





DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE							
<b>Name:</b> (b)(6); (b)(7)(C); (b)(7)(F)				<b>Operational Title:</b> OPO Inspector			
<b>Office Phone:</b> (b)(6); (b)(7)(C)				<b>Cell Phone:</b> (b)(6); (b)(7)(C)			
DOCUMENTATION							
District and Intel document attachments belong here: 1810 NG at CAC La Quinta special instructions and ops plan.docx IR Gorsuch.docx							
OPO REVIEW							
ANTICIPATED TOTAL DURATION OF EVENT							
<b>Travel Date:</b> 2/28/2019		<b>Detail Start Date:</b> 3/1/2019			<b>Detail End Date:</b> 3/5/2019		
<b>Number of Days/Weeks/Months:</b> 6				<b>Specify:</b> Days			
DAILY SCHEDULE							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>	(b)(7)(E)				(b)(7)(E)		
<b>End Time:</b>							
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> Yes <input type="checkbox"/>							
IN DISTRICT							
<b>Requesting Funding for in district resources?</b> No <input type="checkbox"/>							
<b>Notes:</b>							
OUT OF DISTRICT							
<b>Number of operational personnel requested:</b> (b)(7)(E)				<b>Number of administrative personnel requested:</b> 0			
<b>Total estimated travel costs:</b> (b)(7)(E)							
<b>Note:</b>							
DETAIL TOTAL							
<i>Note: The following fields are required.</i>							
<b>Total Detail Estimate:</b> \$5,200.00 *							
<b>Detail Status:</b> Completed *							
<b>Name:</b> (b)(6); (b)(7)(C); (b)(7)(F) *							
OPO COMPLETION							
<b>Comments:</b>							
<b>Final Approved Amount:</b> \$6,926.00				<b>Is the AAR attached?</b> <input type="checkbox"/>			



## United States Marshals Service



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

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

**Submission Number:**  **Enter the Protective Assessment Number assigned:**

**Requested By:**  **Title:**

**Circuit:**  **District/Division:**

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

**Location of Event: (Street Address)**  **Event City:**  **Event State:**

**Host District:**

**Detail Type:**

**Level:**  **Active/Retired:**

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

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<b># of Protected Persons:</b>	<b># of Attendees:</b>	<b># of Defendants:</b>	<b># of Defendants in Custody:</b>	<b># of Witnesses in Custody:</b>
1	<input type="text" value="(b)(7)(E)"/>	0	0	0

<b>Estimated Local Lodging Rate:</b>	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b>
\$0.00	\$0.00	\$0.00

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**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:**  **Detail Start Date:**  **Detail End Date:**

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

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**DAILY SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>			<input type="text" value="(b)(7)(E)"/>				
<b>End Time:</b>							

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

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**IN DISTRICT**

Requesting Funding for in district resources?

<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 1811:</b>	<b>Total:</b>
<input type="text" value="(b)(7)(E)"/>	1	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>
<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 082:</b>	<b>Total:</b>
0	0	0	\$0.00

**GUARDS**

<b>Hours per Day:</b>	<b># of Days:</b>	<b># of Persons:</b>	<b>Hourly Rate:</b>	<b>Total:</b>
0	0	0	<input type="text" value="(b)(7)(E)"/>	\$0.00

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**TRAVEL**

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

**TOTAL OTHER**

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**OUT OF DISTRICT**

Are you requesting out of district assistance?

**INTELLIGENCE/INVESTIGATION**

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

(b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

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

<b>Name:</b> (b)(6); (b)(7)(C); (b)(7)(F)	<b>Operational Title:</b> OPD Inspector
<b>Office Phone:</b> (b)(6); (b)(7)(C)	<b>Cell Phone:</b> (b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

Dps plan - (b)(7)(E).docx

OPQ REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

<b>Travel Date:</b>	<b>Detail Start Date:</b> 4/9/2019	<b>Detail End Date:</b> 4/9/2019
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Number of Days/Weeks/Months: 1 Specify:

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?  Yes

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

GUARDS

<b>Hours per Day:</b> 0	<b># of Days:</b> 0	<b># of Persons:</b> 0	<b>Hourly Rate:</b> (b)(7)(E)	<b>Total:</b> \$0.00
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TRAVEL

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

TOTAL OTHER

\$0.00
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Notes:

OUT OF DISTRICT

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

Total estimated travel costs:


Note:

DETAIL TOTAL


Note: The following fields are required.



<b>Total Detail Estimate:</b>	\$225.00	*
<b>Detail Status:</b>	Completed	*
<b>Name:</b>	(b)(6); (b)(7)(C);	*
<hr/>		
<b>OPO COMPLETION</b>		
<b>Comments:</b>		
<b>Final Approved Amount:</b>	\$450.00	<b>Is the AAR attached?</b> <input type="checkbox"/>
<hr/>		
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## United States Marshals Service



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

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

**Submission Number:**  **Enter the Protective Assessment Number assigned:**

**Requested By:**  **Title:**

**Circuit:**  **District/Division:**

**Mission Name:** (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)  
**Associate Justice Gorsuch airport assistance**

**Location of Event: (Street Address)**  **Event City:**  **Event State:**

**Host District:**

**Detail Type:**

**Level:**  **Active/Retired:**

**Description of Event:**  
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)  
Associate U.S. Supreme Court Justice Neil Gorsuch is traveling through  on international travel on Friday, July 19. The Supreme Court Police and Justice Gorsuch have requested USMS assistance

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

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

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**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:**  **Detail Start Date:**  **Detail End Date:**

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

**DAILY SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>							
<b>End Time:</b>						<input type="text" value="(b)(7)(E)"/>	

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

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**IN DISTRICT**

Requesting Funding for in district resources?

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
<input type="text" value="(b)(7)(E)"/>	1	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>
0	0	0	\$0.00

**GUARDS**

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
<input type="text" value="(b)(7)(E)"/>	1	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>

**TRAVEL**

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

**TOTAL OTHER**

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**OUT OF DISTRICT**

Are you requesting out of district assistance?

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

Total estimated travel costs:							
REPORTING INFORMATION							
Reporting Date: 7/19/2019	Reporting Time: (b)(7)(E)						
Address: (b)(7)(E)	City: PA						
Special Equipment Required for Reporting Personnel: (b)(7)(E)							
Special Skills Requested: N/A							
Special Instructions for Reporting Personnel: N/A							
INTELLIGENCE/INVESTIGATION							
Provide a brief narrative describing any threats associated with the event: (b)(7)(E)							
Has the Office of Protective Intelligence been notified? Yes							
Explanation: (b)(7)(E)							
NOTES TO OPERATIONS SUPPORT BRANCH							
DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE							
Name: (b)(6); (b)(7)(C); (b)(7)(F)	Operational Title: OPO Inspector						
Office Phone: (b)(6); (b)(7)(C)	Cell Phone: (b)(6); (b)(7)(C)						
DOCUMENTATION							
District and Intel document attachments belong here: Justice Gorsuch Airport Assistance (b)(7)(E) July 2019.docx							
OPO REVIEW							
ANTICIPATED TOTAL DURATION OF EVENT							
Travel Date: 7/19/2019	Detail Start Date: 7/19/2019						
	Detail End Date: 7/19/2019						
Number of Days/Weeks/Months: 1	Specify: Days						
DAILY SCHEDULE							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		(b)(7)(E)				(b)(7)(E)	
End Time:							
Will this detail include funding for Saturdays, Sundays, and/or Holidays? No							
IN DISTRICT							
Requesting Funding for in district resources? Yes							
Overtime Hours/Day: (b)(7)(E)	# of Days: 1	# of 1811: (b)(7)(E)	Total: (b)(7)(E)				
Overtime Hours/Day: 0	# of Days: 0	# of 082: 0	Total: \$0.00				
GUARDS							
Hours per Day: (b)(7)(E)	# of Days: 1	# of Persons: (b)(7)(E)	Hourly Rate: (b)(7)(E)	Total: (b)(7)(E)			
TRAVEL							
Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL OTHER							
\$0.00							
Notes:							

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OUT OF DISTRICT

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

Total estimated travel costs:

Note:

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DETAIL TOTAL

*Note: The following fields are required.*

Total Detail Estimate:  \*

Detail Status:  \*

Name:  \*

Notes:

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JSD APPROVAL

Special Assignment Number:  \* Project Code:  \*


Total Approved Amount:  \*

< or = \$25K	Senior Inspector:	<input type="text" value="(b)(6); (b)(7)(C); (b)(7)(F)"/>	<input type="text" value="2019-07-15"/>
>\$25K - \$50K	Assistant Chief:	<input type="text" value="Name will autopopulate"/>	<input type="text"/>
>\$50K - \$75K	Chief:	<input type="text" value="Name will autopopulate"/>	<input type="text"/>
>\$75K - \$100K	Deputy Assistant Director:	<input type="text" value="Name will autopopulate"/>	<input type="text"/>
>\$100K	Assistant Director:	<input type="text" value="Name will autopopulate"/>	<input type="text"/>


Notes:

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## United States Marshals Service



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

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

**Submission Number:**  **Enter the Protective Assessment Number assigned:**

**Requested By:**  **Title:**

**Circuit:**  **District/Division:**

**Mission Name:** (ex. U.S. v. Smith, SCI Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)  
**Justice Gorsuch Airport Assistance 8/5**

**Location of Event:** (Street Address)  **Event City:**  **Event State:**

**Host District:**

**Detail Type:**

**Level:**  **Active/Retired:**

**Description of Event:**  
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)  
Associate U.S. Supreme Court Justice Neil Gorsuch

<b># of Protected Persons:</b>	<b># of Attendees:</b>	<b># of Defendants:</b>	<b># of Defendants in Custody:</b>	<b># of Witnesses in Custody:</b>
1	0	0	0	0

<b>Estimated Local Lodging Rate:</b>	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b>
\$0.00	\$0.00	\$0.00

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**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:**  **Detail Start Date:**  **Detail End Date:**

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

**DAILY SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>		<input type="text" value="(b)(7)(E)"/>					
<b>End Time:</b>							

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

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**IN DISTRICT**

**Requesting Funding for in district resources?**  Yes

<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 1811:</b>	<b>Total:</b>
<input type="text" value="(b)(7)(E)"/>	1	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>
<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 082:</b>	<b>Total:</b>
0	0	0	\$0.00

**GUARDS**

<b>Hours per Day:</b>	<b># of Days:</b>	<b># of Persons:</b>	<b>Hourly Rate:</b>	<b>Total:</b>
<input type="text" value="(b)(7)(E)"/>	1	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>

**TRAVEL**

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

**TOTAL OTHER**

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**OUT OF DISTRICT**

**Are you requesting out of district assistance?**



Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: \$0

**REPORTING INFORMATION**

Reporting Date: 8/5/2019 Reporting Time: (b)(7)(E)

Address: (b)(7)(E) City: PA State: PA

Special Equipment Required for Reporting Personnel:  
(b)(7)(E)

Special Skills Requested:

Special Instructions for Reporting Personnel:  
(b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

**INTELLIGENCE/INVESTIGATION**

Provide a brief narrative describing any threats associated with the event:  
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:  
(b)(7)(E)

**NOTES TO OPERATIONS SUPPORT BRANCH**

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

Name: (b)(6); (b)(7)(C); (b)(7)(F) Operational Title: OPO Inspector

Office Phone: (b)(6); (b)(7)(C) Cell Phone: (b)(6); (b)(7)(C)

**DOCUMENTATION**

District and Intel document attachments belong here:  
Justice Gorsuch Airport Assistance at (b)(7) August 2019.docx

**OPO REVIEW**

**ANTICIPATED TOTAL DURATION OF EVENT**

Travel Date: 8/5/2019 Detail Start Date: 8/5/2019 Detail End Date: 8/5/2019

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

**DAILY SCHEDULE**

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

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

**IN DISTRICT**

Requesting Funding for in district resources? Yes

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

**GUARDS**

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

**TRAVEL**

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

**TOTAL OTHER**

\$0.00

Notes:

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OUT OF DISTRICT

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

Total estimated travel costs: \$

Note:

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DETAIL TOTAL

*Note: The following fields are required.*

Total Detail Estimate:  \*

Detail Status:  \*


Name:  \*

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OPO COMPLETION

Comments:

Final Approved Amount:  Is the AAR attached?



## United States Marshals Service



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

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

**Submission Number:**  **Enter the Protective Assessment Number assigned:**

**Requested By:**  **Title:**

**Circuit:**  **District/Division:**

**Mission Name:** (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)  
**SCJ Neil Gorsuch Protective Assignment (13)**

**Location of Event: (Street Address)**  **Event City:**  **Event State:**

**Host District:**

**Detail Type:**

**Level:**  **Active/Retired:**

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

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<b># of Protected Persons:</b>	<b># of Attendees:</b>	<b># of Defendants:</b>	<b># of Defendants in Custody:</b>	<b># of Witnesses in Custody:</b>
1	0	0	0	0

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<b>Estimated Local Lodging Rate:</b>	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b>
\$0.00	\$0.00	\$0.00

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**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:**  **Detail Start Date:**  **Detail End Date:**

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

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**DAILY SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>				<input type="text" value="(b)(7)(E)"/>			
<b>End Time:</b>							

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

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**IN DISTRICT**

**Requesting Funding for in district resources?**

<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 1811:</b>	<b>Total:</b>
0	0	0	\$0.00
<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 082:</b>	<b>Total:</b>
0	0	0	\$0.00

**GUARDS**

<b>Hours per Day:</b>	<b># of Days:</b>	<b># of Persons:</b>	<b>Hourly Rate:</b>	<b>Total:</b>
<input type="text" value="(b)(7)(E)"/>	1	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>

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**TRAVEL**

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

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**TOTAL OTHER**

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**OUT OF DISTRICT**

**Are you requesting out of district assistance?**

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**INTELLIGENCE/INVESTIGATION**

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

(b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

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

<b>Name:</b> (b)(6); (b)(7)(C); (b)(7)(F)	<b>Operational Title:</b> OPD Inspector
<b>Office Phone:</b> (b)(6); (b)(7)(C)	<b>Cell Phone:</b> (b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:  
[OPS Plan SCJ Gorsuch DIA.docx](#)

OPQ REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

<b>Travel Date:</b> 8/7/2019	<b>Detail Start Date:</b> 8/7/2019	<b>Detail End Date:</b> 8/7/2019
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Number of Days/Weeks/Months: 1 Specify: Days

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?  Yes

<b>Overtime Hours/Day:</b> 0	<b># of Days:</b> 0	<b># of 1811:</b> 0	<b>Total:</b> \$0.00
<b>Overtime Hours/Day:</b> 0	<b># of Days:</b> 0	<b># of 082:</b> 0	<b>Total:</b> \$0.00

GUARDS

<b>Hours per Day:</b> (b)(7)(E)	<b># of Days:</b> 1	<b># of Persons:</b> (b)(7)(E)	<b>Hourly Rate:</b> (b)(7)(E)	<b>Total:</b> (b)(7)(E)
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TRAVEL

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

TOTAL OTHER

\$0.00
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Notes:

OUT OF DISTRICT

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

Total estimated travel costs:


Note:

DETAIL TOTAL


Note: The following fields are required.

<b>Total Detail Estimate:</b>	<input type="text" value="\$480.00"/>	*
<b>Detail Status:</b>	<input type="text" value="Completed"/>	*
<b>Name:</b>	<input type="text" value="(b)(6); (b)(7)(C)"/>	*
<hr/>		
<b>OPO COMPLETION</b>		
<b>Comments:</b>		
<b>Final Approved Amount:</b>	<input type="text" value="\$552.00"/>	<b>Is the AAR attached?</b> <input type="text"/>
<hr/>		
<hr/>		





## United States Marshals Service



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

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

**Submission Number:**  **Enter the Protective Assessment Number assigned:**

**Requested By:**  **Title:**

**Circuit:**  **District/Division:**

**Mission Name:** (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)  
**SCJ Gorsuch Protection Detail**

**Location of Event: (Street Address)**  **Event City:**  **Event State:**

**Host District:**

**Detail Type:**

**Level:**  **Active/Retired:**

**Description of Event:**  
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)  
The United States Supreme Court has requested the U.S. Marshals Service to provide protection for Associate Justice Neil Gorsuch. On Aug. 15, the Justice will be traveling

<b># of Protected Persons:</b>	<b># of Attendees:</b>	<b># of Defendants:</b>	<b># of Defendants in Custody:</b>	<b># of Witnesses in Custody:</b>
1	0	0	0	0

<b>Estimated Local Lodging Rate:</b>	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b>
\$0.00	\$0.00	\$0.00

---

**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:**  **Detail Start Date:**  **Detail End Date:**

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

---

**DAILY SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>							
<b>End Time:</b>					<input type="text" value="(b)(7)(E)"/>		

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

---

**IN DISTRICT**

Requesting Funding for in district resources?

