ng for in dist	rict resources?	Yes				
District		Day:						
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Hourly Rate: Total:    Di(T)(E)     5			1		(6)(1)(2)		(D)(7)(E)	
Number of Full Day M&IE First and Last Clodging Total (Include Total Total Total Subto Male 2 days, if trip is Include first Ind last days)  (b)(7)(E)  (b)(7)(E)  (c)  (b)(7)(E)  (c)  (c)  (c)  (c)  (d)  (d)  (d)  (d		# of D	ays:	# of Person	s: Ho	ourly Rate:	Total:	
Number of Full Day M&IE First and Last Days (75% Days (75% Days (75% Days (Do not include first and last days))  Di(7)(E)  OTAL OTHER  Di(6)		5		(b)(7)(	(t	)(7)(E	(b)(7)(E	)
TOTAL OTHER  (b)(7)(E)  temize Other expenses:  1. S/FL (b)(6)* (b)(7)(C)*  535 worksheet submitted Overtime Expenditures: (b)(7)(E  (b)(7)(F)  Guard Backfill: (b)(7)(F)  Sdays (b)(7)(F)  Other	Full M&IE Days (Do not include first	ill Day M&IE	Days (75% M&IE x 2 days, if trip is longer than 1	(Include		Airfare Total	Laundry,	Subtotal
b)(7)(E)  temize Other expenses:  b) S/FL [b)(6)* (b)(7)(C)*  535 worksheet submitted Overtime Expenditures: [b)(7)(E    h)(7)(F)	b)(7)(E)				\$0.00	\$0.00	\$0.00	(b)(7)(E)
temize Other expenses:  1) S/FL [/h)/(h) / (h)/(7)/(C)								
5/FL (h)/(6)* (h)/(7)/(C)* 535 worksheet submitted Overtime Expenditures: (b)/(7)/(E) h)/(7)/(F)								
Suard Backfill: (h)(7)(F) Sdays (b)(7)(F) Other Expenditures: Lodging: \$0x 0 nights = Per Diem: (full) \$0 x 0 + (3/4)0 = 0 Lodge	.) S/FL (b)(6							^
		dging: \$0x 0 r						U

Number of operationa	personnel requested:		Number of administrative personnel requested
Total estimated travel	costs:		
Note:			
DETAIL TOTAL			
Note: The following fie	lds are required.		
Total Detail Estimate:	\$6,875.00	*	
Detail Status:	Completed		
Name: (b)(6);			
OPO COMPLETION			
Comments:			

To Day	AL.			d States als Servi		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ON	C. A.
U.S. Department	of Justice		ISD	Review		ludi	cial Secu	rity Event
NSTRUCTIONS: Use this form to request	funding for ov				fficer staffing			and aren
Note: All boxes with a re Submission Number:	ed "•" are requi	ired.	Ent	er the Protectiv	ve Assessmer	nt Numb	er assign	ed:
b)(7)(E)				(7)(E)				
Requested By:			Title:					
(b)(6); (USMS			OPO Inspecto	r				
Circuit:		trict/Di	curity Division					
Mission Name: (ex. U.S. 9/12-9/16 SCJ Kennedy		mith As	sistance, USDO	J Smith Protect	tive Response	, 12th Ci	rcuit Jud	icial Conference
ocation of Event: (Stree	et Address)			Event City:				vent State:
Manhattan Jack Dietriek				NYC			N	Υ
<b>Host District:</b> Southern District of Nev	v York							
Detail Type:								
Supreme Court Justice A	Assistance							
Level:				Active/Retire	ed:			
Description of Event:				neured				
Provide a brief narrative				number of part	icipants, nati	onal atte	ention, m	edia coverage,
extraordinary strain on a SCJ Kennedy (b)(6) (b		es, etc.)				attend th	ne Ameri	can Academy o
Achievements Summit.		reque	sted USMS ass	istance for this				
guests. (b)(7)(E)								
of Protected Persons:	# of Attendee	:5:	# of Defe		# of Defenda in Custody:	nts	# of W	itnesses tody:
1								
	1	Fuatu	0	- Di D-t	0	_4_41-	0	and Affine
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stimated Local Lodging	1	The state of the s		er Diem Rate:	0 Estim			red Misc:
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las the Office of Protectiv	e Intelligence b	een notified?	/es			
Explanation:						
(b)(7)(E)						
NOTES TO OPERATIONS SU	JPPORT BRANC	Н				
(b)(7)(E)						
DETAIL SUPERVISOR, DEPU Name:	JTY IN-CHARGE		I-CHARGE Operational Title:			
(b)(6);			OPO Inspector			
Office Phone:			Cell Phone:			
(b)(6); (b)(7)(C)			b)(6); (b)(7)(C)			
DOCUMENTATION						
DOCUMENTATION  District and Intel documen						
09-12-09-16 Ops Plan Supr	eme Court Just	ce Kennedy.doo	CX.			
OPO REVIEW		_				
ANTICIPATED TOTAL DURA	TION OF EVEN	T				
Travel Date:		Detail Start Dat	e:	Detail End D	ate:	
9/11/2019		9/12/2019		9/16/2019		
Number of Days/Weeks/N	Ionths: 7		Specify: Days			
DAILY SCHEDULE						
Start Time:			ay Wednesday	Thursday	Friday	Saturday
End Time: (b)(7)(E)	(b)(7)(E	'		(b)(7)(E)		
End Time: (D)(7)(E)	_					
Will this detail include fun	ding for Saturd	ays, Sundays, a	nd/or Holidays? Yes			
IN DISTRICT Requesting Funding for in			nd/or Holidays? Yes			
IN DISTRICT Requesting Funding for in			nd/or Holidays? Yes			
IN DISTRICT Requesting Funding for in			nd/or Holidays? Yes			
IN DISTRICT  Requesting Funding for in  Notes:  OUT OF DISTRICT	district resourc	es? No	nd/or Holidays? Yes			
IN DISTRICT  Requesting Funding for in  Notes:  OUT OF DISTRICT  Number of operational pe	district resourc	es? No		inistrative person	nnel requested	: 0
Will this detail include fun IN DISTRICT Requesting Funding for in Notes:  OUT OF DISTRICT Number of operational per Total estimated travel cost	district resourc	es? No		inistrative persor	nnel requested	: 0
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\$75K - \$100K		or: Name will autopopulate		
>\$100K	Assistant Direct	or: Name will autopopulate		
otes:	(Institute of the Control of the Con	77\/5\		
OTE: The sur	nmit is being held (b)(	(7)(E)	and it is not ope	en to the public
TEXT V	ODE: 2010	International	Cummit	



· m	MAL.	N	United larshals	States Service		
U.S. Departmen	nt of Justice		JSD App	roved	lue	dicial Security Event
INSTRUCTIONS:	in or austice		130 Ab	Joveu	100	awai security event
Use this form to reque			el, and distric	ct security offic	cer staffing,	
Submission Number:	red are red	uirea.	Enter t	he Protective	Assessment Num	ber assigned:
(b)(7)(E)			(b)(7)			
Requested By:		Title	e:			
(b)(6); USM			O Inspector			
Circuit:		strict/Division				
				mith Protective	e Response, 12th (	Circuit Judicial Conference
SCJ Kennedy (ret.) Pro			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ricoponise, azrir e	mean saurerar conjerent
ocation of Event: (Str			E	vent City:		Event State:
Cody, WY			C	ody		WY
lost District:						
District of Wyoming						
<b>Detail Type:</b> Supreme Court Justice	Assistance					
evel:	- regulation (CE		ΙΔ	ctive/Retired:		
				etired		
extraordinary strain on The United States Su	district resour preme Court thony Kenned	ces, etc.) has request	ed the U.S. I	Marshals Serv	vice to provide p	tention, media coverage rotection for Retired otember 20-22, 2019.
				# 0	of Defendants	# of Witnesses
of Protected Persons	# of Attend	9951	# of Defenda			
1 Estimated Local Lodgin	100	Estimate	# of Defenda 0 d Local Per D	nts: in 0	Custody:  Estimated Lo	in Custody: 0 ocal Required Misc:
1 Estimated Local Lodgir b)(7)(E)  ANTICIPATED TOTAL D	100 ng Rate:	Estimate (b)(7)(E	d Local Per D	nts: in 0	Custody:	in Custody: 0 ocal Required Misc:
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rovide a brief 0)(7)(E)	f narrative de	scribing any threa	ats associated v	vith the event:				
, , , ,								
as the Office	of Protective	Intelligence beer	n notified? Yes					
xplanation:								
IOTES TO OPE	RATIONS 5U	PPORT BRANCH						
)(7)(E)								
	VISOR, DEPU	TY IN-CHARGE, IN						
)(6);	_			rational Title:				
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		attachments belo tice AK Cody Wy.o						
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ravel Date:	TOTAL DURA	TION OF EVENT	ail Start Date:		Detail	End Dat	e:	
9/19/2019			20/2019		9/20/			
					most bearing			
lumber of Da	ys/Weeks/M	onths: 4		Specify: Days				
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AILY SCHEDU	Sunday	Monday	Tuesday	Specify: Days Wednesda	y Thursda	ау	Friday	Saturd
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End Time  Will this detail  N DISTRICT Requesting Ful Divertime Hou Divertime Hou O GUARDS Hours per Day O FRAVEL Number of Full M&IE Days (Do not include first and last days)  (b) (7) (E) FOTAL OTHER \$0.00  Notes:	Sunday	Monday (b)(7)(E)  ing for Saturdays  istrict resources?  # of Days: 0  f Days: 0  f Days: 0  f Days: days, if trip is longer than 1 day)	# of Person  Under the second of the second	# of 1811: (b)(7)( # of 082: 0  POV/Mileage Total	ty Thursday (b)(7)(E)  es  ourly Rate: (b)(7)(E)  Airfare Total	Total (b)(1) Total (50.0	t: 77)(E) 1: 0 Total: \$50.00  ATM, nundry, gage, etc.	Subtotal
Start Time End Time Utill this detail N DISTRICT equesting Fu Dist	Sunday	Monday (b)(7)(E)  ing for Saturdays  istrict resources?  # of Days: 0  f Days: 0  f Days: 0  f Days: days, if trip is longer than 1 day)	# of Person  Under the second of the second	# of 1811: (b)(7)( # of 082: 0  POV/Mileage Total	ty Thursday (b)(7)(E)  es  ourly Rate: (b)(7)(E)  Airfare Total	Total (b)(1) Total (50.0	t: 77)(E) 1: 0 Total: \$50.00  ATM, nundry, gage, etc.	Subtotal

Total Detail Estimate:	\$2,930.50		
Detail <u>Status:</u>	Completed	*	
Name.(b)(6); (b)(7)(C);		*	
202 201101 271011			
OPO COMPLETION			
Comments:			
Final Approved Amoun	t: \$2,517.50		Is the AAR attached?
Final Approved Amoun	t: \$2,517.50		Is the AAR attached?