<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 1811:</b>	<b>Total:</b>
<input type="text" value="(b)(7)(E)"/>	1	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>
<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 082:</b>	<b>Total:</b>
0	0	0	\$0.00

**GUARDS**

<b>Hours per Day:</b>	<b># of Days:</b>	<b># of Persons:</b>	<b>Hourly Rate:</b>	<b>Total:</b>
<input type="text" value="(b)(7)(E)"/>	1	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>

---

**TRAVEL**

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

---

**TOTAL OTHER**

---

**OUT OF DISTRICT**

Are you requesting out of district assistance?

**INTELLIGENCE/INVESTIGATION**  
 Provide a brief narrative describing any threats associated with the event:  
 (b)(7)(E)

Has the Office of Protective Intelligence been notified?  No  
 Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

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

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

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**DOCUMENTATION**  
 District and Intel document attachments belong here:  
 Ops Plan SCJ Gorsuch (b)(7)(E) - O.docx

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**OPO REVIEW**

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**ANTICIPATED TOTAL DURATION OF EVENT**

Travel Date: Detail Start Date: 8/15/2019 Detail End Date: 8/15/2019  
 Number of Days/Weeks/Months: 1 Specify: Days

**DAILY SCHEDULE**

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

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

---

**IN DISTRICT**

Requesting Funding for in district resources?  Yes

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

**GUARDS**

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

---

**TRAVEL**

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

---

**TOTAL OTHER**  
 \$0.00

Notes:

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**OUT OF DISTRICT**

Number of operational personnel requested: Number of administrative personnel requested:  
 Total estimated travel costs:

Note:

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**DETAIL TOTAL**

Note: The following fields are required.

Total Detail Estimate: \$375.00 \*

Detail Status: Completed \*

Name: (b)(6); (b)(7)(C); (b)(7)(E) \*

OPO COMPLETION

Comments:

Final Approved Amount: \$447.00

Is the AAR attached?

U.S. Department of Justice  
United States Marshals Service

REQUEST FOR  
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

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

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

FROM: (b)(6); (b)(7)(C);  
(b)(7)(F) **JSD/OPO**

United States Marshal, Chief Deputy, or designee

District: **Southern District of New York**

Circuit:02

1. Detail Name: **10/09 - 10/11, Justice Ginsburg - NYC**

*(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: **Nw York City**  
Host District: **Southern District of New York**  
Overseas Travel?: **No**

Circuit:02

3. Starting Date: **10/09/2019** Ending Date: **10/11/2019** Number of Days/Weeks: **3 days**  
*(mm/dd/yyyy) (mm/dd/yyyy)*

4. Description:

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

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

(b)(7)(E)

Associate United States Supreme Court Justice Ruth Bader Ginsburg has requested USMS protection when the Court travel to New York City on October 10, 2019. The Justice has several events in NYC that requires USMS protective services.

The mission of the U.S. Marshals Service is to provide the highest level of security and protection to Justice Ginsburg while the Justice is in New York. ]

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



6. Reported Threats:

(b)(7)(E)

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

8. Host/Trial District Information:

No. of District DUSMs on Special Assignment:

No. of In-District DUSMs committed to staff this detail: **0**

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

No. of DUSMs

(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)

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

Scheduled Days: **Mon.-Fri.**

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

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

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

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

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

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

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

Expense: (b)(7)(E)  
 Description: **see section # 15 for airfare, lodging, overtime, guard hire, etc**



15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: **NYC**  
Reporting Date/Time: **10/09/2019**  
(mm/dd/yyyy)

(hour)

Per Diem Rate:  
Hotel Name:  
Hotel Telephone:

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

Special Instructions/Other related information:

(b)(7)(E)

D/ME expenses are (b)(7)(E)

Guard hire (b)(7)(E)

(b)(7)(E) 3 days)

local taxi (NYC) (b)(7)(E)

airfare w/ baggage: (b)(7)(E)

local parking (b)(7)(E)

Overtime (b)(7)(E)

(b)(7)(E)

Lodging (b)(7)(E)

(b)(7)(E) service fees per day for 2 days)

M&IE: (b)(7)(E)

W/MO expenses are (b)(7)(E)

Guard hire (b)(7)(E)

(b)(7)(E) 3 days)

\*\* (actual rate is (b)(7)(E) per hour; however according to POCB I am using the Max rate of (b)(7)(E)

local taxi (NYC) (b)(7)(E)

airfare w/ baggage: (b)(7)(E)

local parking (b)(7)(E)

Overtime (b)(7)(E)

(b)(7)(E)

Lodging (b)(7)(E)

(b)(7)(E) service fees per day for 2 days)

M&IE: (b)(7)(E)

] Special Equipment or Personnel Required:

[ ]



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

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

10/05/2019  
 Date

16. **Approval** for Out-of-District Assistance? (check one) **Yes**  
 Type/Number of Personnel Required:

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

SDUSMs

Admin.

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

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

Scheduled Days: **Mon.-Fri.**

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

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

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

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

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

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

Expense:	(b)(7)(E)
Description:	see section # 15 for airfare, lodging, overtime, guard hire, etc

**TOTAL REQUESTED FUNDS**                    **\$5,657.00**  
**TOTAL APPROVED FUNDS**                **\$5,657.00**  
**APPROVAL LEVEL REQUIRED**            **OST**

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:

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

DATE: 10/07/2019

COMMENTS:

(b)(7)(E)

The supplemental funding request; “**10/09-11/2019 – SCJ Ginsburg Protection Detail, NYC, 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.

**D/ME** (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(E)

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

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

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

**W/MO** (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(E)

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

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

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

Fiscal Year: **2020**

Fund Code: (b)(7)(E)

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

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

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

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

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

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

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

Org Code 4: (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:**

U.S. Department of Justice  
United States Marshals Service

REQUEST FOR  
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

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

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

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

United States Marshal, Chief Deputy, or designee

District: **Northern District of California**

Circuit:09

1. Detail Name: **10/17/19 - SJC Ginsburg at CAN SF Berkley**

*(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: **San Francisco, CA**  
Host District: **Northern District of California**  
Overseas Travel?: **No**

Circuit:09

3. Starting Date: **10/17/2019** Ending Date: **10/23/2019** Number of Days/Weeks: **7 Days**  
*(mm/dd/yyyy) (mm/dd/yyyy)*

4. Description:

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

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

[ Justice Ginsburg will be visiting San Francisco, CA, arriving on October 19 and depart on October 21. RBG will be attending the San Francisco Opera, the San Francisco Museum of Modern Art, a dinner with the Law Clerk Association and speaking at Berkley Law School. ]

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

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

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

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

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

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

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

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

Scheduled Days: **Mon.-Fri.**

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

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

Per Diem Estimate Computation:									
	Daily Rate		No. of Days	=	Subtotal	x	No. DUSMS	=	TOTAL
In-District	0	x	0	=	\$0.00	x	0	=	\$0.00
Out-of-District	(b)(7)(E)	x	6	=	(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		Detail Hours	=	Subtotal		No. Guards		No. Days	=	TOTAL
	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	5	=	(b)(7)(E)
Out-of-District	Hourly Rate		Detail Hours	=	Subtotal		No. Guards		No. Days	=	TOTAL
	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	5	=	(b)(7)(E)

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

Expense: (b)(7)(E)  
 Description: **See Special Instructions (also on ops plan)**





15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: **San Francisco, CA**  
Reporting Date/Time: **10/19/2019**  
(mm/dd/yyyy)

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

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

Per Diem Rate: (b)(6); (b)(7)(C);  
Hotel Name: (b)(7)(E)  
Hotel Telephone: (b)(7)(E)

Special Instructions/Other related information:

(b)(7)(E)

Supporting Districts/DUSMs:

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

SCHEDULE

Thursday, October, 17, 2019

(b)(7)(E)

(No OT)

Friday, October 18, 2019

(b)(7)(E)

(No OT)

Saturday, October 19, 2019

(b)(7)(E)

(b)(7)(E)

Dinner  
San Francisco Metropolitan Opera  
Reception with Opera Cast

(b)(7)(E)

(b)(7)(E)

Sunday, October 20, 2019

(b)(7)(E)

(b)(7)(E)

(b)(7)(E)

Museum Tour  
Luncheon  
Museum Lecture  
Reception/Dinner with Law Clerk Association  
Dinner

(b)(7)(E)

(b)(7)(E)

(b)(7)(E)

Monday, October 21, 2019

(b)(7)(E)

(b)(7)(E)

Museum Tour  
Luncheon  
Museum Lecture  
Reception/Dinner with Law Clerk Association  
Dinner

(b)(7)(E)

Tuesday, October 22, 2019

(b)(7)(E)

(No OT)

Wednesday, October 23, 2019

(b)(7)(E)

(No OT)

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

Hotel (b)(7)(E) 6 nights (b)(7)(E)  
Hotel Tax: (b)(7)(E) 6 days (b)(7)(E)  
MI&E (b)(7)(E) 7 days (b)(7)(E)  
Airfare: (b)(7)(E)  
TMC:  
Bags:  
Taxi:  
ATM Fee:  
CashAdv Fee:  
Total Travel:  
Guard funds: 5 days (b)(7)(E)  
Overtime  
Total:

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

Hotel (b)(7)(E) 6 nights (b)(7)(E)  
Hotel Tax: (b)(7)(E) 6 days (b)(7)(E)  
MI&E (b)(7)(E) 7 days (b)(7)(E)  
Airfare (b)(7)(E)  
TMC: (b)(7)(E)  
Bags:  
Taxi:  
ATM Fee:  
CashAdv Fee:  
Total Travel:  
Guard funds: 5 days (b)(7)(E)  
Overtime  
Total:

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

Hotel (b)(7)(E) 6 nights (b)(7)(E)  
Hotel Tax: (b)(7)(E) 6 days (b)(7)(E)  
MI&E (b)(7)(E) 7 days (b)(7)(E)  
Airfare: (b)(7)(E)  
TMC:  
Bags:  
Taxi:



ATM Fee: (b)(7)(E)  
CashAdv Fee:  
Total Travel:  
Guard funds: 5 days (b)(7)(E)  
Overtime  
Total:

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

Guard funds: (b)(7)(E) 5 days (b)(7)(E)  
Overtime  
Total:

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

Guard funds: (b)(7)(E) 5 days (b)(7)(E)  
Overtime  
Total:

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

Hotel: (b)(7)(E) 6 nights (b)(7)(E)  
Hotel Tax: (b)(7)(E) 6 days (b)(7)(E)  
MI&E: (b)(7)(E) 7 days (b)(7)(E)  
Airfare: (b)(7)(E)  
TMC: (b)(7)(E)  
Bags:  
Taxi:  
ATM Fee:  
CashAdv Fee:  
Total Travel:  
Guard funds: 5 days (b)(7)(E)  
Overtime  
Total:

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

Hotel: (b)(7)(E) 6 nights (b)(7)(E)  
Hotel Tax: (b)(7)(E) 6 days (b)(7)(E)  
MI&E: (b)(7)(E) 7 days (b)(7)(E)

Airfare: (b)(7)(E)  
TMC: (b)(7)(E)  
Bags:  
Taxi:  
ATM Fee:  
CashAdv Fee:  
Total Travel:  
Guard funds: 5 days (b)(7)(E)  
Overtime  
Total:

**From:** (b)(6); (b)(7)(C); (b)(7)(E) (USMS)  
**Sent:** Tuesday, October 15, 2019 2:54 PM  
**To:** (b)(6); (b)(7)(E) (USMS); (b)(6); (b)(7)(C) @usms.doj.gov>  
**Subject:** RE: (b)(6); (b)(7)(C) 535 change. let me know. thanks

I approved this change.

Thanks

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

**From:** (b)(6); (b)(7)(C); (b)(7)(E) (USMS)  
**Sent:** Tuesday, October 15, 2019 11:52 AM  
**To:** (b)(6); (b)(7)(C); (b)(7)(E) (USMS); (b)(6); (b)(7)(C) @usms.doj.gov>  
**Subject:** (b)(6); (b)(7)(E) 535 change. let me know. thanks  
**Importance:** High

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

Email is crazy today... This is my second try to send this to you. Below is (b)(6); (b)(7)(C); 535 that you certified at (b)(7)(E) but the breakdowns and cost were not accurate. I had (b)(6); (b)(7)(C); to email me accurate breakdown and I put it on the 535 in RED. The accurate request is now (b)(7)(E) do you approve this change?

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

Special Equipment or Personnel Required:

(b)(7)(E)

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

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

10/11/2019

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

Date

16. Approval for Out-of-District Assistance? (check one) **Yes**  
Type/Number of Personnel Required:

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

SDUSMs

Admin.

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

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

Scheduled Days: **Mon.-Fri.**

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

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

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

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

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

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

Expense:	<b>\$48,144.00</b>
Description:	<b>See full breakdown on block 15</b>

**TOTAL REQUESTED FUNDS**                    **\$46,981.00**

**TOTAL APPROVED FUNDS**                **\$48,144.00**

**APPROVAL LEVEL REQUIRED**            **OST SUPERVISOR**

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:

**APPROVED**  
(b)(6);

DATE: 10/15/2019



COMMENTS:

(b)(7)(E)

The supplemental funding request; “10/17-23/2019 – SCJ Ginsburg Protection Detail, San Francisco, 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/AZ** (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(E)

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

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

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

**N/CA** (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

**D/NM** (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(E)

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

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

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

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

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

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

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

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

**APPROVED**  
(b)(6), (b)(7)(C);  
(b)(7)(F)

DATE: 10/15/2019

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:  
COMMENTS:

DATE:

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:  
COMMENTS:

DATE:



1909 SJC RBG at CAN- SF Berkley Special Instructions and Ops Plan.docx

U.S. Department of Justice  
United States Marshals Service

REQUEST FOR  
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

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

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

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

United States Marshal, Chief Deputy, or designee

District: **Southern District of New York**

Circuit:02

1. Detail Name: **10/25/19 - SCJ Ginsburg 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: **New York**  
Host District: **Southern District of New York**  
Overseas Travel?: **No**

Circuit:02

3. Starting Date: **10/25/2019** Ending Date: **10/28/2019** Number of Days/Weeks: **4**  
*(mm/dd/yyyy) (mm/dd/yyyy)*

4. Description:

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

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

[ On October 26-28, 2019, SCJ Ruth B Ginsburg will be traveling to the NYC area via airplane and requested the assistance of JSD-NY during her time in the NYC area. During her stay the Justice will attend 2 public events. The Humanitarian Award at the Lotos Club (500 guests) and the Richard Tucker Gala (3,000 guests).

The U.S. Marshals Service will be required to provide the highest level of security and protection to Supreme Court Justice Ginsburg during her travels in the northeast.

October 25, 2019 (b)(7)(E)

(b)(7)(E)

October 27, 2019 (b)(7)(E)

(b)(7)(E)

(b)(7)(E)

(b)(7)(E) SCJ Ginsburg Arrives  
Depart to Hotel  
Arrive Hotel Lotus  
Lotus Event Humanitarian Award (500 guests)

(b)(7)(E)

Depart to Carnegie Hall Richard Tucker Music Foundation Event (3,000 guests)

(b)(7)(E)

October 28, 2019 (b)(7)(E)

(b)(7)(E)

(b)(7)(E) Depart to LGA  
Arrive LGA  
SCJ Departs

(b)(7)(E)



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

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

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

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

9. Are you requesting Out-of-District Assistance? (check one) **Yes**  
No. of DUSMs (b)(7)(E)      SDUSMs **0**      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)**

Scheduled Days: **Sat. & Sun. incl.**

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

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

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

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

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

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

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

Expense:	<b>\$43,625.00</b>
Description:	<b>Box 15 - all expense breakdown (OT/Guard/Travel expense)</b>



15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: **New York**  
Reporting Date/Time: **10/26/2019**  
(mm/dd/yyyy)

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

Per Diem Rate:  
Hotel Name:  
Hotel Telephone:

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

Special Instructions/Other related information:

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

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

OT= (b)(7)(E)  
GR= (b)(7)(E) 1 days (b)(7)(E)

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

OT= (b)(7)(E)  
GR= (b)(7)(E) 1 days (b)(7)(E)  
Parking= (b)(7)(E) 3 days (b)(7)(E)  
Lodg= (b)(7)(E) 2 days (b)(7)(E)  
MIE= (b)(7)(E) (b)(7)(E) 1 day (b)(7)(E)  
MISC- Tolls (b)(7)(E) Cab (b)(7)(E) ATM (b)(7)(E)

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

OT= (b)(7)(E)  
GR= (b)(7)(E) 3 days (b)(7)(E)  
Parking= (b)(7)(E) 5 days (b)(7)(E)  
Lodg= (b)(7)(E) 4 days (b)(7)(E)  
MIE= (b)(7)(E) 3 days (b)(7)(E)  
MISC- Tolls (b)(7)(E) cab (b)(7)(E) ATM (b)(7)(E)

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

OT= (b)(7)(E)  
GR= (b)(7)(E) 3 days (b)(7)(E)  
Parking= (b)(7)(E) 5 days (b)(7)(E)  
Lodg= (b)(7)(E) 4 days (b)(7)(E)

MIE=(b)(7)(E) 3 day (b)(7)(E)  
MISC- Tolls (b)(7)(E) cab (b)(7)(E) ATM (b)(7)(E)

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

OT=(b)(7)(E)  
GR=(b)(7)(E) (3days) (b)(7)(E)  
Parking (b)(7)(E) 5 days (b)(7)(E)  
Lodg (b)(7)(E) 4days (b)(7)(E)  
MIE=(b)(7)(E) 3 day (b)(7)(E)  
MISC- Tolls (b)(7)(E) cab (b)(7)(E) ATM (b)(7)(E)

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

OT=(b)(7)(E)  
GR=(b)(7)(E) (3days) (b)(7)(E)  
Parking (b)(7)(E) 5 days (b)(7)(E)  
Lodg (b)(7)(E) 4days (b)(7)(E)  
MIE=(b)(7)(E) 3 day (b)(7)(E)  
MISC- Tolls (b)(7)(E) cab (b)(7)(E) ATM (b)(7)(E)

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

OT=(b)(7)(E)  
GR=(b)(7)(E) (3days) (b)(7)(E)  
Parking (b)(7)(E) 5 days (b)(7)(E)  
Lodg (b)(7)(E) 4days (b)(7)(E)  
MIE=(b)(7)(E) 3 day (b)(7)(E)  
MISC- Tolls (b)(7)(E) cab (b)(7)(E) ATM (b)(7)(E)

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

OT=(b)(7)(E)  
GR=(b)(7)(E) (3days) (b)(7)(E)  
Parking (b)(7)(E) 5 days (b)(7)(E)  
Lodg (b)(7)(E) 4days (b)(7)(E)



MIE- (b)(7)(E) 3 day (b)(7)(E)  
MISC--Tolls (b)(7)(E) cab (b)(7)(E) ATM (b)(7)(E)

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

OT- (b)(7)(E)  
GR- (b)(7)(E) 3days (b)(7)(E)  
Flight (b)(7)(E)  
Lodg- (b)(7)(E) 4days (b)(7)(E)  
MIE- (b)(7)(E) 3day (b)(7)(E)  
MISC- Taxi (b)(7)(E) cab (b)(7)(E) ATM (b)(7)(E)

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

OT- (b)(7)(E)  
GR- (b)(7)(E) 2days (b)(7)(E)  
Flight (b)(7)(E)  
Lodg- (b)(7)(E) 2days (b)(7)(E)  
MIE- (b)(7)(E) 1 day (b)(7)(E)  
MISC- Taxi (b)(7)(E) cab (b)(7)(E) ATM (b)(7)(E)

Special Equipment or Personnel Required:  
[ Overtime not used 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)

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

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

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  
(b)(7)(E)

SDUSMs  
0

Admin.  
0

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

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

Scheduled Days: **Sat. & Sun. incl.**

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

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

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

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

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

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

Expense:	<b>\$39,763.00</b>
Description:	<b>Box 15 - all expense breakdown (OT/Guard/Travel expense)</b>

**TOTAL REQUESTED FUNDS**                    **\$43,625.00**

**TOTAL APPROVED FUNDS**                **\$39,763.00**

**APPROVAL LEVEL REQUIRED**            **OST SUPERVISOR**

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:

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

DATE: 10/22/2019

COMMENTS:

(b)(7)(E)

The supplemental funding request; “10/25/2019 – SCJ Ginsburg Protection Detail, New York, NY” has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

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

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

(b)(7)(E) overtime funding approved  
\$0 travel funding approved  
\$0 guard funding approved

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

(b)(7)(E)

(b)(7)(E) overtime funding approved  
\$0 travel funding approved  
(b)(7)(E) guard funding approved

**E/PA** (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E)

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

**D/MD** (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

(b)(7)(E)

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

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

(b)(7)(E)

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

**D/VT** (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

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

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

**M/GA** (b)(6); (b)(7)(C); (b)(7)(E);  
(b)(7)(E) overtime funding approved  
(b)(7)(E) travel funding approved  
(b)(7)(E) guard funding approved

**W/MI** (b)(6); (b)(7)(C); (b)(7)(E);  
(b)(7)(E) overtime funding approved  
(b)(7)(E) travel funding approved  
(b)(7)(E) guard funding approved

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

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

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

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

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

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:  
COMMENTS:

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

DATE: 10/22/2019

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:  
COMMENTS:

DATE:

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

**DATE:**

Special Instructions/Other related information:

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

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

OT= (b)(7)(E)  
GR= (b)(7)(E) 1 days (b)(7)(E)

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

OT= (b)(7)(E)  
GR= (b)(7)(E) 4 2 days (b)(7)(E)  
Parking= (b)(7)(E) 3 4 days (b)(7)(E)  
Lodg= (b)(7)(E) 2 3 days (b)(7)(E)  
MIE= (b)(7)(E) 1 2 days (b)(7)(E)  
MISC- Tolls (b)(7)(E) Cab (b)(7)(E) ATM (b)(7)(E)

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

OT= (b)(7)(E)  
GR= (b)(7)(E) 3 days (b)(7)(E)  
Parking= (b)(7)(E) 5 days (b)(7)(E)  
Lodg= (b)(7)(E) 4 days (b)(7)(E)  
MIE= (b)(7)(E) 3 days (b)(7)(E)  
MISC- Tolls (b)(7)(E) cab (b)(7)(E) ATM (b)(7)(E)

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

OT= (b)(7)(E)  
GR= (b)(7)(E) 3 days (b)(7)(E)  
Parking= (b)(7)(E) 5 days (b)(7)(E)  
Lodg= (b)(7)(E) 4 days (b)(7)(E)

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

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

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

Expense:	\$40,542.00
Description:	Box 15 - all expense breakdown (OT/Guard/Travel expense)

**TOTAL REQUESTED FUNDS**                    **\$43,625.00**

**TOTAL APPROVED FUNDS**                **\$40,542.00**

**APPROVAL LEVEL REQUIRED**            **OST SUPERVISOR**

U.S. Department of Justice  
United States Marshals Service

REQUEST FOR  
SPECIAL ASSIGNMENTS RESOURCES

APPROVED

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

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

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

United States Marshal, Chief Deputy, or designee

District: **Southern District of New York**

Circuit:02

1. Detail Name: **12/14/19- 12/18/19: Justice Ginsburg Protection Detail - NYPL award 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: **New York City**  
Host District: **Southern District of New York**  
Overseas Travel?: **No**

Circuit:02

3. Starting Date: **12/14/2019** Ending Date: **12/18/2019** Number of Days/Weeks: **5 days**  
(mm/dd/yyyy) (mm/dd/yyyy)

4. Description:

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

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



(b)(7)(E)

Associate United States Supreme Court Justice Ruth Bader Ginsburg has requested USMS protection when the Court travel to New York during the time period of December 16 – 17, 2019. During this trip, the Annual Berggruen Prize for Philosophy & Culture will be awarded to U.S. Supreme Court Justice Ruth Bader Ginsburg for her work in Pioneering Gender Equality and Strengthening the Rule of Law. Berggruen Institute Prize Award ceremony will be held at the New York City Public Library (NYPL). Justice Ginsburg will participate in an interview styled discussion and receive the 2019 Berggruen Prize. This event will be record for broadcast on BBC (and other television networks). The attendance for this event is approximately 450 people. There will be other events both public and private during this trip.

(b)(7)(E)

**Saturday, December 14, 2019 (NO OT, Travel day)**

(b)(7)(E)

**Event**

(b)(7)(E)

End of day

**Sunday, December 15, 2019** (b)(7)(E)

(b)(7)(E)

(b)(7)(E)

End of day.

**Monday, December 16, 2019** (b)(7)(E)

(b)(7)(E)

(b)(7)(E)

(b)(7)(E)

(b)(7)(E)

(b)(7)(E)

Scheduled arrival: : pm

(Confirmation # \_\_\_\_\_ )

(b)(7)(E)

(b)(7)(E)

Depart RON for event

Ø Berggruen Institute Prize  
o NYPL -New York Public Library  
Steven A. Schwarzman Building 5<sup>th</sup> Avenue & 42<sup>nd</sup> Street

(b)(7)(E)

(b)(7)(E)

(b)(7)(E)

Tuesday, December 17, 2019 (No OT)

(b)(7)(E)

(b)(7)(E)

(b)(7)(E)

(b)(7)(E)

(b)(7)(E)

Scheduled departure: : pm

(Confirmation # \_\_\_\_\_ )

(b)(7)(E)

Wednesday, December 18, 2019 (No OT, Travel Day)

(b)(7)(E)

(b)(7)(E)

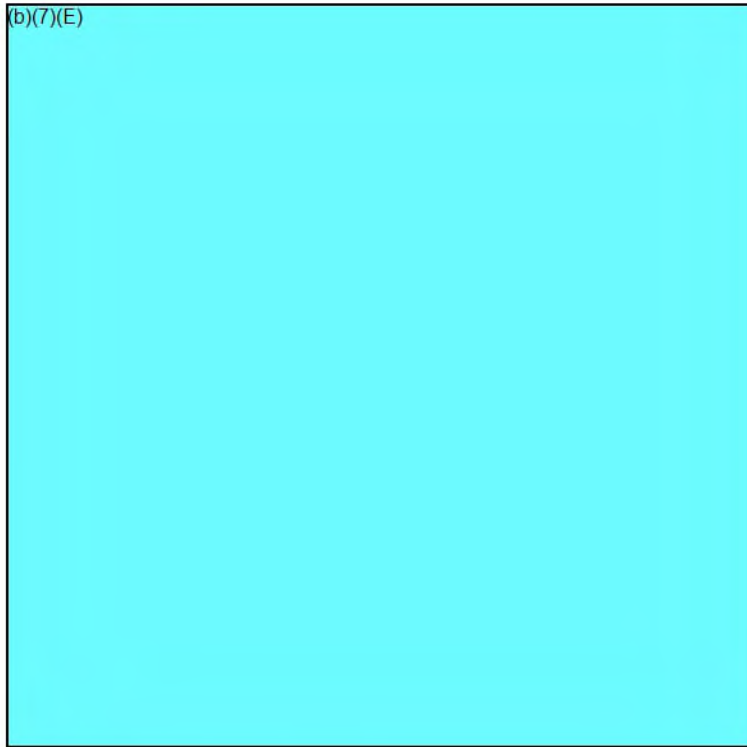
5. No. of Defendants in custody:

Total No. of Defendants:

No. USMS In-Custody Witnesses:

6. Reported Threats:

(b)(7)(E)



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

8. Host/Trial District Information:

No. of District DUSMs on Special Assignment:

No. of In-District DUSMs committed to staff this detail: **0**

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

No. of DUSMs

(b)(7)(E)

SDUSMs

Admin.

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

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

Scheduled Detail Hours **(b)(7)(C)**

Scheduled Days: **Sat. & Sun. incl.**

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

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

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

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

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

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

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

Expense:	<b>\$27,382.00</b>
Description:	<b>see section #15 for breakdown of expenses; airfare, parking, overtime, lodging, M&amp;IE, etc</b>



15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: **New York City**  
Reporting Date/Time: **12/14/2019**  
(mm/dd/yyyy)

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

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

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

Special Instructions/Other related information:

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

Airfare: (b)(7)(E)

Lodging: (b)(7)(E) 4 days (b)(7)(E)

Lodging Taxes: (b)(7)(E) 4 days (b)(7)(E)

Full MIE: (b)(7)(E) 5 days (b)(7)(E)

Name of item (baggage, atm, SATO fees, local parking, NYC taxi (r/t) etc.): (b)(7)(E)

TOTAL TRAVEL: (b)(7)(E)

OT: (b)(7)(E)

Guards: (b)(7)(E) 3 days (b)(7)(E)

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

Airfare: (b)(7)(E)

Lodging: (b)(7)(E) 4 days (b)(7)(E)

Lodging Taxes: (b)(7)(E) 4 days (b)(7)(E)

Full MIE: (b)(7)(E) 5 days (b)(7)(E)

Name of item (baggage, atm, SATO fees, local parking, NYC taxi (r/t) etc.): (b)(7)(E)

TOTAL TRAVEL: (b)(7)(E)

OT: (b)(7)(E)

Guards: (b)(7)(E) 3 days (b)(7)(E)

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

Airfare: (b)(7)(E)

Lodging: (b)(7)(E) 4 days (b)(7)(E)

Lodging Taxes: (b)(7)(E) 4 days (b)(7)(E)

Full MIE: (b)(7)(E) 5 days (b)(7)(E)

Name of item (baggage, atm, SATO fees, local parking, NYC taxi (r/t) etc.): (b)(7)(E)

TOTAL TRAVEL: (b)(7)(E)

OT: (b)(7)(E)

Guards: (b)(7)(E) 3days (b)(7)(E)

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

Airfare: (b)(7)(E)

Lodging: (b)(7)(E) 4 days (b)(7)(E)

Lodging Taxes (b)(7)(E) 4 days (b)(7)(E)  
Full MIE: (b)(7)(E) 5 days (b)(7)(E)  
Name of item (baggage, atm, SATO fees, local parking, NYC taxi (r/t) etc.) (b)(7)(E)  
TOTAL TRAVEL (b)(7)(E)

OT: (b)(7)(E)  
Guards: (b)(7)(E) 3 days (b)(7)(E)

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

Airfare: \$--- (GOV)  
Lodging: (b)(7)(E) 4 days (b)(7)(E)  
Lodging Taxes: (b)(7)(E) 4 days (b)(7)(E)  
Full MIE: (b)(7)(E) 5 days (b)(7)(E)  
Name of item (self park fee for GOV in NYC, atm, etc.) (b)(7)(E) how many  
TOTAL TRAVEL: (b)(7)(E)

OT: (b)(7)(E)  
Guards: (b)(7)(E) 3days (b)(7)(E)

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

Airfare: (b)(7)(E)  
Lodging (b)(7)(E) 4 days (b)(7)(E)  
Lodging Taxes (b)(7)(E) 4 days (b)(7)(E)  
Full MIE: (b)(7)(E) 5 days (b)(7)(E)  
Name of item (baggage, atm, SATO fees, local parking, NYC taxi (r/t) etc.) (b)(7)(E)  
TOTAL TRAVEL (b)(7)(E)

OT: (b)(7)(E)  
Guards: (b)(7)(E) 3days (b)(7)(E)

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

Airfare: \$--- (GOV)  
Lodging (b)(7)(E) 3 days (b)(7)(E)  
Lodging Taxes (b)(7)(E) 3 days (b)(7)(E)  
Full MIE: (b)(7)(E) 4 days (b)(7)(E)  
Name of item (self park fee for GOV in NYC, atm, etc.) (b)(7)(E) how many  
TOTAL TRAVEL (b)(7)(E)

OT: (b)(7)(E)  
 Guards (b)(7)(E) 2days (b)(7)(E)

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

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

(b)(6); (b)(7)(C); (b)(7)(F)                      12/06/2019  
 Signature of U.S. Marshal, Chief Deputy or designee                      Date

16. Approval for Out-of-District Assistance? (check one) **Yes**  
 Type/Number of Personnel Required:

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

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

Scheduled Days: **Sat. & Sun. incl.**

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

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

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

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

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

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

Expense:	<b>\$24,412.00</b>
Description:	<b>See box 15 for complete cost breakdown</b>

**TOTAL REQUESTED FUNDS**                    **\$27,382.00**

**TOTAL APPROVED FUNDS**                **\$24,412.00**

**APPROVAL LEVEL REQUIRED**              **OST**

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:

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

DATE: 12/09/2019



COMMENTS:

(b)(7)(E)

The supplemental funding request; ``12/14/2019 - 12/18/2019 - SCJ Ginsburg Protection Detail, New York, NY'' has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

**S/OH** (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

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

**W/NC** (b)(6); (b)(7)(C); (b)(7)(E);

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

**W/MO** (b)(6); (b)(7)(C); (b)(7)(E);

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

**M/GA** (b)(6); (b)(7)(C); (b)(7)(E);

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

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

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

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

**E/MO** (b)(6), (b)(7)(C), (b)(7)(E),

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

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

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

**D/CT** (b)(6), (b)(7)(C), (b)(7)(E),

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

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

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

Fiscal Year: **2020**

Fund Code: (b)(7)(E)

Special Assignment Number:

(b)(7)(E)

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

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

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

Project Code:

(b)(7)(E)

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

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

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

Project Code:

(b)(7)(E)

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

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:  
COMMENTS:

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

DATE: 12/09/2019

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


**DATE:**

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


**DATE:**



field-draft-Ops Plan Justice Ginsburg-12-14 to 12-18-2019-NYPL-Berggruen-Prize.pdf



## United States Marshals Service



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U.S. Department of Justice
**Denied**
Judicial Security Event

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

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

**Requested By:** (b)(6); (b)(7)(C); **Title:** OPO Inspector

**Circuit:** 2 **District/Division:** Judicial Security Division

**Mission Name:** *(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)*  
**Justice Ginsburg Protection Detail, Fresh Air-2**

**Location of Event:** *(Street Address)* 3rd Avenue **Event City:** New York **Event State:** NV

**Host District:** Southern District of New York

**Detail Type:** Supreme Court Justice Assistance

**Level:**  **Active/Retired:** Active

**Description of Event:**  
*(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)*  
Associate United States Supreme Court Justice Ruth Bader Ginsburg has requested USMS protection when the Court travel to New York City on January 2, 2019. The Justice has several events in NYC that requires USMS protective services.