## United States Marshals Service



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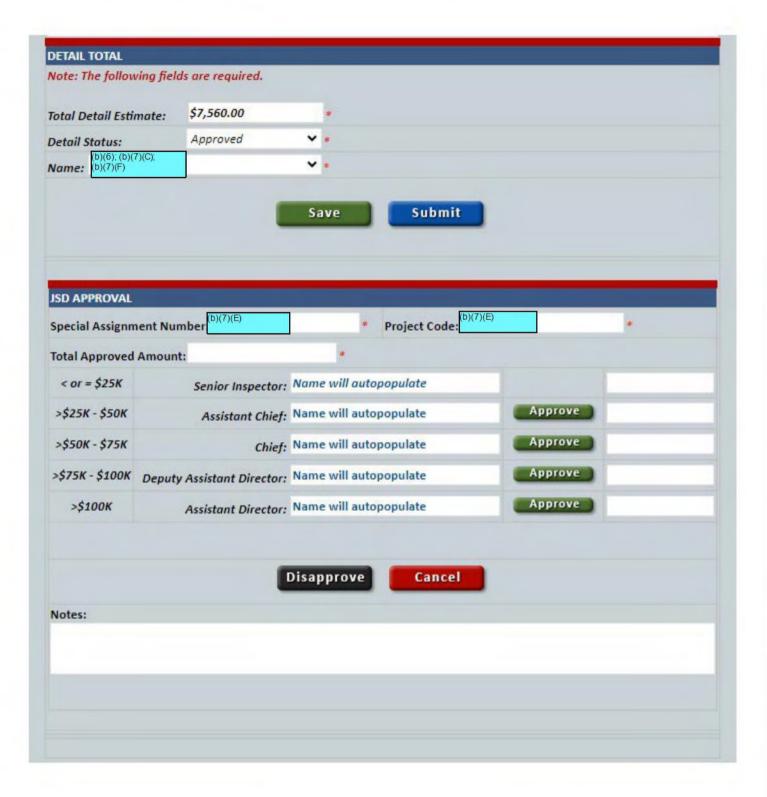
ARSH	A			TIST TO STATE OF THE STATE OF T
U.S. Department	t of Justice	JSD Review	w	Judicial Security Event
INSTRUCTIONS: Use this form to request Note: All boxes with a re	The state of the s	time, travel, and district secu	urity officer staffing.	
Submission Number:		Enter the Pr	otective Assessment Nu	mber assigned:
Requested By: (b)(6); (b)(7)(C); (b)(7)(F) USMS)		Title: OPO Inspector		~
Circuit:	Distri	ct/Division:		
11		hern District of New York		~
Mission Name: (ex. U.S.	v. Smith, SCJ Smi	th Assistance, USDCJ Smith P	Protective Response, 12ti	h Circuit Judicial Conference)
USSCJ Brett Kavanugh A				
Location of Event: (Stree		Event (	City:	Event State:
57 E 57th Street, New Y	ork	New Y		NY 🗸
Host District:				
Southern District of Ne	w York			~
Detail Type:				
Supreme Court Justice	Assistance			~
Level:		Active	Retired:	
~		Active		
extraordinary strain on a	district resources,			
		me Court Justice Brett I	The second secon	
	and the second second	and the second second second second		ton D.C. The Justice will
be utilizing Am	trak at Penn St	ation for this trip. The	Justice will be attend	ing the American
Academy of Ac	hievements Su	(b)(6); (b)(7)(C)	Attendance is a	approximately 250-300
people.				
# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	250	0	0	0

stimated Lo	cal Lodging	Rate:	Estimated L	ocal Per Diem	Rate:	Estimated Loc	al Required Misc:
\$0.00			\$0.00			\$0.00	
NTICIPATED	TOTAL DU	RATION OF EV	FNT				
ravel Date:	TOTAL DO	MATION OF EV	Detail Start	Date:	_	Detail End Dat	te:
			9/13/2019			9/15/2019	
					Dave	~	
The second second		/Months: 3		Specif	y: Days		
AILY SCHED			Inc. T.	and and and		Thursday	Friday Saturda
Start Time:	Sunday 0)(7)(E)	Mon	day Iu	iesday We	ednesday	Thursday (b)(7)(E)	Friday Saturda
End Time:							
Overtime Ho O(7)(F) Overtime Ho O GUARDS		# of Day 1 # of Day 0		# of 18 (b)(7)(E) # of 08		Total (b)(7)(c)  Total \$0.0	E) :
Hours per Da	ay:	# of Days:	# of	Persons:	Hourl	y 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)	(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
OTAL OTHE	R						
\$0.00							
30.00		ed.					
	RICT						
UT OF DIST		of district acci-	tanco No	~		_	
UT OF DIST	esting out	of district assis	tance? No	~			

X

End Time	End Time: (b)(7)(E)			(b)(7)(E)				
Vill this detail	include funding	for Saturdays.	Sundays, and/o	or Holidays?	Yes 🗸			
N DISTRICT				- Houseys-				
Requesting Fur	nding for in dist	rict resources?	Yes 🕶					
Overtime Hou		# of Days:		# of 1811:		Total:		
0)(7)(E)		1		(b)(7)(E)		(b)(7)(E)		
Overtime Hou	vertime Hours/Day: # of Days:			# of 082:		Total:		
0		0		0		\$0.00		
GUARDS	-				-			
Hours per Day	: # of D	ays:	# of Person					
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TRAVEL								
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/Mileag Total	e 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 DISTRI	СТ							
Number of ope	erational person	inel requested:		Number of administrative personnel requested:				
otal estimated	d travel costs:							
Note:								
DETAIL TOTAL								

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U.S. Department of Justice  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:    Di(T)(E)	MARSI	AL.		United Marsha	d State Is Servi		(		
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(77)(E)  Requested By:  (B(77)(E)  Requested By:  (B(8)(E)(77)(C):  (B(77)(C):  (	U.S. Department	of Justice		JSD A	pproved		Je	udicial Security	Event
Submission Number:    Enter the Protective Assessment Number assigned:   SO(7)(E)	Use this form to reques			ravel, and dist	rict security	officer	staffing,		
Description of Event:   Desc		ed "*" are requ	ired.	Ente	r the Protect	ive Ass	essment Nur	mber assigned:	
Description of Event:   Southern District Position   Southern District Position									
District/Division:   District/Division									
Mission Name: (ex. U.S. v. Smith, SCI Smith Assistance, USDCI Smith Protective Response, 12th Circuit Judicial Conference (Street Address)    Event City:   Event State:									
Mission Name: (ex. U.S. v. Smith, SCI Smith Assistance, USDCI Smith Protective Response, 12th Circuit Judicial Confere Justice Ragan Protection Detail Location of Event: (Street Address)  Event City:  Event State:    NY	2								
Location of Event: (Street Address)  Event City:  Event State:  (b)(6): (b)(7)(C)  Host District:  Southern District of New York  Detail Type:  Southern District assistance  Level:  Active  Description of Event:  (Provide a brief narrative describing the event to include the number of participants, national attention, media covera extraordinary strain on district resources, etc.)  (b)(6): (b)(7)(C)  (b)(6): (b)(7)(C)  (c)  Estimated Local Lodging Rate:  Estimated Local Per Diem Rate:  So.00  So.00  ANTICIPATED TOTAL DURATION OF EVENT  Travel Date:  2/1/2019  Number of Days/Weeks/Months: 6  Specify: Days  Sunday Monday Tuesday Wednesday Thursday Friday Satu  Start Time:  Sunday Monday Tuesday Wednesday Thursday Friday Satu  Start Time:		v. Smith, SCI S			Smith Prote	ctive Re	esponse, 12th	Circuit Judicia	(Conference
Detail Type:  Southern District of New York  Detail Type:  Supreme Court Justice Assistance  Level:  Active/Retired:  Active  Provide a brief narrative describing the event to include the number of participants, national attention, media coverage extraordinary strain on district resources, etc.)  By 6f Protected Persons:  # of Protected Persons:  # of Protected Persons:  # of Defendants:    1								-	
# of Protected Persons: # of Attendees: # of Defendants: # of Witnesses in Custody: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		er Address)			event City:				state:
Detail Type: Supreme Court Justice Assistance  Level:  Active/Retired: Active  Provide a brief narrotive describing the event to include the number of participants, national attention, media covera extraordinary strain on district resources, etc.)  [b)(6); (b)(7)(C)    b)(6); (b)(7)(C)    c)(7)(C)    d)(7)(C)    d)(7								11.	
Euevel:  Active/Retired: Active  Provide a brief narrative describing the event to include the number of participants, national attention, media coverage extraordinary strain and district resources, etc.)  (b)(6); (b)(7)(C)  # of Protected Persons: # of Attendees: # of Defendants: in Custody: in Custody: 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: 2/1/2019  Number of Days/Weeks/Months: 6  Specify: Days  Sunday Monday Tuesday Wednesday Thursday Friday Satus  Start Time: Sunday Monday Tuesday Wednesday Thursday Friday Satus  Start Time: Sunday Monday Tuesday Wednesday Thursday Friday Satus  Start Time: Sunday Monday Tuesday Wednesday Thursday Friday Satus	Southern District of Nev	v York							
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TOTAL OTHE	R								
\$0.00									
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Number of o	perational	personnel requ	uested: (b)(7)(E	=)	Numbe	er of admini:	strative person	nel re	quested: 0
Total estima	ted travel	costs: (b)(7)(E)							
REPORTING									
Reporting D	2/1/2	2019			Report	ing Time(b)(7	*)(E)		
Reporting D	utc.				City:		State:		
	pment Req	uired for Repor	ting Personne	el:					
(b)(7)(E)									
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IN DISTRICT										
Requesting Fun	ding for in d	istrict resou	rces?	Yes						
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U.S. Departm	ent of Justice		JSD R	eview		Ju	dicial Secur	ity Event
INSTRUCTIONS: Use this form to requ Note: All boxes with a	est funding for ove				officer s			
Submission Number:		irea.	Enter	the Protecti	ve Asse	ssment Nun	nber assigne	ed:
(b)(7)(E)			(b)(7)	(E)				
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(b)(6); (b)(7)(C); (b)(7)(F. Circuit:		trict/Division	O Inspector					
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Location of Event: (5)	treet Address)			Event City:				ent State:
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<b>Host District:</b> Eastern District of No	orth Carolina							
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7/11/2019 Number of Days DAILY SCHEDUL Start Time: End Time: Will this detail in N DISTRICT Requesting Func Overtime Hours O Overtime Hours	:/Weeks/Mon E Sunday		Detail 7/11	l Start Date 1/2019	2:					
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Start Time: End Time: Will this detail in N DISTRICT Requesting Func Overtime Hours O Overtime Hours	E Sunday	Mond	lav.				7/12/2	019		
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and last days)		longer th day)	an 1							
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SO.00										
OUT OF DISTRIC	ational persor	nnel reque	sted:			Number of adr	ministrative pe	rsonnel	l reques	ted:
Note:										
Note: The follow	ving fields are	required.								
Total Detail Esti	mate: \$22	3.00								
Detail Status:		pleted		*						
Name: (b)(6); (b)(	7)(C); (b)(7)(F)			*						
Notes:										
JSD APPROVAL										
Special Assignm	nent Number	)(7)(E)			*	Project Code	)(7)(E)			•
Total Approved				*			,			
< or = \$25K	Sen	ior Inspec	or. (b)(	6); (b)(7)(C);	(b)	(7)(F)			201	9-07-12
>\$25K - \$50K				ame will au						
				ame will au						
>\$50K - \$75K	Deputy Assist	and Dinner		144						

Notes:			