<b># of Protected Persons:</b> <span style="border: 1px solid black; padding: 2px;">1</span>	<b># of Attendees:</b> <span style="border: 1px solid black; padding: 2px;">0</span>	<b># of Defendants:</b> <span style="border: 1px solid black; padding: 2px;">0</span>	<b># of Defendants in Custody:</b> <span style="border: 1px solid black; padding: 2px;">0</span>	<b># of Witnesses in Custody:</b> <span style="border: 1px solid black; padding: 2px;">0</span>
-------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

**Estimated Local Lodging Rate:** (b)(7)(E) **Estimated Local Per Diem Rate:** (b)(7)(E) **Estimated Local Required Misc:** \$0.00

---

**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:**  **Detail Start Date:** 1/2/2019 **Detail End Date:** 1/3/2019

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

---

**DAILY SCHEDULE**

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

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

---

**IN DISTRICT**

Requesting Funding for in district resources?  No

---

**OUT OF DISTRICT**

Are you requesting out of district assistance?  Yes

**Number of operational personnel requested:** (b)(7)(E) **Number of administrative personnel requested:** 0

**Total estimated travel costs:**

---

**REPORTING INFORMATION**

**Reporting Date:** 1/2/2019 **Reporting Time:** (b)(7)(E)

**Address:**  **City:**  **State:**

**Special Equipment Required for Reporting Personnel:**  
(b)(7)(E)

**Special Skills Requested:**  
none

**Special Instructions for Reporting Personnel:**  
(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

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

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

<b>Name:</b> (b)(6);	<b>Operational Title:</b> OPO Inspector
<b>Office Phone:</b> (b)(6); (b)(7)(C)	<b>Cell Phone:</b> (b)(6);

DOCUMENTATION



District and Intel document attachments belong here:

[initial-field-draft-Ops Plan Justice Ginsburg-January-2-Fresh Air-2.pdf](#)

DISTRICT CERTIFICATION (must be USM, CHIEF, or ASSISTANT CHIEF)

*If this request is Disapproved, a Reason is required below:*



	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Review</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
<b>Submission Number:</b> (b)(7)(E)		<b>Enter the Protective Assessment Number assigned:</b> (b)(7)(E)					
<b>Requested By:</b> (b)(6); (b)(7)(C);	<b>Title:</b> OPO Inspector						
<b>Circuit:</b> 2	<b>District/Division:</b> Judicial Security Division						
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) <b>Justice Ginsburg Protection detail</b>							
<b>Location of Event: (Street Address)</b> Mohonk	<b>Event City:</b> New Paltz	<b>Event State:</b> NY					
<b>Host District:</b> Northern District of New York							
<b>Detail Type:</b> Supreme Court Justice Assistance							
<b>Level:</b>	<b>Active/Retired:</b> Active						
<b>Description of Event:</b> (Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.) Associate United States Supreme Court Justice Ruth Bader Ginsburg has requested USMS protection when the Court travel to the Second Circuit Judicial Conference in New Paltz, New York. The Justice will arrive into New York (b)(7)(E)							
<b># of Protected Persons:</b> 1	<b># of Attendees:</b> 0	<b># of Defendants:</b> 0					
<b># of Defendants in Custody:</b> 0	<b># of Witnesses in Custody:</b> 0						
<b>Estimated Local Lodging Rate:</b> (b)(7)(E)	<b>Estimated Local Per Diem Rate:</b> (b)(7)(E)	<b>Estimated Local Required Misc:</b> (b)(7)(E)					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b> 6/4/2019	<b>Detail Start Date:</b> 6/4/2019	<b>Detail End Date:</b> 6/8/2019					
<b>Number of Days/Weeks/Months:</b> 5		<b>Specify:</b> Days					
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>							
<b>End Time:</b>							
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> Yes							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> No							
<b>OUT OF DISTRICT</b>							
<b>Are you requesting out of district assistance?</b> Yes							
<b>Number of operational personnel requested:</b> (b)(7)		<b>Number of administrative personnel requested:</b> 0					
<b>Total estimated travel costs:</b>							
<b>REPORTING INFORMATION</b>							
<b>Reporting Date:</b> 6/4/2019	<b>Reporting Time:</b> (b)(7)(E)						
<b>Address:</b>	<b>City:</b>	<b>State:</b>					
<b>Special Equipment Required for Reporting Personnel:</b> (b)(7)(E)							
<b>Special Skills Requested:</b> none requested							
<b>Special Instructions for Reporting Personnel:</b> (b)(7)(E)							
<b>INTELLIGENCE/INVESTIGATION</b>							
<b>Provide a brief narrative describing any threats associated with the event:</b>							

(b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

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

<b>Name:</b> (b)(6); (b)(7)(C);	<b>Operational Title:</b> OPO Inspector
<b>Office Phone:</b> (b)(6); (b)(7)(C)	<b>Cell Phone:</b> (b)(6);

DOCUMENTATION

District and Intel document attachments belong here:  
[field-draft-Ops Plan Justice Ginsburg-June-4\\_to 8th.pdf](#)

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

<b>Travel Date:</b> 6/4/2019	<b>Detail Start Date:</b> 6/4/2019	<b>Detail End Date:</b> 6/8/2019
<b>Number of Days/Weeks/Months:</b> 5		<b>Specify:</b> Days

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?  No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(C) Number of administrative personnel requested: 0

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: \$0.00 \*

Detail Status: Completed \*



Name: (b)(6); \*

Notes:

JSD APPROVAL

Special Assignment Number	(b)(7)(E)	*	Project Code	(b)(7)(E)	*
Total Approved Amount: \$13,893 *					
< or = \$25K	Senior Inspector:	(b)(6)		2019-05-30	
>\$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:

	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
Submission Number: (b)(7)(E)		Enter the Protective Assessment Number assigned: (b)(7)(E)					
Requested By: (b)(6); (USMS)	Title: OPO Inspector						
Circuit: 2	District/Division: Judicial Security Division						
Mission Name: (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) <b>Justice Ginsburg Protection Detail NYCB</b>							
Location of Event: (Street Address) mid-town Manhattan	Event City: New York City	Event State: NY					
Host District: Southern District of New York							
Detail Type: Supreme Court Justice Assistance							
Level:	Active/Retired: Active						
Description of Event: <i>(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)</i> Associate United States Supreme Court Justice Ruth Bader Ginsburg has requested USMS protection when the Court travel to New York City, New York. The Justice will be attending New York's City Bar lecture series named after the honorable Justice Ginsburg. (b)(7)(E)							
# of Protected Persons: 1	# of Attendees: 550	# of Defendants: 0					
# of Defendants in Custody: 0	# of Witnesses in Custody: 0						
Estimated Local Lodging Rate: \$0.00	Estimated Local Per Diem Rate: \$0.00	Estimated Local Required Misc: \$0.00					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
Travel Date: 6/9/2019	Detail Start Date: 6/9/2019	Detail End Date: 6/13/2019					
Number of Days/Weeks/Months: 5		Specify: Days					
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time: (b)(7)(E)							
End Time:							
Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes							
<b>IN DISTRICT</b>							
Requesting Funding for in district resources? No							
<b>OUT OF DISTRICT</b>							
Are you requesting out of district assistance? Yes							
Number of operational personnel requested: (b)(7)(E)				Number of administrative personnel requested: 0			
Total estimated travel costs: (b)(7)(E)							
<b>REPORTING INFORMATION</b>							
Reporting Date: 6/9/2019				Reporting Time: (b)(7)(E)			
Address:		City:		State:			
Special Equipment Required for Reporting Personnel: (b)(7)(E)							
Special Skills Requested: none requested							
Special Instructions for Reporting Personnel: (b)(7)(E)							
<b>INTELLIGENCE/INVESTIGATION</b>							
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) W/NY airfare was included in the first 535 submission. Any other expenses; such as guard and per diem will be reflect in this submission.

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

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

DOCUMENTATION

District and Intel document attachments belong here:  
 field-draft-Ops Plan Justice Ginsburg-June-9 - 13.pdf

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

**Travel Date:** 6/9/2019 **Detail Start Date:** 6/9/2019 **Detail End Date:** 6/13/2019

**Number of Days/Weeks/Months:** 5 **Specify:** Days

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: \$15,110.00 \*

Detail Status: Approved \*

Name: (b)(6); \*

JSD APPROVAL

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

Total Approved Amount: \$26,133 \*

< or = \$25K	Senior Inspector:	(b)(6);	2019-06-04
>\$25K - \$50K	Assistant Chief:	(b)(7)(C); (b)(7)(F);	2019-06-04
>\$50K - \$75K	Chief:	Name will autopopulate	
>\$75K - \$100K	Deputy Assistant Director:	Name will autopopulate	
>\$100K	Assistant Director:	Name will autopopulate	


Notes:

OPO COMPLETION


Comments:

Final Approved Amount: \$27,333.00 Is the AAR attached?





## United States Marshals Service



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

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

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

**Requested By:** (b)(6); (USMS) **Title:** OPO Inspector

**Circuit:** 2 **District/Division:** Judicial Security Division

**Mission Name:** (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)  
**Justice Ginsburg Protection Detail WCMTM**

**Location of Event: (Street Address)** NYC **Event City:** New York **Event State:** NY

**Host District:** Southern District of New York

**Detail Type:** Supreme Court Justice Assistance

**Level:** **Active/Retired:** Active

**Description of Event:**  
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)  
Associate United States Supreme Court Justice Ruth Bader Ginsburg has requested USMS protection when the Court travel to New York City to attend several events in both Manhattan and Brooklyn.  
(b)(7)(E)

<b># of Protected Persons:</b> 1	<b># of Attendees:</b> 400	<b># of Defendants:</b> 0	<b># of Defendants in Custody:</b> 0	<b># of Witnesses in Custody:</b> 0
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<b>Estimated Local Lodging Rate:</b> \$0.00	<b>Estimated Local Per Diem Rate:</b> \$0.00	<b>Estimated Local Required Misc:</b> \$0.00
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**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:** 6/14/2019 **Detail Start Date:** 6/14/2019 **Detail End Date:** 6/17/2019

**Number of Days/Weeks/Months:** 4 **Specify:** Days

**DAILY SCHEDULE**

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

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

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**IN DISTRICT**

**Requesting Funding for in district resources?** No

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**OUT OF DISTRICT**

**Are you requesting out of district assistance?** Yes

**Number of operational personnel requested:** (b)(7)(E) **Number of administrative personnel requested:** 0

**Total estimated travel costs:** (b)(7)(E)

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**REPORTING INFORMATION**

**Reporting Date:** 6/14/2019 **Reporting Time:** (b)(7)(E)

**Address:** **City:** **State:**

**Special Equipment Required for Reporting Personnel:**  
(b)(7)(E)

**Special Skills Requested:**  
none

**Special Instructions for Reporting Personnel:**  
(b)(7)(E)

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**INTELLIGENCE/INVESTIGATION**

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

(b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E) W/NY airfare was included in the first 535 submission. Any other expenses; such as guard and per diem will be reflect in this submission.

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

Name: (b)(6); (b)(7)(C); Operational Title: SDUSM

Office Phone: (b)(6); (b)(7)(C) Cell Phone: (b)(6);

DOCUMENTATION

District and Intel document attachments belong here:  
[field-draft-Ops Plan Justice Ginsburg-June-14 - 17.pdf](#)

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: 6/14/2019 Detail Start Date: 6/14/2019 Detail End Date: 6/17/2019

Number of Days/Weeks/Months: 4 Specify: Days

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?  No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel cost: (b)(7)(E)

Note:

DETAIL TOTAL

*Note: The following fields are required.*

Total Detail Estimate: \$9,200.00 \*

Detail Status: Approved \*

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

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JSD APPROVAL

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

Total Approved Amount: \*

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

Notes:

	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
<b>Submission Number:</b> (b)(7)(E)	<b>Enter the Protective Assessment Number assigned:</b> (b)(7)(E)						
<b>Requested By:</b> (b)(6) (USMS)	<b>Title:</b> OPO Inspector						
<b>Circuit:</b> 2	<b>District/Division:</b> Judicial Security Division						
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) <b>Justice Ginsburg Protection Detail Fresh Air III</b>							
<b>Location of Event: (Street Address)</b> Manhattan	<b>Event City:</b> New York	<b>Event State:</b> NY					
<b>Host District:</b> Southern District of New York							
<b>Detail Type:</b> Supreme Court Justice Assistance							
<b>Level:</b>	<b>Active/Retired:</b> Active						
<b>Description of Event:</b> (Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.) Associate United States Supreme Court Justice Ruth Bader Ginsburg has requested USMS protection when the Court travels to New York City on June 26, 2019. The Justice has several events in NYC that requires USMS protective services.							
<b># of Protected Persons:</b> 1	<b># of Attendees:</b> 15	<b># of Defendants:</b> 0					
		<b># of Defendants in Custody:</b> 0					
		<b># of Witnesses in Custody:</b> 0					
<b>Estimated Local Lodging Rate:</b> \$0.00	<b>Estimated Local Per Diem Rate:</b> \$0.00	<b>Estimated Local Required Misc:</b> \$0.00					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b> 6/25/2019	<b>Detail Start Date:</b> 6/26/2019	<b>Detail End Date:</b> 6/27/2019					
<b>Number of Days/Weeks/Months:</b> 3		<b>Specify:</b> Days					
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>			(b)(7)(E)				
<b>End Time:</b>							
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> No							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> No							
<b>OUT OF DISTRICT</b>							
<b>Are you requesting out of district assistance?</b> Yes							
<b>Number of operational personnel requested:</b> (b)(7)(E)		<b>Number of administrative personnel requested:</b> 0					
<b>Total estimated travel costs:</b> (b)(7)(E)							
<b>REPORTING INFORMATION</b>							
<b>Reporting Date:</b> 6/25/2019		<b>Reporting Time:</b> (b)(7)(E)					
<b>Address:</b>		<b>City:</b>		<b>State:</b>			
<b>Special Equipment Required for Reporting Personnel:</b> (b)(7)(E)							
<b>Special Skills Requested:</b> none specified							
<b>Special Instructions for Reporting Personnel:</b> NA							
<b>INTELLIGENCE/INVESTIGATION</b>							
<b>Provide a brief narrative describing any threats associated with the event:</b>							



(b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

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

Name:  Operational Title:

Office Phone:  Cell Phone:

DOCUMENTATION

District and Intel document attachments belong here:

[field-draft-Ops Plan Justice Ginsburg-June-26-Fresh Air-3.pdf](#)

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:  Detail Start Date:  Detail End Date:

Number of Days/Weeks/Months:  Specify:

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?  No

Notes:

OUT OF DISTRICT

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

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate:  \*

Detail Status:  \*



Name:  \*

OPO COMPLETION

Comments:

Final Approved Amount: \$3,394.00	Is the AAR attached?



	<b>United States Marshals Service</b>	
U.S. Department of Justice	<b>JSD Review</b>	Judicial Security Event
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.		
<b>Submission Number:</b> (b)(7)(E)	<b>Enter the Protective Assessment Number assigned:</b> (b)(7)(E)	
<b>Requested By:</b> (b)(6); (USMS)	<b>Title:</b> OPO Inspector	
<b>Circuit:</b> 2	<b>District/Division:</b> Judicial Security Division	
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) <b>Justice Ginsburg Protection Detail Cooperstown NY</b>		
<b>Location of Event: (Street Address)</b> West Hill	<b>Event City:</b> Cooperstown	<b>Event State:</b> NY
<b>Host District:</b> Northern District of New York		
<b>Detail Type:</b> Supreme Court Justice Assistance		
<b>Level:</b>	<b>Active/Retired:</b> Active	
<b>Description of Event:</b> <i>(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)</i> Associate United States Supreme Court Justice Ruth Bader Ginsburg will travel to Cooperstown, NY during the time period of July 25 – 29, 2019. During Justice Ginsburg’s visit, she will participate in and attend programs at the 2019 Glimmerglass Festivals. The court will make		
<b># of Protected Persons:</b> (b)(7)(E)	<b># of Attendees:</b> 1,200	<b># of Defendants:</b> 0
<b># of Defendants in Custody:</b> 0	<b># of Witnesses in Custody:</b> 0	
<b>Estimated Local Lodging Rate:</b> \$0.00	<b>Estimated Local Per Diem Rate:</b> \$0.00	<b>Estimated Local Required Misc:</b> \$0.00
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>		
<b>Travel Date:</b> 7/21/2019	<b>Detail Start Date:</b> 7/22/2019	<b>Detail End Date:</b> 7/30/2019
<b>Number of Days/Weeks/Months:</b> 10		<b>Specify:</b> Days
<b>DAILY SCHEDULE</b>		
	Sunday	Monday
	Tuesday	Wednesday
	Thursday	Friday
	Saturday	
<b>Start Time:</b> (b)(7)(E)	<b>End Time:</b>	
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> Yes		
<b>IN DISTRICT</b>		
<b>Requesting Funding for in district resources?</b> Yes		

Overtime Hours/Day:	# of Days:	# of 1811:	Total:				
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)				
Overtime Hours/Day:	# of Days:	# of 082:	Total:				
0	0	0	\$0.00				
GUARDS							
Hours per Day:	# of Days:	# of Persons:	Hourly Rate:				
(b)(7)(E)	4	(b)(7)(E)	(b)(7)(E)				
TRAVEL							
Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
4	(b)(7)(E)			\$0.00	\$0.00	\$0.00	(b)(7)(E)
TOTAL OTHER							
\$0.00							

OUT OF DISTRICT

Are you requesting out of district assistance?  Yes

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 7/22/2019 Reporting Time: (b)(7)(E)

Address: City: State:

Special Equipment Required for Reporting Personnel:  
no special equipment required

Special Skills Requested:  
(b)(7)(E)

Special Instructions for Reporting Personnel:  
(b)(7)(E)

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:  
(b)(7)(E)

Has the Office of Protective Intelligence been notified?  No

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

(b)(7)(E)

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

Name: (b)(6); (b)(7)(C); Operational Title: OPO Inspector

Office Phone: (b)(6); (b)(7)(C) Cell Phone: (b)(6); (b)(7)(C)

**DOCUMENTATION**

District and Intel document attachments belong here:

field-draft-ops Plan Justice Ginsburg-7-21-30-2019-Cooperstown.pdf  
 over GSA lodging memo - Justice Ginsburg protection detail-Cooperstown-NY-July-2019.pdf

**OPO REVIEW**

**ANTICIPATED TOTAL DURATION OF EVENT**

Travel Date: 7/21/2019 Detail Start Date: 7/22/2019 Detail End Date: 7/30/2019

Number of Days/Weeks/Months: 10 Specify: Days

**DAILY SCHEDULE**

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

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

**IN DISTRICT**

Requesting Funding for in district resources? Yes

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

**GUARDS**

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	4	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

**TRAVEL**

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
4	(b)(7)(E)			\$0.00	\$0.00	\$0.00	(b)(7)(E)

**TOTAL OTHER**

\$0.00

Notes:

**OUT OF DISTRICT**

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0  
 Total estimated travel costs: (b)(7)(E)

Note:

**DETAIL TOTAL**

Note: The following fields are required.

Total Detail Estimate: \$40,332.50 \*  
 Detail Status: Approved \*  
 Name: (b)(6) \*

**JSD APPROVAL**



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

Total Approved Amount: \$63,891 \*

< or = \$25K	Senior Inspector:	(b)(6);	2019-07-18
>\$25K - \$50K	Assistant Chief:	(b)(7)(C); (b)(7)(F)	2019-07-18
>\$50K - \$75K	Chief:	Name will autopopulate	
>\$75K - \$100K	Deputy Assistant Director:	Name will autopopulate	
>\$100K	Assistant Director:	Name will autopopulate	





	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Review</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
<b>Submission Number:</b> (b)(7)(E)		<b>Enter the Protective Assessment Number assigned:</b> (b)(7)(E)					
<b>Requested By:</b> (b)(6); USMS)	<b>Title:</b> OPO Inspector						
<b>Circuit:</b> 2	<b>District/Division:</b> Judicial Security Division						
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) <b>Justice Ginsburg Protection detail</b>							
<b>Location of Event: (Street Address)</b> Upper Eastside	<b>Event City:</b> New York	<b>Event State:</b> NY					
<b>Host District:</b> Southern District of New York							
<b>Detail Type:</b> Supreme Court Justice Assistance							
<b>Level:</b>	<b>Active/Retired:</b> Active						
<b>Description of Event:</b> <i>(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)</i> US Supreme Court has requested USMS protection for Justice Ginsburg during the "Court's" travel to New York City on July 16th. The Justice will be attending several meetings in high public/condensed areas of NYC's upper eastside. This Security Request was received on 07/11/19 at approximately 1830 hours.							
<b># of Protected Persons:</b> 1	<b># of Attendees:</b> 500	<b># of Defendants:</b> 0					
		<b># of Defendants in Custody:</b> 0					
		<b># of Witnesses in Custody:</b> 0					
<b>Estimated Local Lodging Rate:</b> \$0.00	<b>Estimated Local Per Diem Rate:</b> \$0.00	<b>Estimated Local Required Misc:</b> \$0.00					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b> 7/15/2019	<b>Detail Start Date:</b> 7/16/2019	<b>Detail End Date:</b> 7/17/2019					
<b>Number of Days/Weeks/Months:</b> 3		<b>Specify:</b> Days					
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>		(b)(7)(E)					
<b>End Time:</b>							
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> No							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> No							
<b>OUT OF DISTRICT</b>							
<b>Are you requesting out of district assistance?</b> Yes							
<b>Number of operational personnel requested:</b> (b)(7)(E)		<b>Number of administrative personnel requested:</b> 0					
<b>Total estimated travel costs:</b> (b)(7)(E)							
<b>REPORTING INFORMATION</b>							
<b>Reporting Date:</b> 7/15/2019		<b>Reporting Time:</b> (b)(7)(E)					
<b>Address:</b>		<b>City:</b>		<b>State:</b>			
<b>Special Equipment Required for Reporting Personnel:</b> no specialized equipment required							
<b>Special Skills Requested:</b> no special skills except for protective service training							
<b>Special Instructions for Reporting Personnel:</b> (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)							
<b>INTELLIGENCE/INVESTIGATION</b>							
<b>Provide a brief narrative describing any threats associated with the event:</b>							

(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

<b>Name:</b> (b)(6); (b)(7)(C);	<b>Operational Title:</b> OPO Inspector
<b>Office Phone:</b> (b)(6); (b)(7)(C);	<b>Cell Phone:</b> (b)(6);

DOCUMENTATION

District and Intel document attachments belong here:  
[field-draft-Ops Plan Justice Ginsburg-July-16-Follow-up.pdf](#)

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

<b>Travel Date:</b> 7/15/2019	<b>Detail Start Date:</b> 7/16/2019	<b>Detail End Date:</b> 7/17/2019
<b>Number of Days/Weeks/Months:</b> 3		<b>Specify:</b> Days

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?  No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:



DETAIL TOTAL

Note: The following fields are required.

<b>Total Detail Estimate:</b>	\$6,000.00 *
<b>Detail Status:</b>	Completed *
<b>Name:</b>	(b)(6); *



<b>JSD APPROVAL</b>			
Special Assignment Number: (b)(7)(E)		Project Code: (b)(7)(E)	
Total Approved Amount: \$6,836			
< or = \$25K	Senior Inspector:	(b)(6);	2019-07-15
>\$25K - \$50K	Assistant Chief:	Name will autopopulate	
>\$50K - \$75K	Chief:	Name will autopopulate	
>\$75K - \$100K	Deputy Assistant Director:	Name will autopopulate	
>\$100K	Assistant Director:	Name will autopopulate	
Notes:			

	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Review</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
<b>Submission Number:</b> (b)(7)(E)		<b>Enter the Protective Assessment Number assigned:</b> (b)(7)(E)					
<b>Requested By:</b> (b)(6); (USMS)	<b>Title:</b> OPO Inspector						
<b>Circuit:</b> 2	<b>District/Division:</b> Judicial Security Division						
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) <b>Justice Ginsburg protection detail</b>							
<b>Location of Event: (Street Address)</b> Upper East Side	<b>Event City:</b> New York	<b>Event State:</b> NY					
<b>Host District:</b> Southern District of New York							
<b>Detail Type:</b> Supreme Court Justice Assistance							
<b>Level:</b>	<b>Active/Retired:</b> Active						
<b>Description of Event:</b> (Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.) Associate United States Supreme Court Justice Ruth Bader Ginsburg has requested USMS protection when the Court travel to New York City between July 30 – 31, 2019. The Justice has several events in NYC that requires USMS protective services.							
<b># of Protected Persons:</b> 1	<b># of Attendees:</b> 750	<b># of Defendants:</b> 0					
		<b># of Defendants in Custody:</b> 0					
		<b># of Witnesses in Custody:</b> 0					
<b>Estimated Local Lodging Rate:</b> \$0.00	<b>Estimated Local Per Diem Rate:</b> \$0.00	<b>Estimated Local Required Misc:</b> \$0.00					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b> 7/30/2019	<b>Detail Start Date:</b> 7/30/2019	<b>Detail End Date:</b> 8/1/2019					
<b>Number of Days/Weeks/Months:</b> 3		<b>Specify:</b> Days					
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>			(b)(7)(E)				
<b>End Time:</b>							
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> No							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> No							
<b>OUT OF DISTRICT</b>							
<b>Are you requesting out of district assistance?</b> Yes							
<b>Number of operational personnel requested:</b> (b)(7)(E)				<b>Number of administrative personnel requested:</b> (b)(7)(E)			
<b>Total estimated travel costs:</b> (b)(7)(E)							
<b>REPORTING INFORMATION</b>							
<b>Reporting Date:</b> 7/30/2019				<b>Reporting Time:</b> (b)(7)(E)			
<b>Address:</b>		<b>City:</b>		<b>State:</b>			
<b>Special Equipment Required for Reporting Personnel:</b> No special equipment required							
<b>Special Skills Requested:</b> (b)(7)(E)							
<b>Special Instructions for Reporting Personnel:</b> (b)(7)(E)							
<b>INTELLIGENCE/INVESTIGATION</b>							
<b>Provide a brief narrative describing any threats associated with the event:</b>							

(b)(7)(E)

Has the Office of Protective Intelligence been notified?

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

DUSMs (E/MO, D/SC, W/NC and N/IL) are extending from previous Justice Ginsburg's detail (b)(7)(E) to work this mission.

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

<b>Name:</b> (b)(6); (b)(7)(C);	<b>Operational Title:</b> OPO Inspector
<b>Office Phone:</b> (b)(6); (b)(7)(C);	<b>Cell Phone:</b> (b)(6); (b)(7)(C);

DOCUMENTATION

District and Intel document attachments belong here:  
[field-draft-Ops Plan Justice Ginsburg-July-30-Aug-1-New Horizons.pdf](#)

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

<b>Travel Date:</b> 7/30/2019	<b>Detail Start Date:</b> 7/30/2019	<b>Detail End Date:</b> 8/1/2019
<b>Number of Days/Weeks/Months:</b> 3		<b>Specify:</b> 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?

IN DISTRICT

Requesting Funding for in district resources?

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E)      Number of administrative personnel requested: (b)(7)(E)

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL



Note: The following fields are required.

Total Detail Estimate: \$3,000.00 \*

Detail Status: Approved \*

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

<b>JSD APPROVAL</b>			
Special Assignment Number: (b)(7)(E)		Project Code: (b)(7)(E)	
Total Approved Amount: *			
< or = \$25K	Senior Inspector:	Name will autopopulate	
>\$25K - \$50K	Assistant Chief:	Name will autopopulate	
>\$50K - \$75K	Chief:	Name will autopopulate	
>\$75K - \$100K	Deputy Assistant Director:	Name will autopopulate	
>\$100K	Assistant Director:	Name will autopopulate	
Notes:			

	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Review</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
<b>Submission Number:</b> (b)(7)(E)		<b>Enter the Protective Assessment Number assigned:</b> (b)(7)(E)					
<b>Requested By:</b> (b)(6); USMS)	<b>Title:</b> OPO Inspector						
<b>Circuit:</b> 2	<b>District/Division:</b> Judicial Security Division						
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) <b>Justice Ginsburg Protection Detail</b>							
<b>Location of Event: (Street Address)</b> Mid Town	<b>Event City:</b> New York	<b>Event State:</b> NY					
<b>Host District:</b> Southern District of New York							
<b>Detail Type:</b> Supreme Court Justice Assistance							
<b>Level:</b>	<b>Active/Retired:</b> Active						
<b>Description of Event:</b> (Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.) Associate United States Supreme Court Justice Ruth Bader Ginsburg has requested USMS protection when the Court travel to New York during the time period of August 4 - 24, 2019. The Justice has several events in NYC that requires USMS protective services. There is a possibility that this mission							
<b># of Protected Persons:</b> 1	<b># of Attendees:</b> 500	<b># of Defendants:</b> 0					
<b># of Defendants in Custody:</b> 0		<b># of Witnesses in Custody:</b> 0					
<b>Estimated Local Lodging Rate:</b> \$0.00	<b>Estimated Local Per Diem Rate:</b> \$0.00	<b>Estimated Local Required Misc:</b> \$0.00					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b> 8/2/2019	<b>Detail Start Date:</b> 8/3/2019	<b>Detail End Date:</b> 8/11/2019					
<b>Number of Days/Weeks/Months:</b> 10		<b>Specify:</b> Days					
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>	(b)(7)(E)						
<b>End Time:</b>	(b)(7)(E)						
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> Yes <input type="checkbox"/>							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> No <input type="checkbox"/>							
<b>OUT OF DISTRICT</b>							
<b>Are you requesting out of district assistance?</b> Yes <input type="checkbox"/>							
<b>Number of operational personnel requested:</b> (b)(7)(E)		<b>Number of administrative personnel requested:</b> 0					
<b>Total estimated travel costs:</b> (b)(7)(E)							
<b>REPORTING INFORMATION</b>							
<b>Reporting Date:</b> 8/3/2019		<b>Reporting Time:</b> (b)(7)(E)					
<b>Address:</b>		<b>City:</b>		<b>State:</b>			
<b>Special Equipment Required for Reporting Personnel:</b> no special equipment request							
<b>Special Skills Requested:</b> (b)(7)(E)							
<b>Special Instructions for Reporting Personnel:</b>							



contact JSD IIC upon arrival

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INTELLIGENCE/INVESTIGATION

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

(b)(7)(E)

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Has the Office of Protective Intelligence been notified?

Explanation:

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NOTES TO OPERATIONS SUPPORT BRANCH

At the time of this submission only 5 districts have confirmed and 7 districts are still pending. The IIC is currently engaged in a detail and responding to districts will be late in the evening. N/NY, S/MS, S/TX, E/KY and D/MD are providing personnel.

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

Name:  Operational Title:

Office Phone:  Cell Phone:

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DOCUMENTATION

District and Intel document attachments belong here:

[draft-Ops Plan Justice Ginsburg-8-02 to 08-24-2019-New Horizon-2.pdf](#)

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OPO REVIEW

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ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:  Detail Start Date:  Detail End Date:

Number of Days/Weeks/Months:  Specify:

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DAILY SCHEDULE

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

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

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IN DISTRICT

Requesting Funding for in district resources?

Notes:

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OUT OF DISTRICT

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

Total estimated travel costs:

Note:

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DETAIL TOTAL

Note: The following fields are required.