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U.S. [	Department	of Justic	e		JSD A	ppro	ved		Judi	cial Sec	curity Event
INSTRUCTIO		funding	for our	rtime trave				e staffing			
Note: All box	es with a re				i, and dis	ti ict se	curity office	a starring,			
Submission I	Number:				_		rotective A	ssessment N	umbe	er assig	ned:
(b)(7)(E) Requested B	v:			Title:	(b)(7	)(E)					
(b)(6)- (b)(7)(0	•				Inspecto	r					
Circuit:			Distr	ict/Division	:						
1				ict of Massa			_				
Mission Nan SCJ Kagan	ne: (ex. U.S.	v. Smith,	SCJ Sm	ith Assistan	ce, USDC	J Smith	Protective I	Response, 12	th Cir	cuit Ju	dicial Conference)
Location of E	vent: (Stree	et Addres	5)			Event	City:			-	Event State:
(b)(6); (b)(7)(t											MA
Host District											
District of M	assachusett	.5									
<b>Detail Type:</b> Supreme Co	urt Justice A	ssistance	2								
Level:						Activ	e/Retired:				
Description (						Activ	9				
extraordinar (b)(6); (b)(7)(0	y strain on a				uae the i	numbe	r oj participi	ants, nationa	i atte	ntion,	media coverage,
of Protecte	ed Persons:	# of Att	endees	: #	of Defer	ndants:		<del>Derendants</del> ustody:			vitnesses stody:
Estimated Lo	cal Lodging	Rate:		Estimated	Local Pe	r Diem	Rate:	Estimate	d Loc	al Requ	uired Misc:
\$0.00				\$0.00				\$0.00			
ANTICIPATEI	D TOTAL DI	DATION	OF EVE	NIT							
Travel Date:		KATION	OF EVE	Detail Star	t Date:			Detail En	d Dat	e:	
				8/24/201	9			8/24/20	19		
Number of D	avs/Weeks	/Months	. 1			Speci	fy: Days				
DAILY SCHEE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					•				
763	Sunday		Mond	ay T	uesday	W	ednesday	Thursday		Frid	ay Saturday
Start Time(b)	(/ )(E)										
End Time						4					
Will this deta	ail include f	unding fo	or Satu	days, Sunda	ays, and/	or Hol	idays? Yes				
N DISTRICT											
Requesting F											
Overtime Ho	ours/Day:	1	of Days	:	- 1	# of 18 b)(7)(E)	311:		Total	:	
b)(7)(E)	ours/Day:		of Days			# of 0	32:		Total	:	
		0				0			\$0.0	0	
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Overtime Ho 0 GUARDS					f Person	5:	Hourl	y Rate:	_	Total:	
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Overtime Ho  0  GUARDS  Hours per D  0	Full Day M&IE		and L lays 1&IE ys, if is than			Aileage tal		ATM, Lau Baggage,		\$0.00	Subtotal
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Overtime Ho 0 GUARDS Hours per D 0 TRAVEL Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First a Last D (75% N x 2 day trip longer 1 da	and Lays 1&IE ys, if is than	odging Tota (Include taxes)	То		Airfare Total	ATM, Laui Baggage,			Subtotal
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	110110117	e desci	nbing any threa	its associated	with the event:			
las the Office	of Protec	ctive In	telligence been	notified? Yes				
Apranacion.								
IOTES TO OPE	RATIONS	S SUPP	ORT BRANCH					
ETAIL SUPER	VISOR, D	EPUTY	IN-CHARGE, IN:	SPECTOR IN-C	HARGE			
lame; o)(6); (b)(7)(C); (	h)/7\/E\		1		erational Title:			
office Phone:	57. N. 1				O Inspector			
)(6); (b)(7)(C)					5); (b)(7)(C)			
OCUMENTAT		nent at	tachments belo	ng here:				
rotective Esco				ing nere.				
PO REVIEW								
NTICIPATED T	TOTAL DI	URATIO		il Start Date:		Detail En	d Date:	
inter Dute.				4/2019		8/24/20		
lumber of Day	ys/Week	s/Mont	ths: 1		Specify: Days			
AILY SCHEDU	LE							
Start Time	Sun	day	Monday	Tuesday	Wednesda	y Thursday	Friday	Saturday
Start Time End Time	(b)(7)(E)							
End Time								
Vill this detail	include t	funding	for Saturdays,	Sundays, and	/or Holidays? Ye	es		
	include t	funding	g for Saturdays,	Sundays, and	or Holidays? Ye	es		
N DISTRICT					/or Holidays? Ye	es		
N DISTRICT	nding for		g for Saturdays, rict resources? # of Days:		//or Holidays? Ye	es	Total:	
N DISTRICT Requesting Ful Overtime Hou	nding for		rict resources?		# of 1811:	es	Total:	1
N DISTRICT Requesting Fu Overtime Hou (7)(E) Overtime Hou	nding for rs/Day:		rict resources? # of Days: 1 # of Days:		# of 1811: (b)(7)(E) # of 082;	es	Total:	
N DISTRICT Requesting Full Overtime Hou (7)(E) Overtime Hou 0	nding for rs/Day:		rict resources? # of Days:		# of 1811:	es		
N DISTRICT Requesting Full Overtime Hou (7)(E) Overtime Hou 0 GUARDS	nding for rs/Day:  rs/Day:		rict resources? # of Days: 1 # of Days: 0		# of 1811: (b)(7)(E) # of 082: 0	ourly Rate:	Total:	
N DISTRICT Requesting Ful Overtime Hou (7)(E) Overtime Hou 0 GUARDS Hours per Day	nding for rs/Day:  rs/Day:	in dist	rict resources? # of Days: 1 # of Days: 0	Yes	# of 1811: (b)(7)(E) # of 082: 0		Total: \$0.00	
N DISTRICT Requesting Full Overtime Hou (7)(E) 0 GUARDS Hours per Day 0 [RAVEL Number of	nding for rs/Day:  rs/Day:	# of D	rict resources? # of Days: 1 # of Days: 0 ays:	# of Perso	# of 1811: (b)(7)(E) # of 082: 0  ns: Ho   D)(	ourly Rate:	Total: \$0.00 Total: \$0.00	Subtotal
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N DISTRICT Requesting Full Divertime Hou (7)(E)  Divertime Hou 0  GUARDS Hours per Day 0  TRAVEL  Number of Full M&IE Days (Do not include first and last days)	nding for rs/Day: rs/Day: rs Eull Day	# of D	rict resources? # of Days: 1 # of Days: 0 ays: First and Last Days (75% M&IE x 2 days, if trip is	# of Perso  0  Lodging Tota (Include	# of 1811: (b)(7)(E) # of 082: 0  ns: Ho   D)(	ourly Rate: 7)(E)	Total: \$0.00 Total: \$0.00 ATM, Laundry,	Subtotal \$0.00
N DISTRICT Requesting Full Divertime Hou (7)(E)  Divertime Hou 0  GUARDS Hours per Day 0  FRAVEL  Number of Full M&IE Days (Do not include first and last days)	nding for rs/Day: rs/Day: :: Full Day	# of D	rict resources? # of Days: 1 # of Days: 0 ays: First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	# of Perso 0 Lodging Tota (Include taxes)	# of 1811: (b)(7)(E) # of 082; 0  ns:   Ho (b)(1)   POV/Mileage Total	ourly Rate: 7)(E) Airfare Total	Total: \$0.00  Total: \$0.00  ATM, Laundry, Baggage, etc.	
requesting Full requestion Ful	nding for rs/Day: rs/Day: :: Full Day	# of D	rict resources? # of Days: 1 # of Days: 0 ays: First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	# of Perso 0 Lodging Tota (Include taxes)	# of 1811: (b)(7)(E) # of 082; 0  ns:   Ho (b)(1)   POV/Mileage Total	ourly Rate: 7)(E) Airfare Total	Total: \$0.00  Total: \$0.00  ATM, Laundry, Baggage, etc.	
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N DISTRICT equesting Full povertime Hou (7)(E) Dovertime Hou 0 GUARDS fours per Day 0 RAVEL Number of Full M&IE Days (Do not include first include first include first on dist days) 0 OTAL OTHER \$0.00	nding for rs/Day: rs/Day: :: Full Day	# of D	rict resources? # of Days: 1 # of Days: 0 ays: First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	# of Perso 0 Lodging Tota (Include taxes)	# of 1811: (b)(7)(E) # of 082; 0  ns:   Ho (b)(1)   POV/Mileage Total	ourly Rate: 7)(E) Airfare Total	Total: \$0.00  Total: \$0.00  ATM, Laundry, Baggage, etc.	
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N DISTRICT Requesting Full Divertime Hou (7)(E) Divertime Hou 0 GUARDS Hours per Day 0 FRAVEL Number of Full M&IE Days (Do not include first and last days) 0 FOTAL OTHER \$0.00 lotes:	rding for rs/Day:  rs/Day:  rs/Day:  Full Day  \$0.00	# of D	rict resources? # of Days: 1 # of Days: 0 ays: First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	# of Perso  0  Lodging Tota (Include taxes)	# of 1811:  b)(7)(E) # of 082:   0	ourly Rate: 7)(E) Airfare Total	Total: \$0.00  Total: \$0.00  ATM, Laundry, Baggage, etc.	\$0.00
DUSTRICT Requesting Full Devertime Hou (7)(E) Devertime Hou 0 SUARDS Hours per Day 0 FRAVEL Number of Full M&IE Days (Do not include first and last days) 0 FOTAL OTHER \$0.00 lotes:	rolling for rs/Day: rs/Day: rs/Day: Full Day \$0.00	# of D  O  M&IE	rict resources? # of Days: 1 # of Days: 0 ays:  First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day) \$0.00	# of Perso  0  Lodging Tota (Include taxes)	# of 1811:  b)(7)(E) # of 082:   0	ourly Rate: 7)(E)  Airfare Total	Total: \$0.00  Total: \$0.00  ATM, Laundry, Baggage, etc.	\$0.00
N DISTRICT equesting Full Devertime Hou (7)(E) Devertime Hou (0) GUARDS Hours per Day (1) PRAVEL Number of Full M&IE Days (Do not include first ind last days) (1) OTAL OTHER (50.00) Lotes: DUT OF DISTRI	rolling for rs/Day:  rs/Day:  rs/Day:  Full Day  \$0.00	# of D  O  M&IE	rict resources? # of Days: 1 # of Days: 0 ays:  First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day) \$0.00	# of Perso  0  Lodging Tota (Include taxes)	# of 1811:  b)(7)(E) # of 082:   0	ourly Rate: 7)(E)  Airfare Total	Total: \$0.00  Total: \$0.00  ATM, Laundry, Baggage, etc.	\$0.00
N DISTRICT equesting Full Devertime Hou (7)(E) Devertime Hou (0) GUARDS Hours per Day (1) PRAVEL Number of Full M&IE Days (Do not include first ind last days) (1) OTAL OTHER (50.00) Lotes: DUT OF DISTRI	rolling for rs/Day:  rs/Day:  rs/Day:  Full Day  \$0.00	# of D  O  M&IE	rict resources? # of Days: 1 # of Days: 0 ays:  First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day) \$0.00	# of Perso  0  Lodging Tota (Include taxes)	# of 1811:  b)(7)(E) # of 082:   0	ourly Rate: 7)(E)  Airfare Total	Total: \$0.00  Total: \$0.00  ATM, Laundry, Baggage, etc.	\$0.00

Total Detail Estimate:	\$900.00	•
Detail Status:	Completed	•
Name (b)(6); (b)(7)(C); (b)(	7)(F)	•
OPO COMPLETION		
Comments:		
	+. \$1,000,00	Is the AAR attached?
Final Approved Amoun		
Final Approved Amoun	. , -,	
Final Approved Amoun		

overtime, travel, and equired.  Title: OPO Inspection: District/Division: District of Massachuse District of Massachuse USmith Assistance, US	Event City: Cambridge  Active/Retired: Active Activ	Judicia icer staffing.  Assessment Number a e Response, 12th Circu ipants, national attentialready been submitted	it Judicial Conference)  Event State:  MA  ion, media coverage,
Title:    OPO Inspectors   OPO Inspector	district security officiner the Protective (I)(7)(E)  ctor  etts (I)(C)(E)  Event City: (I)(Cambridge)  Active/Retired: (I)(Active)  the number of particle (I)(B)(30, One 535 has a	Assessment Number :	it Judicial Conference)  Event State:  MA
Title:    OPO Inspective   OPO Inspectiv	Event City: Cambridge  Active/Retired: Active Activ	Assessment Number :  e Response, 12th Circu  ipants, national attenti	it Judicial Conference)  Event State:  MA  ion, media coverage,
Title: OPO Inspection: District of Massachuse U Smith Assistance, US  the event to include to urces, etc.)	etts  Event City: Cambridge  Active/Retired: Active he number of particle 8/30. One 535 has a	e Response, 12th Circu	it Judicial Conference)  Event State:  MA  ion, media coverage,
Title: OPO Inspection: District/Division: District of Massachuse District of Massachuse District of Massachuse USmith Assistance, US  the event to include to urces, etc.)	Event City: Cambridge  Active/Retired: Active he number of particle 8/30. One 535 has a	i ipants, national attenti	Event State:  MA  ion, media coverage,
OPO Inspectors of the event to include to urces, etc.)	Event City: Cambridge  Active/Retired: Active he number of particle 8/30. One 535 has a	i ipants, national attenti	Event State:  MA  ion, media coverage,
District/Division: District of Massachuse  CI Smith Assistance, US  the event to include to urces, etc.) V School from 8/26 to	Event City: Cambridge  Active/Retired: Active he number of particle 8/30. One 535 has a	i ipants, national attenti	Event State:  MA  ion, media coverage,
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urces, etc.) v School from 8/26 to	Active/Retired: Active he number of particle 8/30. One 535 has a	ipants, national attenti	MA ion, media coverage,
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urces, etc.) v School from 8/26 to	8/30. One 535 has a	lready been submitted	
School from 8/26 to			and approved for
dees: # of De 0 Estimated Local \$0.00	fendants: in	Custody: ir	
EVENT		- · v - · -	
	e;		
8/20/2019		8/30/2019	
2	Specify: Days		
	ay Wednesday	Thursday	Friday Saturday
E)			
2	Detail Start Date  8/26/2019  Denday  Tuesda	Detail Start Date:  8/26/2019  Specify: Days  onday Tuesday Wednesday	EVENT  Detail Start Date:  8/26/2019  Specify: Days  Detail End Date: 8/30/2019  Tuesday  Wednesday  Thursday

)(7)(E)			ys:		# of 18			Total:		
	/D	1			(b)(7)(			T-4-1		
Overtime Ho	urs/Day:	# of Da	ys:		# of 08	oz:		Total: \$0.00		
GUARDS		- 1/-						,		
Hours per Da	ıy:	# of Days:	# 0	f Person	s:	Hour	ly Rate:		Total:	_
b)(7)(E)		2	(b)(7	)(E)		(b)(7)	E)		(b)(7)(E)	
TRAVEL									na.v	
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 Tota (Include taxes)	I POV/M To		Airfare Total	ATM, Laur Baggage,		Sub	ototal
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OTAL OTHE	R		10							
\$0.00										
UT OF DISTR	RICT									
re you requ	esting out	of district assi	stance? No							
NTELLIGENC										
rovide a brie )(7)(E)	er narrativ	e describing ar	ny threats ass	ociated v	vith the	e event:				
Only OT work		SUPPORT BRA	ANCH							
DETAIL SUPEI	RVISOR, DI	EPUTY IN-CHA	RGE, INSPECT							
				OPC	) Inspe					
Office Phone				Cell		ctor				
Office Phone: (6); (b)(7)(C)  DOCUMENTA  District and Ir  ustice Kagan	ATION ntel docum -Breyer Au	nent attachme g 22 to Aug 30		(b)(6)	Inspe Phone	ctor				
Office Phone: (6); (b)(7)(C)  DOCUMENTA  District and Ir  ustice Kagan	ATION ntel docum -Breyer Au			(b)(6)	Inspe Phone	ctor				
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Office Phone: (6): (b)(7)(C)  DOCUMENTA District and Ir ustice Kagan-	: ATION <b>htel docum</b> Breyer Au	g 22 to Aug 30	Z019.doc  /ENT  Detail Star	Cell (b)(6)	Inspe Phone	ctor	Detail En		B:	
OFFICE Phone:  (6): (b)(7)(C)  DOCUMENTA  DISTRICT AND IT  USTICE KAGAN-  DPO REVIEW	: ATION <b>htel docum</b> Breyer Au	g 22 to Aug 30	2019.doc	Cell (b)(6)	Phone: (b)(7)(	ctor :	Detail En 8/30/20		e:	
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OFFICE Phone:  (6): (b)(7)(C)  OOCUMENTA  DISTRICT and Ir  USTICE Kagan  OPO REVIEW  INTICIPATED  Travel Date:  Jumber of D.  OALLY SCHED	ATION  Total docum  Breyer Au  TOTAL DL  ays/Week:  ULE  Sunner:	g 22 to Aug 30  JRATION OF EV	ZO19.doc  VENT  Detail Star  8/26/201	Cell (b)(6)	Specific Spe	ctor : :C)	8/30/20			Saturday
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OFFICE Phone:  (6); (b)(7)(C)  DOCUMENT; DISTRICT And Ir ustice Kagan  DPO REVIEW  ANTICIPATED  Fravel Date:  Start Tim  End Tim  Will this deta  N DISTRICT  Requesting Fr  Dovertime Ho  DO(7)(E)	ays/Week: ULE Sunie: e: iil include funding for	g 22 to Aug 30  JRATION OF EV  S/Months: 2  day Mo  (b)(7)(E)  Funding for Sat  in district resc.	/ENT Detail Star 8/26/201  Inday T  inday T  inday T  inday T	Cell (b)(6)  re: t Date:	Specific Worker Holds # of 1:	fy: Days ednesday days? No	8/30/20 Thursday	019	Friday	Saturday
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DOCUMENTA JISTRICT AND THE PROPERTY OF THE PRO	ays/Weeks ULE Sum e: e: unding for urs/Day:	g 22 to Aug 30  JRATION OF EV  S/Months: 2  day Mo  (b)(7)(E)  in district resc  # of Da  1  # of Da  0	ZO19.doc  ZENT Detail Star 8/26/201  nday T  urdays, Sunda  purces? Yes ys:	re: t Date: 9	Specification	fy: Days  ednesday  idays? No  s11:	8/30/20 Thursday	Total	Friday	Saturday
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DPO REVIEW  ANTICIPATED  Fravel Date:  Number of D.  DAILY SCHED  Start Tim End Tim Will this deta	ays/Weeks ULE Sum e: e: unding for urs/Day:	g 22 to Aug 30  JRATION OF EV  s/Months: 2  day Mo  (b)(7)(E  unding for Sat  in district resc  # of Da  1  # of Da  0  # of Days: 2	ZO19.doc  ZENT Detail Star 8/26/201  nday T  Durdays, Sunday  Durces? Yes ys:	Cell (b)(6)  re:  t Date: 9	Specification   Specification	fy: Days  ednesday  idays? No  811:  i)  82:  Hou  b)(7)	Thursday	Total	Friday	Saturday

Solid   Soli	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.	
SO.00  Notes:  OUT OF DISTRICT  Number of operational personnel requested:  Total estimated travel costs:  Note:  DETAIL TOTAL  Note: The following fields are required.  Total Detail Estimate: \$930.00  Petail Status: Completed * Nor	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Notes:  OUT OF DISTRICT  Number of operational personnel requested:  Total estimated travel costs:  Note:  DETAIL TOTAL  Note: The following fields are required.  Total Detail Estimate: \$930.00 *  Detail Status: Completed *  Nor **  NOPO COMPLETION  Comments:			1					
OUT OF DISTRICT  Number of operational personnel requested:  Total estimated travel costs:  Note:  DETAIL TOTAL  Note: The following fields are required.  Total Detail Estimate: \$930.00 *  Detail Status: Completed *  Nor   DO(6): (D)(7)(C): (D)(7)(F)   *  OPO COMPLETION  Comments:	\$0.00							
Number of operational personnel requested:  Total estimated travel costs:  Note:  DETAIL TOTAL  Note: The following fields are required.  Total Detail Estimate: \$930.00  Detail Status: Completed  D(6): (b)(7)(C): (b)(7)(F)  *  OPO COMPLETION  Comments:								
DETAIL TOTAL  Note: The following fields are required.  Total Detail Estimate: \$930.00   Detail Status: Completed   Do(6): (b)(7)(C): (b)(7)(F)  *  OPO COMPLETION  Comments:			ersonnel requested:		Number o	f administrative	e personnel reques	ted:
DETAIL TOTAL  Note: The following fields are required.  Total Detail Estimate: \$930.00 •  Detail Status: Completed •  Do(6): (b)(7)(C): (b)(7)(F)  •  OPO COMPLETION  Comments:							•	
Detail Status:    Discontinus   Completed   Status:   Discontinus   Disc	Note: The follo							
(b)(6): (b)(7)(C): (b)(7)(F)   (b)(7)(F)   (c)(7)(F)		timate:						
OPO COMPLETION Comments:	(b)(6); (b)(7)	(C); (b)(7)(F)	Completed					
Comments:								
		ION						
Final Approved Amount: \$1,487.00 Is the AAR attached?								
	Final Approve	d Amount:	\$1,487.00		is the AAR	attached?		

M SHALL			ed State als Serv			SOLU SE	A CONTRACTOR OF THE PARTY OF TH
U.S. Department of Justice	e	JSD A	Approved		Juc	dicial Security	Event
NSTRUCTIONS: Jse this form to request funding	for overtime,	travel, and di	strict security	y officer staffi	ng.		
lote: All boxes with a red "*" are ubmission Number:						h	
b)(7)(E)			r the Protection (E)	ctive Assessm	ent Num	ber assigned:	
Requested By:		Title:					
a)(6); (b)(7)(C); (b)(7)(F)		OPO Inspecto	r				
ircuit:	District/Div						
Mission Name: (ex. U.S. v. Smith,		urity Division istance, USD		ective Respon	se. 12th C	Circuit Judicia	Conference)
08/30-09/02 SCJ Kagan		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
ocation of Event: (Street Address	s)		Event City:				t State:
o)(6); (b)(7)(C)						INY	
ost District: outhern District of New York							
etail Type:							
upreme Court Justice Assistance	1						
evel:			Active/Ret	ired:			
Description of Event:			Active				
Provide a brief narrative describi		o include the	number of p	articipants, no	itional at	tention, medi	a coverage,
xtraordinary strain on district res ()(6): (b)(7)(C)	marculy cit.						
				# of Defend	dants	# of Witne	esses
of Protected Persons: # of Atte	endees:	# of Defe	ndants:	in Custody:		in Custody	
stimated Local Lodging Rate:	I	ated Local Pe		0		0 ocal Required	
NTICIPATED TOTAL DURATION ravel Date: 8/29/2019	Detai	Start Date: 0/2019			ail End Da 2/2019	ate:	
lumber of Days/Weeks/Months	: 4		Specify:	ays			
AILY SCHEDULE							1
Sunday Start Time: (b)(7)(E)	Monday	Tuesday	Wedne	sday Thu	rsday	Friday	Saturday
End Time:							
end Time:							
Vill this detail include funding fo	or Saturdays	Sundays, and	/or Holidays	? Yes			
and detail include fulluling to	Juliurudys, i	ayə, ailu	, J. Hondays	- No.			
DISTRICT							
equesting Funding for in district	t resources?	r'es					