Total Detail Estimate: \$375,000.00 \*  
 Detail Status: Approved \*  
 Name: (b)(6); (b)(7)(C); \*

JSD APPROVAL

Special Assignment Number: (b)(7)(E) \* Project Code: (b)(7)(E) \*  
 Total Approved Amount: \$84,486 \*

< or = \$25K	Senior Inspector:	(b)(6);	2019-08-01
>\$25K - \$50K	Assistant Chief:	(b)(7)(C); (b)(7)(F)	2019-08-16
>\$50K - \$75K	Chief:	Name will autopopulate	
>\$75K - \$100K	Deputy Assistant Director:	Name will autopopulate	
>\$100K	Assistant Director:	Name will autopopulate	

Notes:



Friday, August 2, 2019

Hour      Event



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	<b>United States Marshals Service</b>	
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.		
<b>Submission Number:</b> (b)(7)(F)		<b>Enter the Protective Assessment Number assigned:</b> (b)(7)(E)
<b>Requested By:</b> (b)(6); (USMS)		<b>Title:</b> OPO Inspector
<b>Circuit:</b> 2	<b>District/Division:</b> Southern District of New York	
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) <b>Justice Ginsburg protection Phase II</b>		
<b>Location of Event: (Street Address)</b> mid-town	<b>Event City:</b> New York	<b>Event State:</b> NY
<b>Host District:</b> Southern District of New York		
<b>Detail Type:</b> Supreme Court Justice Assistance		
<b>Level:</b>	<b>Active/Retired:</b> Active	
<b>Description of Event:</b> (Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.) Associate United States Supreme Court Justice Ruth Bader Ginsburg has requested USMS protection when the Court travel to New York during the time period of August 4 - 24, 2019. The Justice has several events in NYC that requires USMS protective services. There is a possibility that this mission		
<b># of Protected Persons:</b> 1	<b># of Attendees:</b> 1,000	<b># of Defendants:</b> 0
<b># of Defendants in Custody:</b> 0	<b># of Witnesses in Custody:</b> 0	
<b>Estimated Local Lodging Rate:</b> \$0.00	<b>Estimated Local Per Diem Rate:</b> \$0.00	<b>Estimated Local Required Misc:</b> \$0.00
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>		
<b>Travel Date:</b> 8/9/2019	<b>Detail Start Date:</b> 8/10/2019	<b>Detail End Date:</b> 8/17/2019
<b>Number of Days/Weeks/Months:</b> 8		<b>Specify:</b> Days
<b>DAILY SCHEDULE</b>		
	Sunday	Monday
	Tuesday	Wednesday
	Thursday	Friday
	Saturday	
<b>Start Time:</b>	(b)(7)(E)	
<b>End Time:</b>	(b)(7)(E)	
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> Yes		
<b>IN DISTRICT</b>		
<b>Requesting Funding for in district resources?</b> No		
<b>OUT OF DISTRICT</b>		
<b>Are you requesting out of district assistance?</b> Yes		
<b>Number of operational personnel requested:</b>	(b)(7)(E)	<b>Number of administrative personnel requested:</b> 0
<b>Total estimated travel costs:</b>	(b)(7)(E)	
<b>REPORTING INFORMATION</b>		
<b>Reporting Date:</b>	8/9/2019	<b>Reporting Time:</b> (b)(7)(E)
<b>Address:</b>	<b>City:</b> New York	<b>State:</b> NY
<b>Special Equipment Required for Reporting Personnel:</b> (b)(7)(E)		

**Special Skills Requested:**

**Special Instructions for Reporting Personnel:**

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**INTELLIGENCE/INVESTIGATION**  
**Provide a brief narrative describing any threats associated with the event:**

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**Has the Office of Protective Intelligence been notified?**   
**Explanation:**

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**NOTES TO OPERATIONS SUPPORT BRANCH**

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

<b>Name:</b> <input type="text" value="(b)(6); (b)(7)(C);"/>	<b>Operational Title:</b> <input type="text" value="OPD Inspector"/>
<b>Office Phone:</b> <input type="text" value="(b)(6); (b)(7)(C);"/>	<b>Cell Phone:</b> <input type="text" value="(b)(6); (b)(7)(C);"/>

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**DOCUMENTATION**  
**District and Intel document attachments belong here:**  
[Phase II-draft-Ops Plan Justice Ginsburg-8-02 to 08-24-2019-New Horizon-2.pdf](#)

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**OPD REVIEW**

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**ANTICIPATED TOTAL DURATION OF EVENT**

<b>Travel Date:</b> <input type="text" value="8/9/2019"/>	<b>Detail Start Date:</b> <input type="text" value="8/10/2019"/>	<b>Detail End Date:</b> <input type="text" value="8/17/2019"/>
--------------------------------------------------------------	---------------------------------------------------------------------	-------------------------------------------------------------------

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

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**DAILY SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>	<input type="text" value="(b)(7)(E)"/>						
<b>End Time:</b>	<input type="text" value="(b)(7)(E)"/>						

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

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**IN DISTRICT**  
**Requesting Funding for in district resources?**   
**Notes:**

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**OUT OF DISTRICT**

<b>Number of operational personnel requested:</b> <input type="text" value="(b)(7)(E)"/>	<b>Number of administrative personnel requested:</b> <input type="text" value="0"/>
<b>Total estimated travel costs:</b> <input type="text" value="(b)(7)(E)"/>	

**Note:**

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**DETAIL TOTAL**



Note: The following fields are required.

Total Detail Estimate: \$49,000.00 \*

Detail Status: Completed \*



Name: (b)(6); (b)(7)(C); (b)(7)(E) \*

OPO COMPLETION

Comments:

Final Approved Amount: \$27,227.00

Is the AAR attached?

	<b>United States Marshals Service</b>	
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.		
<b>Submission Number:</b> (b)(7)(E)		<b>Enter the Protective Assessment Number assigned:</b> (b)(7)(E)
<b>Requested By:</b> (b)(6) (USMS)	<b>Title:</b> OPO Inspector	
<b>Circuit:</b> 2	<b>District/Division:</b> Judicial Security Division	
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) <b>Justice Ginsburg protection detail Phase III</b>		
<b>Location of Event: (Street Address)</b> mid town	<b>Event City:</b> New York	<b>Event State:</b> NY
<b>Host District:</b> Southern District of New York		
<b>Detail Type:</b> Supreme Court Justice Assistance		
<b>Level:</b>	<b>Active/Retired:</b> Active	
<b>Description of Event:</b> <i>(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)</i> The US Supreme Court has requested USMS protection and assistance for Justice Ginsburg during the justice's trip to NYC. The Justice has several meetings (b)(6): (b)(7)(C) while in NYC. The detail will also attend events/shows in NYC Times square where the crowds would be in excess of five hundred (500) and approximately		
<b># of Protected Persons:</b> 1	<b># of Attendees:</b> 500	<b># of Defendants:</b> 0
		<b># of Defendants in Custody:</b> 0
		<b># of Witnesses in Custody:</b> 0
<b>Estimated Local Lodging Rate:</b> \$0.00	<b>Estimated Local Per Diem Rate:</b> \$0.00	<b>Estimated Local Required Misc:</b> \$0.00
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>		
<b>Travel Date:</b> 8/16/2019	<b>Detail Start Date:</b> 8/16/2019	<b>Detail End Date:</b> 8/24/2019
<b>Number of Days/Weeks/Months:</b> 8 <b>Specify:</b> Days		
<b>DAILY SCHEDULE</b>		
	Sunday	Monday
	Tuesday	Wednesday
	Thursday	Friday
	Saturday	
<b>Start Time:</b> (b)(7)(E)		
<b>End Time:</b>		
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> Yes		
<b>IN DISTRICT</b>		
<b>Requesting Funding for in district resources?</b> No		
<b>OUT OF DISTRICT</b>		
<b>Are you requesting out of district assistance?</b> Yes		
<b>Number of operational personnel requested:</b> (b)(7)(E)	<b>Number of administrative personnel requested:</b> 0	
<b>Total estimated travel costs:</b> (b)(7)(E)		
<b>REPORTING INFORMATION</b>		
<b>Reporting Date:</b> 8/16/2019	<b>Reporting Time:</b> (b)(7)(E)	
<b>Address:</b>	<b>City:</b>	<b>State:</b>
<b>Special Equipment Required for Reporting Personnel:</b> none requested		
<b>Special Skills Requested:</b> (b)(7)(E)		
<b>Special Instructions for Reporting Personnel:</b> contact IIC upon arrival		
<b>INTELLIGENCE/INVESTIGATION</b>		
<b>Provide a brief narrative describing any threats associated with the event:</b>		

(b)(7)(E)

Has the Office of Protective Intelligence been notified?  No

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

E/KY, N/NY, E/WI and N/AL will support this phase of this mission.  
S/TX, M/PA & D/AZ will provide support for the entire mission. (b)(7)(E)

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

<b>Name:</b> (b)(6); (b)(7)(C);	<b>Operational Title:</b> OPO Inspector
<b>Office Phone:</b> (b)(6); (b)(7)(C)	<b>Cell Phone:</b> (b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:  
field draft-Phase III-draft-Ops Plan Justice Ginsburg-8-02 to 08-24-2019-New Horizon-2.pdf

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

<b>Travel Date:</b> 8/16/2019	<b>Detail Start Date:</b> 8/16/2019	<b>Detail End Date:</b> 8/24/2019
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Number of Days/Weeks/Months: 8 Specify: Days

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?  No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL



Note: The following fields are required.

Total Detail Estimate: \$25,000.00 \*

Detail Status: Completed \*

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

<b>OPO COMPLETION</b>	
<b>Comments:</b>	
<b>Final Approved Amount:</b> <input type="text" value="\$32,798.00"/>	<b>Is the AAR attached?</b> <input type="text"/>

	<b>United States Marshals Service</b>	
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.		
<b>Submission Number:</b>		<b>Enter the Protective Assessment Number assigned:</b>
<input type="text" value="(b)(7)(E)"/>		<input type="text" value="(b)(7)(E)"/>
<b>Requested By:</b>	<b>Title:</b>	
<input type="text" value="(b)(6) USMS"/>	<input type="text" value="OPO Inspector"/>	
<b>Circuit:</b>	<b>District/Division:</b>	
<input type="text" value="2"/>	<input type="text" value="Judicial Security Division"/>	
<b>Mission Name:</b> <i>(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)</i>		
<b>Justice Ginsburg Protection Detail Buffalo</b>		
<b>Location of Event: (Street Address)</b>	<b>Event City:</b>	<b>Event State:</b>
<input type="text" value="Amherst"/>	<input type="text" value="Buffalo"/>	<input type="text" value="NY"/>
<b>Host District:</b>		
<input type="text" value="Western District of New York"/>		
<b>Detail Type:</b>		
<input type="text" value="Supreme Court Justice Assistance"/>		
<b>Level:</b>	<b>Active/Retired:</b>	
<input type="text"/>	<input type="text" value="Active"/>	
<b>Description of Event:</b> <i>(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)</i>		
<input type="text" value="Associate United States Supreme Court Justice Ruth Bader Ginsburg has requested USMS protection when the Court travel to Buffalo, New York during the dates of August 25 - 27, 2019. The Justice will be attending events sponsored by the State University of New York (SUNY) University of Buffalo"/>		
<b># of Protected Persons:</b>	<b># of Attendees:</b>	<b># of Defendants:</b>
<input type="text" value="1"/>	<input type="text" value="2,500"/>	<input type="text" value="0"/>
<b># of Defendants in Custody:</b>	<b># of Witnesses in Custody:</b>	
<input type="text" value="0"/>	<input type="text" value="0"/>	
<b>Estimated Local Lodging Rate:</b>	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b>
<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>		
<b>Travel Date:</b>	<b>Detail Start Date:</b>	<b>Detail End Date:</b>
<input type="text" value="8/23/2019"/>	<input type="text" value="8/23/2019"/>	<input type="text" value="8/28/2019"/>
<b>Number of Days/Weeks/Months:</b> <input type="text" value="6"/>	<b>Specify:</b> <input type="text" value="Days"/>	
<b>DAILY SCHEDULE</b>		
	Sunday	Monday
	Tuesday	Wednesday
	Thursday	Friday
	Saturday	
<b>Start Time:</b>	<input type="text" value="(b)(7)(E)"/>	
<b>End Time:</b>	<input type="text" value="(b)(7)(E)"/>	
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> <input type="text" value="Yes"/>		
<b>IN DISTRICT</b>		
<b>Requesting Funding for in district resources?</b> <input type="text" value="Yes"/>		



Overtime Hours/Day:	# of Days:	# of 1811:	Total:				
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)				
Overtime Hours/Day:	# of Days:	# of 082:	Total:				
0	0	0	\$0.00				
GUARDS							
Hours per Day:	# of Days:	# of Persons:	Hourly Rate:				
(b)(7)(E)	2	(b)(7)(E)	(b)(7)(E)				
TRAVEL							
Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
2	(b)(7)(E)		\$0.00	\$0.00	\$0.00		(b)(7)(E)
TOTAL OTHER							
\$0.00							

OUT OF DISTRICT

Are you requesting out of district assistance?  Yes

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 8/23/2019 Reporting Time: (b)(7)(E)

Address: City: Amherst State: NY

Special Equipment Required for Reporting Personnel:  
none at this time

Special Skills Requested:  
(b)(7)(E)

Special Instructions for Reporting Personnel:  
plesae contact IIC upon arrival

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:  
(b)(7)(E)

Has the Office of Protective Intelligence been notified?  No

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

At the current time this detail is waiting on confirmation from several more districts to fill (b)(7)(E) needed to staff this mission. W/NY has committed (b)(7)(E) W/NY is pending (b)(7)(E) S?AL has committed (b)(7)(E) (b)(7)(E)

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

Name: (b)(6); (b)(7)(C); (b)(7)(E) Operational Title: OPO Inspector



Office Phone: (b)(6); (b)(7)(C) Cell Phone: (b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:  
field-draft-Ops Plan Justice Ginsburg-Aug 23-28-Niagara-Buffalo.pdf



<b>OPO REVIEW</b>							
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
Travel Date:		Detail Start Date:		Detail End Date:			
8/23/2019		8/23/2019		8/28/2019			
Number of Days/Weeks/Months: 6			Specify: Days				
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						(b)(7)(E)
End Time:	(b)(7)(E)						(b)(7)(E)
Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes							
<b>IN DISTRICT</b>							
Requesting Funding for in district resources? Yes							
Overtime Hours/Day:	# of Days:	# of 1811:		Total:			
(b)(7)(E)	1	(b)(7)(E)		(b)(7)(E)			
Overtime Hours/Day:	# of Days:	# of 082:		Total:			
0	0	0		\$0.00			
<b>GUARDS</b>							
Hours per Day:	# of Days:	# of Persons:		Hourly Rate:		Total:	
(b)(7)(E)	2	(b)(7)(E)		(b)(7)(E)			
<b>TRAVEL</b>							
Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
2	(b)(7)(E)			\$0.00	\$0.00	\$0.00	(b)(7)(E)
<b>TOTAL OTHER</b>							
\$0.00							
Notes:							
<b>OUT OF DISTRICT</b>							
Number of operational personnel requested: (b)(7)(E)			Number of administrative personnel requested: 0				
Total estimated travel costs: (b)(7)(E)							
Note:							
<b>DETAIL TOTAL</b>							
<i>Note: The following fields are required.</i>							
Total Detail Estimate:		\$21,666.00 *					
Detail Status:		Completed *					
Name:		(b)(6); (b)(7)(C); *					
<b>OPO COMPLETION</b>							
Comments:							
Final Approved Amount: \$21,070.00				Is the AAR attached? <input type="checkbox"/>			

	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
<b>Submission Number:</b> (b)(7)(E)		<b>Enter the Protective Assessment Number assigned:</b> (b)(7)(E)					
<b>Requested By:</b> (b)(6); USMS)		<b>Title:</b> OPO Inspector					
<b>Circuit:</b> 8	<b>District/Division:</b> Judicial Security Division						
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) <b>SCJ Ginsburg Protection Detail</b>							
<b>Location of Event:</b> (Street Address) Verizon Arena 1 Verizon Arena Way	<b>Event City:</b> Little Rock	<b>Event State:</b> AR					
<b>Host District:</b> Eastern District of Arkansas							
<b>Detail Type:</b> Supreme Court Justice Assistance							
<b>Level:</b>	<b>Active/Retired:</b> Active						
<b>Description of Event:</b> (Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.) The United States Supreme Court has requested the U.S. Marshals Service to provide protection for Associate Justice Ruth Bader Ginsburg. The Justice will be traveling to Little Rock, AR on Sept 3-4 2019. On Sept 3, SCJ Ginsburg will attend a conversational program for the Clinton							
<b># of Protected Persons:</b> 1	<b># of Attendees:</b> 16,000	<b># of Defendants:</b> 0					
		<b># of Defendants in Custody:</b> 0					
		<b># of Witnesses in Custody:</b> 0					
<b>Estimated Local Lodging Rate:</b> (b)(7)(E)	<b>Estimated Local Per Diem Rate:</b> (b)(7)(E)	<b>Estimated Local Required Misc:</b> \$0.00					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b> 9/1/2019	<b>Detail Start Date:</b> 9/2/2019	<b>Detail End Date:</b> 9/5/2019					
<b>Number of Days/Weeks/Months:</b> 5		<b>Specify:</b> Days					
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>		(b)(7)(E)					
<b>End Time:</b>							
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> Yes							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> Yes							