Overtime Ho	ours/Day:	# of Days	:		f of 1811:	1	otal:	
)(7)(E)	/D	1 4 - 6 Davis			1)(7)(E)	-		
)(7)(E)	rurs/Day:	# of Days			t of 082: b)(7)(E)		Total:	
GUARDS					<u> </u>			
Hours per Da	ay: # o	f Days:	# of	Persons	: Ho	ourly Rate:	Total:	
b)(7)(E)	1		(b)(7	)(E)				
TRAVEL								
Number of Full M&IE Days (Do not include first and last days)	M&IE (	First and L Last Days 75% M&IE c 2 days, if trip is onger than 1 day)	odging Total. (Include taxes)	POV/Mi Tota				ototal
4 0	b)(6); (b)(7)(C); (			\$0.00	\$0.00	(b)(7)(E)		
TOTAL OTHE	R							
\$600.00								
Parking (b)(7)	(E) Foll (b)	(Cab -(b)(7)(E	)					
Are you requ	esting out of	district assist	ance? Yes					
	perational pe			) N	umber of adm	inistrative perso	nnel requested	: 0
	ted travel cos	-					•	
	INFORMATIO	_						
Donost'	8/29/20	19		Re	eporting Time	(b)(7)(E)		
Reporting Da Address:	ace.				City:	State	2:	
(b)(7)(E)						NY		
Special Equi	pment Require	ed for Report	ting Personn	el:		_		
o)(7)(E)  Has the Office  Explanation:	e of Protective	e Intelligence	e been notifie					
DETAIL SUPE lame: (b)(6); (b)(7)(0	RVISOR, DEPU	ITY IN-CHARG	GE, INSPECTO	Oper	ARGE ational Title: Inspector			
onice Phone				Cell P	hone:		1	
o)(6); (b)(7)(C)				(0)(0);	(b)(7)(C)			
2019 (b)( 8,3	ntel documen 0-09.02 OPS PI	an,docx				<b>Detail Enc</b>	d Date:	
8/29/2019			8/30/2019	9		9/2/201	9	
Number of D	ays/Weeks/N	lonths: 4			Specify: Days			
DAILY SCHED								
	Sunday	Mon	day To	uesday	Wednesda	y Thursday	Friday	Saturda
	1				1			

viii tiiis detaii	include fu	ndin	g for Saturdays,	Sundays, and	or Holidays? Y	25		
N DISTRICT								
equesting Fu	nding for i	dist	rict resources?	Yes				
Overtime Hou			# of Days:		# of 1811:		Total:	
)(7)(E)			1		(b)(7)(E)		dr.	
Overtime Hou	rs/Day:		# of Days:		# of 082:		Total:	
)(7)(E)			1		(b)(7)(E)			
GUARUS	_							
Hours per Day	: #	of D	ays:	# of Persor	ns: Ho	ourly Rate:	Total:	
b)(7)(E)		ı		(b)(7)(E)				
TRAVEL								
Number of Full M&IE Days (Do not include first and last days)		/1&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	(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)								
arking (b)(7)(E)		2)(7) =\	b (b)(7)(E)					
Parking (b)(7)(E)  Notes:	Tol @	ersor	nnel requested:	(b)(7)(E)	Number of ad	ministrative pe	rsonnel requeste	ed: 0
Parking (b)(7)(E)  Notes:  DUT OF DISTRI  Number of ope  Total estimate  Note:	CT erational p	ersor sts: <sup>(t</sup>	nnel requested: )(7)(E)	(b)(7)(E)	Number of ad	ministrative pe	rsonnel requeste	ed: O
Parking (b)(7)(E)  Notes:  Notes:  Notes:  Notes:  Notes:  Note:  Note: The follow	CT erational p d travel co	ersor sts:[t	nnel requested: )(7)(E)	(b)(7)(E)	Number of ad	ministrative pe	rsonnel requeste	ods O
Parkinf(b)(7)(E)  Notes:  DUT OF DISTRI  Number of operoral estimate	CT erational p d travel co	ersor sts:(t	nnel requested: D)(7)(E) required.	(b)(7)(E)	Number of ad	ministrative pe	rsonnel requeste	od: O
Parking (b)(7)(E)  Jotes:  JUT OF DISTRI  Jumber of ope  Jumber of	Tol []	ersor ssts:(t	nnel requested: p)(7)(E) required.		Number of ad	ministrative pe	rsonnel requeste	ed: 0
otal Estimate lote: The folio otal Detail Estatus: lote (b)(6): (b)(6)	cct erational p d travel co	ersor ssts:(t	nnel requested: p)(7)(E) required.		Number of ad	ministrative pe	rsonnel requeste	ed: 0
Parking (b)(7)(E)  Notes:  DUT OF DISTRI  Number of ope  Total estimate  Note:  DETAIL TOTAL  Note: The follo	cct erational p d travel co	ersor ssts:(t	nnel requested: p)(7)(E) required.		Number of ad	ministrative pe	rsonnel requeste	ed: O

SHIED SY	die.		ited Sta shals Se		(	STATE OF THE STATE	
U.S. Department	of Justice	JS	D Approve	ed	Ju	dicial Security	Event
NSTRUCTIONS: Use this form to request			d district secu	rity officer :	staffing.		
Note: All boxes with a re Submission Number:	a *** are requi	red.	Enter the Pro	tective Ass	essment Nun	nber assigned:	
b)(7)(E)			(b)(7)(E)				
Requested By: b)(6); (b)(7)(C); (b)(7)(F)		Title: OPO Insp	ector		_		
ircuit:	DIST	rict/ Division:					
1		cial Security Divi	sion				
Mission Name: (ex. U.S. 09/10-09/13 SCJ Kagan			JSDCJ Smith Pi	rotective Re	sponse, 12th	Circuit Judicia	(Conference)
ocation of Event: (Stree		all	Event Ci	ty:		Event	t State:
b)(7)(E)			New Ha	-		CT	
ost District:							
District of Connecticut Detail Type:							
Supreme Court Justice A	ssistance						
evel:			Active/I	Retired:			
Description of Event:			Active				
extraordinary strain on a SCI Kagan has requested Constitutional Seminar a t of Protected Persons:	the assistance it Yale Law Scho	of JSD during he ool (dates 09/10-		ximately 20	00 attendees. efendants		esses
1	200	0		0		0	
ravel Date: 9/9/2019		Detail Start Da 9/10/2019	te:	Dave	9/13/2019		
Number of Days/Weeks	/Months: D		Specify:	Days			
Sunday	Mono	lay Tues	day Wed	nesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						
End Time:							
Vill this detail include fo	unding for Satu	redave Sundave	and/or Holida	we2 No			
viii tiiis detaii incidde ii	unung ioi satu	iruays, suriuays,	and/or Honda	yst //			
N DISTRICT							
equesting Funding for	in district resou	rces? Yes					