Overtime Hours/Day:	# of Days:	# of 1811:	Total:				
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)				
Overtime Hours/Day:	# of Days:	# of 082:	Total:				
0	0	0	\$0.00				
GUARDS							
Hours per Day:	# of Days:	# of Persons:	Hourly Rate:				
(b)(7)(E)	3	(b)(7)(E)	(b)(7)(E)				
TRAVEL							
Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
3	(b)(7)(E)						
TOTAL OTHER							
\$0.00							

OUT OF DISTRICT

Are you requesting out of district assistance?  Yes

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 9/1/2019 Reporting Time: (b)(7)(E)

Address: Marriott Little Rock City: Little Rock State: AR

Special Equipment Required for Reporting Personnel: (b)(7)(E)

Special Skills Requested: (b)(7)(E)

Special Instructions for Reporting Personnel: (b)(7)(E)

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:  
 (b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

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

Name: (b)(6); (b)(7)(C); Operational Title: OPO Inspector

Office Phone: (b)(6); (b)(7)(C); Cell Phone: (b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:  
[Ops Plan Supreme Court Justice RBG Little Rock.docx](#)

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: 9/1/2019 Detail Start Date: 9/2/2019 Detail End Date: 9/5/2019

Number of Days/Weeks/Months: 5 Specify: Days

DAILY SCHEDULE

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

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

**IN DISTRICT**

Requesting Funding for in district resources? Yes

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

**GUARDS**

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	3	(b)(7)(E)	(b)(7)(E)	

**TRAVEL**

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
3	(b)(7)(E)						

**TOTAL OTHER**

\$0.00

Notes:

**OUT OF DISTRICT**

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

**DETAIL TOTAL**

*Note: The following fields are required.*

Total Detail Estimate: \$14,427.50 \*

Detail Status: Completed \*



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

**OPO COMPLETION**

Comments:

Final Approved Amount: \$10,876.00 Is the AAR attached?



	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Review</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
<b>Submission Number:</b> (b)(7)(E)	<b>Enter the Protective Assessment Number assigned:</b> (b)(7)(E)						
<b>Requested By:</b> (b)(6); (b)(7)(C); (USMS)	<b>Title:</b> OPO Inspector						
<b>Circuit:</b> 7	<b>District/Division:</b> Judicial Security Division						
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) <b>Justice Ginsburg Protective Mission</b>							
<b>Location of Event:</b> (Street Address) (b)(6); (b)(7)(C)	<b>Event City:</b> Chicago	<b>Event State:</b> IL					
<b>Host District:</b> Northern District of Illinois							
<b>Detail Type:</b> Supreme Court Justice Assistance							
<b>Level:</b>	<b>Active/Retired:</b> Active						
<b>Description of Event:</b> (Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.) Associate US Supreme Court Justice Ginsburg will be traveling to Chicago, IL September 7 - 10, 2019 to attend various events and activities. SCJ Ginsburg is scheduled (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) SCJ will also attend a concert at the Spertus Institute in							
<b># of Protected Persons:</b> 1	<b># of Attendees:</b> 0	<b># of Defendants:</b> 0					
<b># of Defendants in Custody:</b> 0	<b># of Witnesses in Custody:</b> 0						
<b>Estimated Local Lodging Rate:</b> (b)(7)(E)	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b> \$0.00					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b> 9/6/2019	<b>Detail Start Date:</b> 9/6/2019	<b>Detail End Date:</b> 9/10/2019					
<b>Number of Days/Weeks/Months:</b> 5	<b>Specify:</b> Days						
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>	(b)(7)(E)					(b)(7)(E)	
<b>End Time:</b>							
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> Yes <input type="checkbox"/>							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> Yes <input type="checkbox"/>							

Overtime Hours/Day:	# of Days:	# of 1811:	Total:				
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)				
Overtime Hours/Day:	# of Days:	# of 082:	Total:				
0	0	0	\$0.00				
GUARDS							
Hours per Day:	# of Days:	# of Persons:	Hourly Rate:				
(b)(7)(E)	3	(b)(7)(E)	(b)(7)(E)				
TRAVEL							
Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL OTHER							
\$0.00							

OUT OF DISTRICT

Are you requesting out of district assistance?  Yes

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 9/6/2019 Reporting Time: (b)(7)(E)

Address: (b)(6); (b)(7)(C) City: Chicago State: IL

Special Equipment Required for Reporting Personnel:  
Required duty equipment specified in ops

Special Skills Requested:  
(b)(7)(E)

Special Instructions for Reporting Personnel:  
n/a

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:  
(b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:  
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

Estimated Travel cost also includes; Guard reimbursement and projected overtime

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

Name: (b)(6); (b)(7)(C) Operational Title: OPO Inspector

Office Phone: (b)(6); (b)(7)(C) Cell Phone: (b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:  
RBG Ops Sept 7 2019.docx

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: 9/6/2019 Detail Start Date: 9/6/2019 Detail End Date: 9/10/2019

Number of Days/Weeks/Months: 5 Specify: Days

DAILY SCHEDULE

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



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

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**IN DISTRICT**

Requesting Funding for in district resources? Yes

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

**GUARDS**

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	3	(b)(7)(E)	(b)(7)(E)	

**TRAVEL**

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

TOTAL OTHER

\$0.00

Notes:

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**OUT OF DISTRICT**

Number of operational personnel requested: (b)(7)(E)      Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

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**DETAIL TOTAL**

*Note: The following fields are required.*

Total Detail Estimate: \$21,210.55 \*

Detail Status: Approved \*

Name: (b)(6); \*

Notes:

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**JSD APPROVAL**

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

Total Approved Amount: \$19,513 \*

< or = \$25K	Senior Inspector:	(b)(6);	2019-08-30
>\$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:

	<b>United States Marshals Service</b>	
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.		
<b>Submission Number:</b> (b)(7)(E)	<b>Enter the Protective Assessment Number assigned:</b> (b)(7)(E)	
<b>Requested By:</b> (b)(6); USMS)	<b>Title:</b> OPO Inspector	
<b>Circuit:</b> 2	<b>District/Division:</b> Judicial Security Division	
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) <b>Justice Ginsburg Protection Detail Moment</b>		
<b>Location of Event: (Street Address)</b> New York City	<b>Event City:</b> New York	<b>Event State:</b> NY
<b>Host District:</b> Southern District of New York		
<b>Detail Type:</b> Supreme Court Justice Assistance		
<b>Level:</b>	<b>Active/Retired:</b> Active	
<b>Description of Event:</b> (Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.) Associate United States Supreme Court Justice Ruth Bader Ginsburg has requested USMS protection when the Court travel to New York during the time period of September 17 - 21, 2019. The Justice has several events in NYC that requires USMS protective services. Justice Ginsburg will be one of the 2019		
<b># of Protected Persons:</b> 1	<b># of Attendees:</b> 1,200	<b># of Defendants:</b> 0
		<b># of Defendants in Custody:</b> 0
		<b># of Witnesses in Custody:</b> 0
<b>Estimated Local Lodging Rate:</b> (b)(7)(E)	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b>
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>		
<b>Travel Date:</b> 9/17/2019	<b>Detail Start Date:</b> 9/17/2019	<b>Detail End Date:</b> 9/21/2019
<b>Number of Days/Weeks/Months:</b> 5	<b>Specify:</b> Days	
<b>DAILY SCHEDULE</b>		
	Sunday	Monday
	Tuesday	Wednesday
	Thursday	Friday
	Saturday	
<b>Start Time:</b>	(b)(7)(E)	
<b>End Time:</b>		
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> Yes		
<b>IN DISTRICT</b>		
<b>Requesting Funding for in district resources?</b> No		
<b>OUT OF DISTRICT</b>		
<b>Are you requesting out of district assistance?</b> Yes		
<b>Number of operational personnel requested:</b>	<b>Number of administrative personnel requested:</b>	
<b>Total estimated travel costs:</b> (b)(7)(E)		
<b>REPORTING INFORMATION</b>		
<b>Reporting Date:</b> 9/17/2019	<b>Reporting Time:</b> (b)(7)(E)	
<b>Address:</b>	<b>City:</b>	<b>State:</b>
<b>Special Equipment Required for Reporting Personnel:</b> n/a		
<b>Special Skills Requested:</b> (b)(7)(E)		

**Special Instructions for Reporting Personnel:**  
n/a

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**INTELLIGENCE/INVESTIGATION**  
Provide a brief narrative describing any threats associated with the event:  
(b)(7)(E)

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Has the Office of Protective Intelligence been notified?   
Explanation:

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**NOTES TO OPERATIONS SUPPORT BRANCH**  
Most if not all DUSM supporting this mission will be extending/rolling over from Justice Sotomayor's detail.

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**DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE**  
Name: (b)(6); (b)(7)(C); Operational Title: OPO Inspector  
Office Phone: (b)(6); (b)(7)(C) Cell Phone: (b)(6); (b)(7)(C)

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**DOCUMENTATION**  
District and Intel document attachments belong here:  
[draft-Ops Plan Justice Ginsburg-9-17 to 09-21-2019-Moment.pdf](#)

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**OPO REVIEW**

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**ANTICIPATED TOTAL DURATION OF EVENT**  
Travel Date: 9/17/2019 Detail Start Date: 9/17/2019 Detail End Date: 9/21/2019  
Number of Days/Weeks/Months: 5 Specify: Days

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

---

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

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**IN DISTRICT**  
Requesting Funding for in district resources?   
Notes:

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**OUT OF DISTRICT**  
Number of operational personnel requested:  Number of administrative personnel requested:   
Total estimated travel costs: (b)(7)(E)  
Note:

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**DETAIL TOTAL**  
*Note: The following fields are required.*

<b>Total Detail Estimate:</b>	<input type="text" value="\$30,000.00"/>	*
<b>Detail Status:</b>	<input type="text" value="Completed"/>	*
<b>Name:</b>	<input type="text" value="(b)(6); (b)(7)(C); (b)(7)(E)"/>	*
<hr/>		
<b>OPO COMPLETION</b>		
<b>Comments:</b>		
<b>Final Approved Amount:</b>	<input type="text" value="\$22,778.00"/>	<b>Is the AAR attached?</b> <input type="text"/>
<hr/>		
<hr/>		



	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
<b>Submission Number:</b> (b)(7)(E)	<b>Enter the Protective Assessment Number assigned:</b> (b)(7)(E)						
<b>Requested By:</b> (b)(6); (b)(7)(C); (USMS)	<b>Title:</b> OPO Inspector						
<b>Circuit:</b> 4	<b>District/Division:</b> Judicial Security Division						
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) <b>SCJ Ruth Bader Ginsburg Detail, Raleigh NC</b>							
<b>Location of Event:</b> (Street Address) 3800 Hillsboro Street	<b>Event City:</b> Raleigh	<b>Event State:</b> NC					
<b>Host District:</b> Eastern District of North Carolina							
<b>Detail Type:</b> Supreme Court Justice Assistance							
<b>Level:</b>	<b>Active/Retired:</b> Active						
<b>Description of Event:</b> (Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.) On Sunday September 22 <sup>nd</sup> , U.S. Supreme Court Justice Ruth Bader-Ginsburg will travel by commercial aircraft to RDU airport. (b)(7)(E) Police Officer will accompany SCJ Ruth Bader-Ginsburg during air travel to and from Raleigh NC. On							
<b># of Protected Persons:</b> 1	<b># of Attendees:</b> 1,700	<b># of Defendants:</b> 0					
		<b># of Defendants in Custody:</b> 0					
		<b># of Witnesses in Custody:</b> 0					
<b>Estimated Local Lodging Rate:</b> (b)(7)(E)	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b> \$0.00					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b> 9/21/2019	<b>Detail Start Date:</b> 9/21/2019	<b>Detail End Date:</b> 9/24/2019					
<b>Number of Days/Weeks/Months:</b> 4		<b>Specify:</b> Days					
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>	(b)(7)(E)						(b)(7)(E)
<b>End Time:</b>							
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> Yes							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> Yes							

Overtime Hours/Day:	# of Days:	# of 1811:	Total:				
(b)(7)(E)	2	(b)(7)(E)	(b)(7)(E)				
Overtime Hours/Day:	# of Days:	# of 082:	Total:				
(b)(7)(E)	2	(b)(7)(E)	(b)(7)(E)				
<b>GUARDS</b>							
Hours per Day:	# of Days:	# of Persons:	Hourly Rate: Total:				
(b)(7)(E)	2	(b)(7)(E)	(b)(7)(E)				
<b>TRAVEL</b>							
Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
3	(b)(7)(E)			\$0.00	\$0.00	\$0.00	(b)(7)(E)
<b>TOTAL OTHER</b>							
(b)(7)(E)							

**Itemize Other expenses:**  
 DUSM itemized expenses listed in noted to OSB section

**OUT OF DISTRICT**

Are you requesting out of district assistance?  Yes

Number of operational personnel requested: (b)(7)(E)      Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

**REPORTING INFORMATION**

Reporting Date: 9/21/2019      Reporting Time: (b)(7)(E)

Address: (b)(6); (b)(7)(C)      City: Raleigh      State: NC

**Special Equipment Required for Reporting Personnel:**  
 Detailed instructions will be forwarded to supporting DUSMs

**Special Skills Requested:**  
 (b)(7)(E)

**Special Instructions for Reporting Personnel:**  
 Detailed instructions will be forwarded to supporting DUSMs

**INTELLIGENCE/INVESTIGATION**

Provide a brief narrative describing any threats associated with the event:  
 (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

Has the Office of Protective Intelligence been notified?  Yes

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

**NOTES TO OPERATIONS SUPPORT BRANCH**

Total Cost Estimate: (b)(7)(E)

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





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

Name: (b)(6); Operational Title: OPO Inspector

Office Phone: (b)(6); Cell Phone: (b)(6);

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DOCUMENTATION

District and Intel document attachments belong here:  
[Ops Plan - Raleigh NC 9-22-19.pdf](#)

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OPO REVIEW

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ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: 9/21/2019 Detail Start Date: 9/21/2019 Detail End Date: 9/24/2019

Number of Days/Weeks/Months: 4 Specify: Days

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DAILY SCHEDULE

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

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

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IN DISTRICT

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	2	(b)(7)(E)	(b)(7)(E)
Overtime Hours/Day:	# of Days:	# of 082:	Total:
(b)(7)(E)	2	(b)(7)(E)	(b)(7)(E)

GUARDS

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

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TRAVEL

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
3	(b)(7)(E)			\$0.00	\$0.00	\$0.00	(b)(7)(E)

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TOTAL OTHER

(b)(7)(E)

Itemize Other expenses:  
 DUSM itemized expenses listed in noted to OSB section

Notes:

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OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

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DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: \$15,188.00 \*

Detail Status: Approved \*

Name: (b)(6); \*

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OPO COMPLETION

Comments:

Final Approved Amount: \$11,015.00	Is the AAR attached?