Overtime Nours/Day:   If of Days:   If of Persons:   Hourly Rate:   Total:	Overtime Hou	rs/Day:	# of Da	ys:		# of 181 (b)(7)(E)	1:		Total:		
OUT OF DISTRICT  We your requesting out of district assistance? Yes  Number of operational personnel requested (000000000000000000000000000000000000		/p	1						T-4-L		
SUARDS  TOURS POPULY  # of Days: # of Persons:   Mourly Rate:   Total:		rs/Day:		ys:			•				
Houring Part   Fortial   Houring Rate:   Total									40100		
Market   Full Day   First and   Lodging Total   POV/Mileage   Airfare   ATM, Laundry,   Subtotal   Full Male   Male   Late Days (Do Days (Months)))))))))   Market Do Days (Months)   Days		<i>r</i> :	# of Days:		# of Person	s:	Hourl	y Rate:	Tota	l:	
Number of Full Day   Fist and   Last Days   Color   Co					_			•			
For MARIE Last Days (Do Days (	TRAVEL										
TOTAL OTHER  S8_222_00  Identice Other expenses: Parkind [St/Tike]	Full M&IE Days (Do not include first and		Last Days (75% M&IE x 2 days, if trip is longer than	(Incl	ude To					Subto	otal
Section of the responses:  Parking (ST/KE)   travel for (ST/KE)   travel	4	)(7)(E)			50.00	(b)	(7)(E)				
Travel for   Strict	TOTAL OTHER										
Parking (S)(7)(E)	\$8,222.00										
Are you requesting out of district assistance?				r(b)(7)(E)	)						
Number of operational personnel requeste (0)(7)(E)  Total estimated travel costs (5)(7)(E)  REPORTING INFORMATION  Reporting Date: (157) / (152)  Address: (157) Yale Law School (157) / (152)  Special Equipment Required for Reporting Personnel: (157) Yale Law School (157) / (152)  Special Skills Requested: (157) Yale Law School (157) / (157)	OUT OF DISTRI	ICT									
Number of operational personnel requeste   Di(T)(E)   Total estimated travel costs   Di(T)(E)   REPORTING INFORMATION   Reporting Date:   9/9/2019   Reporting Time: 08:00   R			of district assi	stance?	Yes	1					
Total estimated travel costs   9/7/(E)    REPORTING INFORMATION    Reporting Date:   9/9/2019   Reporting Time:   08:00    Address:   City:   State:    IST Yale Law School   New Haven   CT    Special Equipment Required for Reporting Personnel:						Number	of adminis	strative pers	onnel reau	ested:	0
Reporting Information Reporting Date: 9/9/2019 Reporting Time: 08:00  Address: City: State: 157 Vale Law School New Haven CT  Special Equipment Required for Reporting Personnel: (00/7)(E)  Special Skills Requested: Special Instructions for Reporting Personnel: (00/7)(E)  Special Special Special Special State (00/7)(E)  Special Special Special Special State (00/7)(E)  Special State (00/7)(E)  Special State (00/7)(E)  Special State (00/7)(E)  Special Spe											
Reporting Date: 9/9/2019 Reporting Time: 08:00  Address: City: State: New Haven CT  Special Equipment Required for Reporting Personnel: (b)(7)(E)  Special Skills Requested: (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: OPERATIONS (b)(7)(C): (b)(7)(C)  OPERATIONS (b)(7)(C): (b)(7)(C)  OPERATIONS (b)(7)(C): (b)(7)(C)  OPERATIONS (b)(7)(C): (b)(7)(C)  DOCUMENTATION  District and Intel document attachments belong here: 199.09-09.13 Justice Kagan Ops Plan.docx  OPOR REVIEW  ANTICIPATED TOTAL DURATION OF EVENT Travel Date: Plan.docx  OPOR REVIEW  ANTICIPATED TOTAL DURATION OF EVENT Travel Date: Plan.docx  OPOR REVIEW  ANTICIPATED TOTAL DURATION OF EVENT Travel Date: Plan.docx  OPOR REVIEW  ANTICIPATED TOTAL DURATION OF EVENT Travel Date: Plan.docx  ONUMBER of Days/Weeks/Months: 5  Specify: Days  DALLY SCHEDULE											
City:   State:   157 Vale Law School   New Haven   CT   Special Equipment Required for Reporting Personnel:   New Haven   CT   Special Equipment Required for Reporting Personnel:   New Haven   CT   Special Skills Requested:   New Haven   CT   Special Skills Requested:   North Control   New Haven   North Control   N		9/9/2			1	Reportin	Time. 08	3:00			
157 Yale Law School  Special Equipment Required for Reporting Personnel:  (N(T)(E)  Special Skills Requested:  (N(T)(E)  Special Instructions for Reporting Personnel:  (N(T)(E)  INTELLIGENCE/INVESTIGATION  Provide a brief narrative describing any threats associated with the event:  (N(T)(E)  Has the Office of Protective Intelligence been notified?  (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:  (N(E)  (N(T)(C)		e: 3/3/2	contract of			-	5 mie: oc	-			
Special Equipment Required for Reporting Personnel:  (b)(7)(E)  Special Skills Requested:  (b)(7)(E)  Special Instructions for Reporting Personnel:  (b)(7)(E)  Special Skills Requested:  (b)(7)(E)  Special Instructions for Reporting Personnel:  (b)(7)(E)  Special Skills Requested:  (b)(7)(E)  Special Instructions for Reporting Personnel:  (c)(7)(E)  Special Instruction for Reporting Personnel:  (c)(7)(E)  Special Instruction for Reporting Personnel:  (c)(7)(E)  Special Instruction for Reporting Personnel:  (c)(7)(E)  Special Instruc		School					war		te:		
(S)(7)(E) Special Instructions for Reporting Personnel: (S)(7)(E) Special Instructions for Reporting Personnel: (S)(7)(E) Special Instructions for Reporting Personnel: (S)(7)(E) INTELLIGENCE/INVESTIGATION Provide a brief narrative describing any threats associated with the event: (S)(7)(E)  Has the Office of Protective Intelligence been notified?  Wes 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: (S)(6): (B)(7)(C): (B)(7)(F) (D)(7)(C): (B)(7)(F) (D)(7)(C): (B)(7)(F) (D)(7)(C): (B)(7)(F) (D)(7)(C): (B)(7)(C) (D)(7)(C) (D)(7)(C): (B)(7)(C) (D)(7)(C) (D)(7)(C): (B)(7)(C) (D)(7)(C) (D)(7)(C): (B)(7)(C) (D)(7)(C) (D)(7)(C) (D)(7)			uired for Bono	rting Bo	rronnol	New na	iven	L			
Special Instructions for Reporting Personnel: D(7/E) Special Instructions for Reporting Personnel: D(7/E) Special Instructions for Reporting Personnel: D(7/E) SPECIAL SUPERINGATION Provide a brief narrative describing any threats associated with the event: SEXPLAINTENDERS OF PROTECTIVE Intelligence been notified? SEXPLAINTENDERS OF PROTECTIVE INTELLIGENCE INTELL		nent keq	uireu ior kepo	rung re	rsonner,						
Special Instructions for Reporting Personnel:  D(T)(E)  Special Instructions for Reporting Personnel:  D(T)(E)  Provide a brief narrative describing any threats associated with the event:  (B)(T)(E)  Has the Office of Protective Intelligence been notified?  Fexplanation:  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:  D(D)(E)(E)(T)(G)(E)(E)(T)(G)(E)(T)(G)(E)(E)(T)(G)(E)(E)(T)(G)(E)(E)(E)(T)(G)(E)(E)(E)(E)(E)(E)(E)(E)(E)(E)(E)(E)(E)		Requeste	d:								
NTELLIGENCE/INVESTIGATION Provide a brief narrative describing any threats associated with the event:    DIT/NE											
NTELLIGENCE/INVESTIGATION Provide a brief narrative describing any threats associated with the event:    District and Intel document attachments belong here:   District and Int	Special Instru	ctions for	Reporting Per	sonnel:							
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:  OPO Inspector  OPO Inspector  Defice Phone:  [b)(6): (b)(7)(C):  [b)(6): (b)(7)(C):  DOCUMENTATION  DIStrict and Intel document attachments belong here:  19-09-09-13 Justice Kagan Ops Plan.docx  OPO REVIEW  ANTICIPATED TOTAL DURATION OF EVENT  Travel Date:  19-10/2019  Pulmber of Days/Weeks/Months: 5  Specify: Days  Specify: Days  DAILY SCHEDULE	b)(7)(E)										
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DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE  Name: D)(6); (b)(7)(C); (b)(7)(F) DOPO Inspector  Office Phone: (b)(6); (b)(7)(C)  DOCUMENTATION District and Intel document attachments belong here: D9.09-09.13 Justice Kagan Ops Plan.docx  OPO REVIEW  ANTICIPATED TOTAL DURATION OF EVENT  Travel Date: 9/9/2019 Pumber of Days/Weeks/Months: 5 DAILY SCHEDULE  Detail Start Date: Document End Date: Documen				nal detai	il hours will co	nfirmed a	and forwa	rded to deta	il personne	by the	IIC at the
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See this form to request funding for overtime, travel, and district security officer staffing.	MARCH	AIRS.			ed State als Serv			of Car	ISIO ISIO	A STATE OF THE STA
See this form to request funding for overtime, travel, and district security officer staffing.	U.S. Department	of Justice		JSD	Review		,	udicial 5	ecurity	Event
Letter the Protective Assessment Number assigned:    19-2519				e, travel, and di	strict securit	y officer	staffing.			
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District/Division: Northern District of California Mission Name: (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) SCD Elena Kagan ocation of Event: (Street Address)  Divide: San Francisco  CA  Levent City: San Francisco  CA  Lost District: Northern District of California Detail Type: Detail Type	Requested By:									
Northern District of California  Alission Name: (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)  SCJ Elena Kagan  Ocation of Event: (Street Address)  Event City: San Francisco  CA  Northern District  Northern District of California  Detail Type: 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.)  CIC Kagan requested the USMS to provide Judicial Security during her visit to San Francisco from Sept. 21-25. While in W/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).  District Protected Persons:  If of Attendees:  # of Attendees: # of Defendants: In Custody: In Cu			District/D		or .					
SCE Elena Kagan  ocation of Event: (Street Address)  Event City: San Francisco  CA  lost District: Northern District of California  Northern District Picture  Northern District Of California  Northern District Picture  Northern District Of California  Northern District Picture Of Event  Northern District Of California  Northern District Office Of	9				ornia					
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San Francisco   CA		at Andelson a			F 614.					F4-4
Northern District of California  Detail Type: Supreme Court Justice Assistance  evel:  Active  Active  Active  Active  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.)  CCI Kagan requested the USMS to provide Judicial Security during her visit to San Francisco from Sept. 21-25. While in MyCAC hte 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)  To Protected Persons: # of Attendees: # of Defendants: in Custody:	o)(7)(E)	et Adaress)								State:
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	Fravel Date: 9/19/2019  Number of Days/Weeks DAILY SCHEDULE Sunday Start Time (b)(7)(E) End Time: Will this detail include for	i/Months:	Det 9/ 7  Monday  Saturdays	Tuesday	Wedne	sday	9/25/201	9	day	Saturda
	Travel Date: 9/19/2019  Number of Days/Weeks DAILY SCHEDULE Sunday Start Time (b)(7)(E) End Time: Will this detail include for	i/Months:	Det 9/ 7  Monday  Saturdays	Tuesday	Wedne	sday	9/25/201	9	iday	Saturda
	Travel Date: 9/19/2019  Number of Days/Weeks DAILY SCHEDULE Sunday Start Time: (b)(7)(E) End Time: Will this detail include for	i/Months:	Det 9/ 7  Monday  Saturdays	Tuesday	Wedne	sday	9/25/201	9	day	Saturda
	Travel Date: 9/19/2019  Number of Days/Weeks DAILY SCHEDULE Sunday Start Time (b)(7)(E) End Time: Will this detail include for	i/Months:	Det 9/ 7  Monday  Saturdays	Tuesday	Wedne	sday	9/25/201	9	iday	Saturda
	Fravel Date: 9/19/2019  Number of Days/Weeks DAILY SCHEDULE Sunday Start Time (b)(7)(E) End Time: Will this detail include for	i/Months:	Det 9/ 7  Monday  Saturdays	Tuesday	Wedne	sday	9/25/201	9	day	Saturda
	Fravel Date: 9/19/2019  Number of Days/Weeks DAILY SCHEDULE Sunday Start Time (b)(7)(E) End Time: Will this detail include for	i/Months:	Det 9/ 7  Monday  Saturdays	Tuesday	Wedne	sday	9/25/201	9	day	Saturda
	Travel Date: 9/19/2019  Number of Days/Weeks DAILY SCHEDULE Sunday Start Time (b)(7)(E) End Time: Will this detail include for	i/Months:	Det 9/ 7  Monday  Saturdays	Tuesday	Wedne	sday	9/25/201	9	day	Saturda

Overtime Hours/Day: # of Days: # of 082: Total: 0   50.00    GUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total: 50.00    GUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total: 50.00    GUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total: 50.00    GUARDS  Hours per Day: # of Days: # of Persons: Hourly Rate: Total: 50.00    GUARDS  Hours per Day: # of Persons: Hourly Rate: Total: 50.00    GUARDS  Hours per Day: # of Persons: Hourly Rate: Total: 50.00    GUARDS  Make Last Days (Include Total Pol/Mileage Airfare ATM, Laundry, Baggage, etc. 175% M&IE first and last Days (Include Total Pol/Mileage Airfare ATM, Laundry, Baggage, etc. 1    GUARDS  GDAY, If trip is longer than long	btotal
GUARDS Hours per Day: # of Days: # of Persons: Hourly Rate: Total:    Image: Comparison of Compariso	
Houris per Day: # of Days: # of Persons: Hourly Rate: Total:    Image: Common C	
TRAVEL  Number of Full Day First and Last Days (Do not include first and last days)    Days (Do not include first and last days)   First and Last Days (Do not include first and Last Days (Do not include first and Last days)   Days (Do not inc	
Number of Full Day  (Include Days (Do D	
Number of Full Day First and Last Days (Include Total Total Baggage, etc. Days (Do not include first and last days)    Some continuous first and last days   Some continuous first and last and la	
Full M&E Days (Do Day	
TOTAL OTHER  (D)(7)(E)  DUIT OF DISTRICT  Are you requesting out of district assistance? Yes  Number of operational personnel requested (D)(7)(E)  Number of operational personnel requested (D)(7)(E)  REPORTING INFORMATION  Reporting Date:  Address:  (D)(7)(E)  Special Equipment Required for Reporting Personnel:  (D)(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:  (D)(7)(E)  Has the Office of Protective Intelligence been notified? Yes  Explanation:  (D)(7)(E)	l: 0
b)(7)(E)	ı: O
The properties of the sequences:  Parking (a)(7)(E)  DUIT OF DISTRICT  Are you requesting out of district assistance? Yes  Number of operational personnel requested (b)(7)(E)  Reporting Information  Reporting Information  Reporting Date:  9/19/2019  Reporting Time:  City: San Francisco CA  Sopecial Equipment Required for Reporting Personnel: (b)(7)(E)  Special Skills Requested: None  Special Instructions for Reporting Personnel: Will be sent via email  NTELLIGENCE/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)	i; D
Parking (b)(7)(E)  DUT OF DISTRICT  Are you requesting out of district assistance?  Ves	j; D
Are you requesting out of district assistance? Ves  Number of operational personnel requested (b)(7)(E)  REPORTING INFORMATION  Reporting Date: 9/19/2019 Reporting Time:  Address: City: State:  b)(7)(E)  Special Equipment Required for Reporting Personnel:  (b)(7)(E)  Special Skills Requested:  None  Special Instructions for Reporting Personnel:  Will be sent via email  NTELLIGENCE/INVESTIGATION  Provide a brief narrative describing any threats associated with the event:  (b)(7)(E)  Has the Office of Protective Intelligence been notified? Ves  Explanation:  (b)(7)(E)	į: 0
Number of operational personnel requested (b)(7)(E)  Total estimated travel costs: (b)(7)(E)  REPORTING INFORMATION  Reporting Date: 9/19/2019 Reporting Time:  Address: City: State:  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  NTELLIGENCE/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)	j; D
Total estimated travel costs: (b)(7)(E)  REPORTING INFORMATION  Reporting Date: 9/19/2019 Reporting Time: State: (b)(7)(E) San Francisco CA  Special Equipment Required for Reporting Personnel: (b)(7)(E)  Special Iskills 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? (ves Explanation: (c)(7)(E)	I, v
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  NTELLIGENCE/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)	
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Address:  (b)(7)(E)  Special Equipment Required for Reporting Personnel:  (b)(7)(E)  Special Skills Requested:  None  Special Instructions for Reporting Personnel:  (Will be sent via email  NTELLIGENCE/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)	7
(b)(7)(E) Special Equipment Required for Reporting Personnel: (b)(7)(E) Special Skills Requested: None Special Instructions for Reporting Personnel: Will be sent via email NTELLIGENCE/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)	
Special Equipment Required for Reporting Personnel:  (b)(7)(E)  Special Skills Requested:  None  Special Instructions for Reporting Personnel:  Will be sent via email  NTELLIGENCE/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)	
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Special Instructions for Reporting Personnel:  Will be sent via email  NTELLIGENCE/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)	
Will be sent via email  NTELLIGENCE/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)	
NTELLIGENCE/INVESTIGATION  Provide a brief narrative describing any threats associated with the event:  (b)(7)(E)  Has the Office of Protective Intelligence been notified?  Explanation: (b)(7)(E)	
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:	
(6); (b)(7)(C); (b)(7)(F)  OPO Inspector	
Office Phone: Cell Phone: (b) (b) (7)(C)	
(6); (b)(7)(C) (b)(6); (b)(7)(C)	
DOCUMENTATION  District and Intel document attachments belong here:  R Keagan visits Berkely.docx SCI 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	

ill this detail	include fundi	ng for Saturday	s, Sundays, and/	or Holidays? Ye	es		
N DISTRICT							
	ding for in dis	trict resources	? Yes				
Overtime Hou		# of Days:		# of 1811:		Total:	
7)(E)		1		(b)(7)(E)			
Overtime Hou	rs/Day:	# of Days:		FOTOOL.		rotur.	
0		0		0		\$0.00	
GUARDS Hours per Day:		N	# of Person	11-	b. Datas	Total:	
)(7)(E)	(b)(7)(E	Days:	# 01 Person	is. nu	urly Rate:	Totali	
TRAVEL							
	Full Day M&I	E First and Las	t Lodging Total	POV/Mileage	Airfare Total	ATM,	Subtotal
Full M&IE		Days (75%	(Include	Total		Laundry,	
Days (Do not include first		M&IE x 2 days, if trip is	taxes)			Baggage, etc.	
and last days)		longer than 2					
		day)					
	(7)(E)			\$0.00	(b)(7)(E)		
OTAL OTHER				-			
b)(7)(E)							
temize Other e Parking (b)(7)(E)							
otal estimated		(b)(7)(E)	d: (b)(7)(E)	Number of add	ministrative pe	rsonnel request	ed: 0
otal estimated lote:	d travel costs:	(b)(7)(E)	d:(b)(7)(E)	Number of add	ministrative pe	rsonnel request	ed: 0
otal estimated lote:	d travel costs:	(b)(7)(E)	#,[b)(7)(E)	Number of add	ministrative pe	rsonnel request	ed: 0
otal estimated Note:  DETAIL TOTAL Note: The follo	d travel costs: wing fields are imate: \$2	(b)(7)(E) e required. 3,474.00	•	Number of add	ministrative pe	rsonnel request	ed: 0
otal estimated lote:  DETAIL TOTAL lote: The follo  Total Detail Est Detail Status:	wing fields are imate: \$2	(b)(7)(E)		Number of add	ministrative pe	rsonnel request	ed: 0
otal estimated lote:  DETAIL TOTAL lote: The follo  Total Detail Est Detail Status:	wing fields are imate: \$2	(b)(7)(E) e required. 3,474.00	•	Number of add	ministrative pe	rsonnel request	ed: 0
Total estimated Note:  DETAIL TOTAL Note: The follo  Fotal Detail Est Detail Status:  Name  (D)(D): (D)	wing fields are imate: \$2	(b)(7)(E) e required. 3,474.00		Number of add	ministrative pe	rsonnel request	ed: 0
Total estimated Note:  DETAIL TOTAL  Note: The follo  Fotal Detail Est  Detail Status:  Name (D)(6): (D)  Notes:  Any 1811 OT th  ACI were both in	wing fields are simate: \$2 App (7)(C). (b)(7)(F) hat was not appnotified by OS	e required. 3,474.00 proved proved prior to B prior to proce	the Admin work	week WILL NOT	be approved o	on the worksheel	ts. The IIC and
otal estimated lote:  DETAIL TOTAL lote: The follo  Cotal Detail Est Detail Status:  Lotes: L	wing fields are simate: \$2 App (7)(C). (b)(7)(F) hat was not appnotified by OS	e required. 3,474.00 proved proved prior to B prior to proce	the Admin work		be approved o		ts. The IIC and
Total estimated lote:  DETAIL TOTAL lote: The folio fotal Detail Est Status:  Names (D)(6): (D)  Notes: Any 1811 OT the ACI were both in the Special Assignment of the Special	wing fields are imate: \$2 Appl (7)(C): (b)(7)(F) hat was not apportified by OS	(b)(7)(E)  e required. 3,474.00  proved  proved prior to b prior to proce	the Admin work	week WILL NOT	be approved o	on the worksheel	ts. The IIC and
Total estimated lote:  DETAIL TOTAL lote: The folio fotal Detail Est Status:  Names (D)(6): (D)  Notes: Any 1811 OT the ACI were both in the Special Assignment of the Special	wing fields are simate: \$2 App (7)(C): (b)(7)(F) hat was not appnotified by OS	e required. 3,474.00 proved proved prior to B prior to proce	the Admin work	week WILL NOT	be approved o	on the worksheet	ts. The IIC and
otal estimated lote:  DETAIL TOTAL lote: The following lotal Status:  Jame (0)(6): (b)  John 1811 OT the Color were both in the color with lotes	wing fields and imate: \$2  Appl (7)(C): (b)(7)(F)  Hat was not approtified by OS  ment Number of Amount: \$3	e required. 3,474.00 proved proved prior to B prior to proces (b)(7)(E) 1,232 nior Inspecto (c)	the Admin work	week WILL NOT	be approved o	on the worksheel	ts. The IIC and
otal estimated lote:  ETAIL TOTAL lote: The follo lotal Detail Estimated lotal Status:  Idame (D)(6); (b)  Idame (D)(6); (c)  Idame (D)(6); (c)  Idame (D)(6); (d)  I	wing fields and imate: \$2  Appl (7)(C): (b)(7)(F)  Hat was not approtified by OS  ment Number of Amount: \$3	e required. 3,474.00 proved proved prior to B prior to proce  (b)(7)(E) 4,232 nior Inspecto (c) sssistant Chie	the Admin work	Project Code	be approved o	on the worksheel	ts. The IIC and
otal estimated lote:  DETAIL TOTAL lote: The follo cotal Detail Est Set Status:  Jame (D)(6): (b)  Notes: ANY 1811 OT the ACI were both in the Cotal Assigning Cotal Assigning Cotal Approver cor = \$25K   >\$25K - \$50K   >\$50K - \$75K	wing fields and simate: \$2  Appl (7)(C): (b)(7)(F)  Hat was not approtified by OS  ment Number of Amount: \$3	(b)(7)(E)  e required. 3,474.00  proved  proved prior to B prior to proce  (b)(7)(E) 4,232  nior Inspectol(c)  Chief:	the Admin work sssing.	Project Code TO(F)	be approved o	on the worksheel	ts. The IIC and
etail TOTAL lote: The follo lotal Detail Est letail Status: lame. (b)(6); (b) lotes: lotes: lotes: lotes both: lot	wing fields and simate: \$2 Appl (7)(C): (b)(7)(F) Hat was not approtified by OS  ment Number d Amount: \$3  Deputy Assi	e required. 3,474.00 proved prior to B prior to proce  (b)(7)(E) 4,232 nior Inspectodic Chief: stant Director:	the Admin work sssing.  the Admin work sssing.  Name will auto Name will auto	Project Code Dopolate	be approved o	on the worksheel	ts. The IIC and
otal estimated lote:  ETAIL TOTAL lote: The followard Detail Estimated lotes:  Idame (b)(6); (b)  Iotes:  Introduction (b)(6); (c)  Iotes:  Io	wing fields and simate: \$2  Appl (7)(C): (b)(7)(F)  Hat was not approtified by OS  ment Number of Amount: \$3	(b)(7)(E)  e required. 3,474.00  proved  proved prior to B prior to proce  (b)(7)(E) 4,232  nior Inspectol(c)  Chief:	the Admin work sssing.	Project Code TO(F)	be approved o	on the worksheel	ts. The IIC and
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	ATARSH	AL.		N	Unite //arsh					Ang str	ON	TOTAL TOTAL	
U.S. D	epartment	of Justic	e		JSD .	Appro	ved			Judi	cial Sec	curity Event	
NSTRUCTION Use this form	to request							officer	staffing.				
Note: All box Submission !		d "*" are	requ	ired.	En	ter the l	Protect	ive As	sessment	Numb	er assie	zned:	
b)(7)(E)						(7)(E)					.,		
Requested B	y:			Titl	e:				_				
(b)(6); (b)(7)(C	): (USMS)		_		O Inspect	or							
Circuit:			_	trict/Division									
	e: /ex 1/5	v Smith				CI Smith	Protes	tive R	esnonse	2th Ci	rcuit lu	dicial Confer	ncel
SCJ Gorsuch					anety out	92 911110			copoline,			ancior conger	,,,,,
Location of E		et Addres	5)			Even	t City:				-	Event State:	
b)(6); (b)(7)(C)												CO	
Host District													
District of Co	погадо												
Supreme Co	urt Justice A	ssistance	2										
Level:						Activ	e/Retir	ed:					
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The United Justice Neil  (b)(6): (b)(7)(C)  of Protecte	Gorsuch.	(b)(5); (b)(	7)(C)		# of Defe			# of C	e to prov Defendant stody:		# of \	Witnesses	ate
1		0			0			0			0		
Estimated Lo	cal Lodging	Rate:		-	d Local P	er Diem	Rate:			ed Loc	al Requ	uired Misc:	
\$0.00				\$0.00					\$0.00				
ANTICIPATEI	TOTAL DI	PATION	OF EV	ENT									
Travel Date:	TOTAL DO	MATION	OI LV	_	art Date:				Detail E	nd Da	te:		
				1/2/20	19				1/2/2	019			
		/Adamsha	. 1			Speci	fy: Day	/5		7			
Number of D													
		/ WIOTUS				Speci							
			Mon	day	Tuesday		edneso	lay	Thursda	y	Frid	ay Sat	ırday
Number of D DAILY SCHED Start Time:	ULE		Mon	day	Tuesday		edneso	lay	Thursda	Y	Frid	ay Sat	ırday
DAILY SCHED	ULE		Mon	day	Tuesday	w	edneso	lay	Thursda	Y	Frid	ay Sat	urday
DAILY SCHED Start Time: End Time: Will this deta	Sunday					(b)(7	edneso )(E)		Thursda	y	Frid	ay Sat	urday
Start Time: End Time: Will this deta	Sunday	unding fo	or Sati	urdays, Sur	ndays, and	(b)(7	edneso )(E)		Thursda	y	Frid	Sat	urda
Start Time: End Time: Will this deta	Sunday il include for	unding fo	or Sati	urdays, Sur	ndays, and	(b)(7	/ednesc )(E) lidays?		Thursda	Total		ay Sat	urday
Start Time: End Time: Will this deta N DISTRICT Requesting F Overtime Ho	Sunday il include for	unding fo	or Sati	urdays, Sur	ndays, and	(b)(7	/edneso )(E) lidays?		Thursda		l:	ay Sat	urday
Start Time: End Time: Will this deta N DISTRICT Requesting F Overtime Ho	Sunday Sunday sil include for ours/Day:	unding fo	or Sati	urdays, Sur urces? Yes	ndays, and	(b)(7	/edneso ()(E) lidays?		Thursda	Total	l: E)	ay Sat	urday
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DAILY SCHEE  Start Time:  End Time:  Will this deta  N DISTRICT  Requesting F  Overtime He  DITTIE  OVERTIME HE  GUARDS	Sunday sil include for unding for ours/Day:	unding fo	or Sati t reso of Day of Day	urces? Yes	ndays, and	# of 1. (b)(7)(E) # of 0	/ednesc /(E) //idays? 811:	No		Total	l: E) l:		urday
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DAILY SCHED Start Time: End Time: Will this deta Will this deta N DISTRICT Requesting F Overtime Ho DOVATED OVERTIME HO O GUARDS HOURS PEP D D D(7)(E) TRAVEL NAME O D Ay O T S T S T S T S T S T S T S T S T S T	Sunday  sill include for unding for nurs/Day:  purs/Day:  Full Day	unding for the following for t	t reso of Day of Day sis:	urces? Yes	odays, and	# of 1  (b)(7)(E)  # of 0  ms:	//ednesc/	No Hourly b)(7)(E	Rate:	Total b)(7)( Total \$0.0	l: E) l: 0	Subtotal	urday
DAILY SCHED Start Time: End Time: Will this deta N DISTRICT Requesting F Overtime Ho DO(THE) OVERTIME HO O GUARDS HOURS PEP DI (D)(7)(E) TRAVEL Days (Do not include first and last days)	Sunday  sil include for unding for ours/Day:  jours/Day:  Ay:  Full Day M&IE	unding for the following for t	t reso of Day of Day sis:	urces? Yes	odays, and	# of 1  (b)(7)(E)  # of 0  ms:	//ednesc/ //edne	No Hourly b)(7)(E	Rate:	Total b)(7)( Total \$0.0	:   E     :   0	Subtotal	urda
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Has the Office Explanation:	of Protec	tive In	telligence beer	notified? Yes				
NOTES TO OPE	RATIONS	SUPP	ORT BRANCH					
VOTES TO OFE	INATIONS	JUFF	ORI BRANCH					
SETAL CLIPTON	uson n		IN SUADSS IN	SPECTOR IN S	14055			
Vame:	VISOR, DE	PUTY	IN-CHARGE, IN		erational Title:			
(b)(6); (b)(7)(C);	(b)(7)(F)				O Inspector			
Office Phone: (b)(6); (b)(7)(C)					Phone: 5); (b)(7)(C)	-		
5)(0), (5)(1)(0)				(0)(0	), (b)(r)(c)			
DOCUMENTAT	TION							
	el docum		tachments belo e NG (b)(6);	ong here:				
OPO REVIEW								
ANTICIPATED	TOTAL DU	RATIO	N OF EVENT					
Travel Date:				ail Start Date:		Detail En		
			1/2	2/2019	1 -	1/2/20:	19	
Number of Day		/Mon	ths: 1		Specify: Days			
DAILY SCHEDU	Sund	day	Monday	Tuesday	Wednesda	y Thursday	Friday	Saturday
Start Time			(b)(7)(E)		(b)(7)(E)			
End Time								
Will this detail	include f	unding	g for Saturdays,	, Sundays, and	or Holidays? N	0		
	include f	unding	g for Saturdays,	, Sundays, and	or Holidays? N	0	-,	
N DISTRICT			g for Saturdays,		or Holidays? N	0		710
N DISTRICT Requesting Ful Overtime Hou	nding for		rict resources? # of Days:		# of 1811:	0	Total:	1
N DISTRICT Requesting Full Overtime Hou (0)(7)(E)	nding for rs/Day:		rict resources? # of Days: 1		# of 1811: (b)(7)(E)	0	(b)(7)(E)	]
N DISTRICT Requesting Fur Overtime Hou (2)(7)(E) Overtime Hou	nding for rs/Day:		rict resources? # of Days:		# of 1811:	0		
IN DISTRICT Requesting Fun Overtime Hou o)(7)(E) Overtime Hou 0	nding for rs/Day:		rict resources? # of Days: 1 # of Days:		# of 1811: (b)(7)(E) # of 082:	0	(b)(7)(E) Total:	
N DISTRICT Requesting Ful Overtime Hou O(7)(E) Overtime Hou O GUARDS Hours per Day	nding for rs/Day: rs/Day:	in dist	rict resources? # of Days: 1 # of Days: 0	Yes # of Person	# of 1811: (b)(7)(E) # of 082: 0	ourly Rate:	(b)(7)(E)  Total: \$0.00	
N DISTRICT Requesting Fun Overtime Hou 0)(7)(E) Overtime Hou 0 GUARDS Hours per Day	nding for rs/Day: rs/Day:	in dist	rict resources? # of Days: 1 # of Days: 0	Yes	# of 1811: (b)(7)(E) # of 082: 0		(b)(7)(E) Total: \$0.00	
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N DISTRICT Requesting Fun Overtime Hou 0 GUARDS Hours per Day 0)(7)(E) TRAVEL Number of Full M&IE Days (Do not include first and last days)	nding for rs/Day: rs/Day: ::	# of D	rict resources? # of Days: 1 # of Days: 0 ays:  First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	# of Person (b)(7)(E)  Lodging Tota (Include taxes)	# of 1811: (b)(7)(E) # of 082: 0  POV/Mileage Total	ourly Rate: 7)(E) Airfare Total	(b)(7)(E) Total: \$0.00  Total: (b)(7)(E)  ATM, Laundry, Baggage, etc.	
N DISTRICT Requesting Fun Overtime Hou 0 GUARDS Hours per Day 0)(7)(E) TRAVEL Number of Full M&IE Days (Do not include first and last days)	nding for rs/Day: rs/Day: ::	# of D	rict resources? # of Days: 1 # of Days: 0 ays:  First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	# of Person (b)(7)(E)  Lodging Tota (Include taxes)	# of 1811: (b)(7)(E) # of 082: 0  POV/Mileage Total	ourly Rate: 7)(E) Airfare Total	(b)(7)(E) Total: \$0.00  Total: (b)(7)(E)  ATM, Laundry, Baggage, etc.	
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N DISTRICT Requesting Ful Overtime Hou 0 (77)(E) Overtime Hou 0 GUARDS Hours per Day 0)(7)(E) TRAVEL Number of Full M&IE Days (Do not include first and last days) 0 TOTAL OTHER \$0.00 Notes:	rs/Day: rs/Day: rs/Day: Full Day \$0.00	# of D.  1  M&IE	rict resources? # of Days: 1 # of Days: 0 ays:  First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day) \$0.00	# of Person (b)(7)(E)  Lodging Tota (Include taxes)	# of 1811: [D)(7)(E) # of 082: 0  POV/Mileage Total	Airfare Total	(b)(7)(E) Total: \$0.00  Total: (b)(7)(E)  ATM, Laundry, Baggage, etc.	\$0.00
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Total Detail Estimate:	\$660.00	•
Detail Status:	Completed	•
Name: (b)(6); (b)(7)(C); (b)(7)(F)		•
ODO COMPLETION		
OPO COMPLETION  Comments:		
earthing treat		
Final Approved Amoun	nt: \$628.00	Is the AAR attached?
Final Approved Amoun	nt: \$628.00	Is the AAR attached?
Final Approved Amoun	ht: \$628.00	Is the AAR attached?

Travel Date	D TOTAL DU : Days/Weeks DULE Sunday	/Months: 6	Deta 1/2	Il Start Date: 7/2019 : Tuesday	Specify: Day Wedneso		Detail End Di 2/1/2019  Thursday (b)(7	Friday	
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Description	of Event:				Active				
Level:	SHANDE P				Active/Retir	ed:			
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(b)(6); (b)(7)( Host Distric								co	
Location of	Event: (Stree			I	Event City:		_	Event	State:
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o)(6); (b)(7)(C	(USMS)			OPO Inspector					
Requested I	Зу:			Title:					
Submission	Number:			Enter (b)(7)(		ive Ass	essment Num	ber assigned:	
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	Department	of Justice		JSD An	proved		Juc	dicial Security	Event
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rovide a bri	ef narrative	descril	bing an	y threats ass	ociated v	with the	event:						
as the Offic xplanation:	e of Protec	tive Inte	elligend	e been notif	ied? No								
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ETAIL SUPE lame: b)(6); (b)(7)(C		PUTY II	N-CHAF	RGE, INSPECT	Ope	HARGE erationa O Inspec							
Office Phone	:				Cell	Phone:							
b)(6); (b)(7)(C	)				(b)(	6); (b)(7)	C)						
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OCUMENT/	ATION ntel docum			nts belong he 5); (b)(7)(C)			C)						
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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 DISTRI		ersonnel requested:		Number of	administrative	personnel reques	ted:
Total estimate	d travel co	sts:					
DETAIL TOTAL  Note: The follo		s are required. \$2,400.00					
Total Detail Es Detail Status:		Completed					
Name: (b)(6); (b)							
OPO COMPLET	TION						
Final Approved	d Amount:	\$4,672.00		Is the AAR a	ttached?		

	STATES			ed State als Serv		18		S. C.
U.S. Departm	ent of Justice		ISD /	Approved		lud	icial Secur	ty Event
NSTRUCTIONS:							iciai secui	ty tvent
Use this form to requivalent Note: All boxes with			travel, and di	strict security	officer staff	ing.		
Submission Number:				er the Protect	tive Assessn	nent Numb	er assigne	d:
b)(7)(E)				(E)				
Requested By:	100.001		OPO Inspecto					
(b)(6); (b)(7)(C); (L) Circuit:	JSMS)	District/Di		)I				
9			curity Division					
Mission Name: (ex. L	J.S. v. Smith,	SCJ Smith As	sistance, USD	CJ Smith Prote	ctive Respo	nse, 12th C	ircuit Judic	ial Conferenc
SJC Gorsuch Assista	nce, La Quint	a, CA						
ocation of Event: (5		)		Event City:				nt State:
49499 Eisenhower D	ır			La Quinta			CA	
lost District: Central District of Ca	lifornia							
Detail Type:	rsr-riiu							
Supreme Court Justic	ce Assistance							
.evel:				Active/Reti	red:			
Description of Event				Active				
.a Quinta Resort ar	and depart	on March 5	. This event is	s a private fui	# of Defen	to only in	# of Wit	nesses
of Protected Persons: # of Attendees:			# of Defe				ave	
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