APPROVED

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

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

FROM: (b)(6); (b)(7)(C); (b)(7)(F) **OPO-NY-2nd Circuit**

United States Marshal, Chief Deputy, or designee

District: **Southern District of New York**

Circuit: **02**

1. Detail Name: **SCJ Breyer Protection Detail-** (b)(6); (b)(7)(C) **11.14 - 11.19.19**

*(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) **NY**  
Host District: **Southern District of New York**  
Overseas Travel?: **No**

Circuit: **02**

3. Starting Date: **11/14/2019** Ending Date: **11/19/2019** Number of Days/Weeks: **6**  
*(mm/dd/yyyy) (mm/dd/yyyy)*

4. Description:

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

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

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

Tentative Itinerary:

Thursday November 14th (No OT)

(b)(7)(E)

Friday November 15th (b)(7)(E)

(b)(7)(E)

Saturday November 16th (b)(7)(E)

(b)(7)(E)

Sunday November 17th (b)(7)(E)

(b)(7)(E)



Monday November 18th (No OT)

(b)(7)(E)

Tuesday November 19th (No OT)

(b)(7)(E) 1

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

6. Reported Threats:

(b)(7)(E)

7. Has the Operational Plan been submitted? Yes

8. Host/Trial District Information:

No. of District DUSMs on Special Assignment: 0

No. of In-District DUSMs committed to staff this detail (b)(7)(E)

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

No. of DUSMs

(b)(7)(E)

SDUSMs

0

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)

Scheduled Days: **Sat. & Sun. incl.**

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

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

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

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

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

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

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

Expense:	<b>\$15,240.00</b>
Description:	<b>Breakdown of all expenses located in Box 15. (Travel/Overtime/Guard)</b>



15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: [redacted] **NY**  
Reporting Date/Time: **11/14/2019**  
(mm/dd/yyyy)

[redacted]  
(hour)

Detail Supervisor: [redacted]  
Detail Supervisor Phone: [redacted]

Per Diem Rate: [redacted]  
Hotel Name: [redacted]  
Hotel Telephone: [redacted]

Special Instructions/Other related information:

(b)(7)(E)

Per Diem Rates:

October Lodging = (b)(7)(E)

M&IE = (b)(7)(E)

\*\*\*\*\*

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

Travel Expense: NONE

Guard Hire: (b)(7)(E)

Overtime: (b)(7)(E)

Total to (b)(7)(E)

\*\*\*\*\*

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

Travel Expense: NONE

Guard Hire: (b)(7)(E)

Overtime: (b)(7)(E)

Total to (b)(7)(E)

\*\*\*\*\*

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

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

M&IE (b)(7)(E) 6 days = (b)(7)(E)

Misc. Taxes (b)(7)(E) 5 days = (b)(7)(E)

Airfare: (b)(7)(E)

Baggage fee: (b)(7)(E)

R/T Taxi: (b)(7)(E)

GOV Parking at Airport: (b)(7)(E)

Travel Expenses (b)(7)(E)

Guard Hire: (b)(7)(E)

Overtime: (b)(7)(E)

Total: (b)(7)(E)

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

Lodging: (b)(7)(E) x 5 days = (b)(7)(E)  
M&IE: (b)(7)(E) 6 days = (b)(7)(E)  
Misc. Taxes: (b)(7)(E) x 5 days = (b)(7)(E)  
Airfare: (b)(7)(E)  
Baggage fee: (b)(7)(E)  
R/T Taxi: (b)(7)(E)  
GOV Parking at Airport: (b)(7)(E)

Travel Expenses: (b)(7)(E)  
Guard Hire: (b)(7)(E)  
Overtime: (b)(7)(E)  
Total: (b)(7)(E)

Travel: (b)(7)(E)  
Guard Hire: (b)(7)(E)  
Overtime: (b)(7)(E)

Total: (b)(7)(E)

Special Equipment or Personnel Required:

[ Only overtime worked will be claimed. Final detail hours will be sent out at the conclusion of the mission.

(b)(7)(E)

(b)(7)(E)

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

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

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

11/08/2019

Date



16. Approval for Out-of-District Assistance? (check one) **Yes**  
 Type/Number of Personnel Required:

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

SDUSMs  
 0

Admin.  
 0

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

Scheduled Days: **Sat. & Sun. incl.**

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

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

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

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

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

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

Expense:	<b>\$15,177.00</b>
Description:	<b>Breakdown of all expenses located in Box 15. (Travel/Overtime/Guard)</b>

**TOTAL REQUESTED FUNDS**                    **\$15,240.00**

**TOTAL APPROVED FUNDS**                **\$15,177.00**

**APPROVAL LEVEL REQUIRED**            **OST**

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:

**APPROVED**

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

DATE: 11/08/2019

COMMENTS:

(b)(7)(E)

The supplemental funding request; ``11/14/2019 - 11/19/2019 - SCJ Breyer 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.

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

(b)(7)(E) overtime funding approved  
\$0 travel funding approved  
(b)(7)(E) guard funding approved

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

(b)(7)(E) overtime funding approved  
\$0 travel funding approved  
(b)(7)(E) guard funding approved

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

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

Fiscal Year: 2020

Fund Code: (b)(7)(E)

Special Assignment Number:

(b)(7)(E)

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

Org Code 2: [REDACTED]  
Org Code 4: [REDACTED] (Include the

[REDACTED]  
Project Code:

[REDACTED]

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

Org Code 2: [REDACTED]  
Org Code 4: [REDACTED]

Project Code:  
[REDACTED]

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:**





## United States Marshals Service



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

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

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

**Requested By:** (b)(6); (b)(7)(C); (b)(7)(F) **Title:** OPO Inspector

**Circuit:** 4 **District/Division:** Judicial Security Division

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

**Location of Event: (Street Address)** (b)(7)(E) **Event City:** (b)(7)(E) **Event State:** NC

**Host District:** Middle District of North Carolina

**Detail Type:** Supreme Court Justice Assistance

**Level:** (b)(7)(E) **Active/Retired:** Active

**Description of Event:**  
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)  
Justice Breyer will arrive in Greensboro on Oct 2nd, 2019 via (b)(7)(E); (b)(7)(F) Justice Breyer is scheduled to conduct an informal Q&A with Guildford College students at the Greensboro Coliseum in Greensboro NC on Wednesday October 2nd 2019. expected attendance is 3500. The Justice will

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
1	3,500	0	0	0

**Estimated Local Lodging Rate:** (b)(7)(E) **Estimated Local Per Diem Rate:** (b)(7)(E) **Estimated Local Required Misc:** \$0.00

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**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:** 10/1/2019 **Detail Start Date:** 10/1/2019 **Detail End Date:** 10/4/2019

**Number of Days/Weeks/Months:** 4 **Specify:** Days

**DAILY SCHEDULE**

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

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

---

**IN DISTRICT**

**Requesting Funding for in district resources?** Yes

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

**GUARDS**

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	3	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

**TRAVEL**

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

**TOTAL OTHER**  
\$0.00

---

**OUT OF DISTRICT**

**Are you requesting out of district assistance?** Yes

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

Total estimated travel costs:

---

**REPORTING INFORMATION**

Reporting Date:  Reporting Time:

Address:  City:  State:

Special Equipment Required for Reporting Personnel:

Special Skills Requested:

Special Instructions for Reporting Personnel:

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**INTELLIGENCE/INVESTIGATION**

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

Has the Office of Protective Intelligence been notified?

Explanation:  
Email to

---

**NOTES TO OPERATIONS SUPPORT BRANCH**

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

Name:  Operational Title:

Office Phone:  Cell Phone:

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**DOCUMENTATION**

District and Intel document attachments belong here:  
[Ops Plan - 20-Alpha.docx](#)

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**OPO REVIEW**

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**ANTICIPATED TOTAL DURATION OF EVENT**

Travel Date:  Detail Start Date:  Detail End Date:

Number of Days/Weeks/Months:  Specify:

---

**DAILY SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		<input type="text" value="(b)(7)(E)"/>					
End Time:		<input type="text" value="(b)(7)(E)"/>					

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

---

**IN DISTRICT**

Requesting Funding for in district resources?

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
<input type="text" value="(b)(7)(E)"/>	<input type="text" value="1"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>
Overtime Hours/Day:	# of Days:	# of 082:	Total:
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>

**GUARDS**

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
<input type="text" value="(b)(7)(E)"/>	<input type="text" value="3"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>

**TRAVEL**

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

**TOTAL OTHER**

Notes:

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OUT OF DISTRICT

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

Total estimated travel costs:

Note:

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DETAIL TOTAL

*Note: The following fields are required.*

Total Detail Estimate:  \*

Detail Status:  \*

Name:  \*

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OPO COMPLETION

Comments:

Final Approved Amount:  Is the AAR attached?

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) **S.I.-JSD-NY, NY-2nd Circuit**  
United States Marshal, Chief Deputy, or designee

District: **Southern District of New York**

Circuit: **02**

1. Detail Name: **10/11/19 SCJ Breyer Protection Detail**

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

2. Location of Detail: (b)(6); (b)(7)(C) **NY**  
Host District: **Southern District of New York**  
Overseas Travel?: **No**

Circuit: **02**

3. Starting Date: **10/11/2019** Ending Date: **10/14/2019** Number of Days/Weeks: **4**  
*(mm/dd/yyyy) (mm/dd/yyyy)*

4. Description:

Program Type:  
Detail Type:  
ESU / SOG:  
Case Type:

**Court Security**  
**Judicial Conference - IV**

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)

Itinerary:

Friday, October 11th, 2019 (b)(7)(E) DUSMs from S/NY

(b)(7)(E)

Saturday, October 12th, 2019 (b)(7)(E) DUSMs from S/NY

(b)(7)(E)

Sunday, October 13th (b)(7)(E) DUSMs from S/NY

(b)(7)(E)

Monday, October 14th, 2019 (b)(7)(E) DUSMs from S/NY

(b)(7)(E)



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

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

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

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

9. Are you requesting Out-of-District Assistance? (check one) **No**  
 No. of DUSMs **0** SDUSMs **0** Admin. **0**

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)(E) Scheduled Days: **Sat. & Sun. incl.**

<u>Overtime Estimate Computation:</u>											
	Hourly Rate		Detail OT hours	=	Subtotal		No. DUSMs		No. Days	=	TOTAL
In-District (1811)	<span style="border: 1px solid black; padding: 2px;">(b)(7)(E)</span>	x	<span style="border: 1px solid black; padding: 2px;">(b)(7)(E)</span>	=	<span style="border: 1px solid black; padding: 2px;">(b)(7)(E)</span>	x	<span style="border: 1px solid black; padding: 2px;">(b)(7)(E)</span>	x	<b>1</b>	=	<span style="border: 1px solid black; padding: 2px;">(b)(7)(E)</span>
In-District (082/1802)	<span style="border: 1px solid black; padding: 2px;">(b)(7)(E)</span>	x	<span style="border: 1px solid black; padding: 2px;">(b)(7)(E)</span>	=	<span style="border: 1px solid black; padding: 2px;">(b)(7)(E)</span>	x	<span style="border: 1px solid black; padding: 2px;">(b)(7)(E)</span>	x	<b>1</b>	=	<span style="border: 1px solid black; padding: 2px;">(b)(7)(E)</span>
Out-of-District (1811)	<b>0</b>	x	<b>0</b>	=	<b>\$0.00</b>	x	<b>0</b>	x	<b>0</b>	=	<b>\$0.00</b>
Out-of-District (082/1802)	<b>0</b>	x	<b>0</b>	=	<b>\$0.00</b>	x	<b>0</b>	x	<b>0</b>	=	<b>\$0.00</b>

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

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

13. Will the detail incur **guard expense?** (check one) **No**  
 Are these guards being used as **backfill?** (check one) **No**

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

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

Expense:	\$0.00
Description:	

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: [redacted] NY  
Reporting Date/Time:

(mm/dd/yyyy)

(hour)

Per Diem Rate [redacted]  
Hotel Name:  
Hotel Telephone:

Detail Supervisor: [redacted]  
Detail Supervisor Phone: [redacted]

Special Instructions/Other related information:

[ Staffing:

[redacted]

In Box 11, In District 1811 refers to the [redacted] DUSMs who will be working Friday, Saturday, Sunday, and Monday.

In Box 11, In District 082 refers to the [redacted] DUSMs who will be working Saturday, Sunday, and Monday. These DUSMs may be 082's or 1811's.

The District has not been able to determine specific personnel yet, solely numbers of supporting staff.

On Friday, October 11th, the Detail will be staffed with [redacted] DUSMs from the Southern District of New York. On Saturday, Sunday, and Monday, the Southern District of New York will obligate [redacted] DUSMs as the weekend and holiday will not impact their court production requirements. [redacted]

[redacted] Regardless, significant money was saved by using the host district solely as it precluded the need for any guard backfill, airfare, MIE, Per Diem, or other miscellaneous expenses.

Overtime not used will not be claimed

Final Detail hours will be confirmed and forwarded to Detail personnel by the IIC at the conclusion of the assignment.

[redacted]

Special Equipment or Personnel Required:

(b)(7)(E)



**Friday, October 11<sup>th</sup>, 2019**

(b)(7)(E)



**Saturday, October 12<sup>th</sup>, 2019**

(b)(7)(E)




**Sunday, October 13<sup>th</sup>**

(b)(7)(E)



**Monday, October 14<sup>th</sup>, 2019**

(b)(7)(E)



]

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

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

10/05/2019

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  
**0**

SDUSMs  
**0**

Admin.  
**0**

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

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

Scheduled Days: **Sat. & Sun. incl.**

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



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

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

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

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

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

Expense:	<b>\$0.00</b>
Description:	

**TOTAL REQUESTED FUNDS**                    **\$10,500.00**  
**TOTAL APPROVED FUNDS**                **\$10,500.00**  
**APPROVAL LEVEL REQUIRED**            **OST**

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:

**APPROVED**

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

DATE: 10/07/2019

**COMMENTS:**

(b)(7)(E)

The supplemental funding request; “**10/11-14/2019 – SCJ Breyer Protection Detail, (b)(6); (b)(7)(C) NY**” has been approved at the level indicated. Any JSD authorized overtime and/or guard funding is valid *only* during the time-frame specified above.

**S/NY** (b)(7)(E) 811s)  
(b)(7)(E) overtime funding approved  
(contingent upon receipt of funding from FSD)  
**No** travel funding approved  
**No** 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: (b)(7)(E) ***(Include the District #)***  
Project Code: (b)(7)(E)

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

APPROVED

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

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

FROM: **1st Circuit** (b)(6); (b)(7)(C); (b)(7)(F) **JSD/OPO**

United States Marshal, Chief Deputy, or designee

District: **District of Massachusetts**

Circuit:01

1. Detail Name: **Justice Breyer Protection Detail** (b)(6); (b)(7)(C) **12/01/19**

*(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: **District of Massachusetts**  
Overseas Travel?: **No**

Circuit:01

3. Starting Date: **12/01/2019** Ending Date: **12/01/2019** Number of Days/Weeks: **1**  
(mm/dd/yyyy) (mm/dd/yyyy)



4. Description:

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

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

**[ On Sunday 12/01/19 Justice Breyer will be flying out** (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)  
(b)(6); (b)(7)(C); (b)(7)(E)

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

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

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

8. Host/Trial District Information:  
No. of District DUSMs on Special Assignment: **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

Scheduled Days: **Sat. & Sun. incl.**

Overtime Estimate Computation:												
	Hourly Rate			Detail OT hours	=	Subtotal	x	No. DUSMS	x	No. Days	=	TOTAL
In-District (1811)	<input type="text" value="(b)(7)(E)"/>	x		<input type="text" value="(b)(7)(E)"/>	=	<input type="text" value="(b)(7)(E)"/>	x	<input type="text" value="(b)(7)(E)"/>	x	1	=	\$540.00
In-District (082/1802)	0	x		0	=	\$0.00	x	0	x	0	=	\$0.00
	Hourly Rate			Detail OT hours	=	Subtotal	x	No. DUSMS	x	No. Days	=	TOTAL
Out-of-District (1811)	0	x		0	=	\$0.00	x	0	x	0	=	\$0.00
Out-of-District (082/1802)	0	x		0	=	\$0.00	x	0	x	0	=	\$0.00

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

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

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

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

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

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: (b)(7)(E) MA  
Reporting Date/Time: 12/01/2019  
(mm/dd/yyyy)

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

Per Diem Rate:  
Hotel Name:  
Hotel Telephone:

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

Special Instructions/Other related information:

[ N/A ]

Special Equipment or Personnel Required:

[ Only OT worked will be claimed. Final hours will be sent to the DUSMS at the conclusion of the detail.

**D/MA DUSMs** (b)(6); (b)(7)(C); (b)(7)(F)

**OT:** (b)(7)(E)

**TR: \$0**

**GR: \$0**

(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)

11/27/2019

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

Scheduled Days: **Sat. & Sun. incl.**

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

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

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

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

<u>In-District</u>											
	Hourly Rate		Detail Hours	=	Subtotal	x	No. Guards	x	No. Days	=	TOTAL
	0	x	0	=	\$0.00	x	0	x	0	=	\$0.00
<u>Out-of-District</u>											
	Hourly Rate		Detail Hours	=	Subtotal	x	No. Guards	x	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>\$648.00</b>
Description:	<b>See box 15 for complete cost breakdown</b>

TOTAL REQUESTED FUNDS	<b>\$540.00</b>
TOTAL APPROVED FUNDS	<b>\$648.00</b>
APPROVAL LEVEL REQUIRED	<b>OST</b>

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:

**APPROVED**

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

DATE: 11/29/2019



COMMENTS:

(b)(7)(E)

The supplemental funding request; ``12/1/2019 - SCJ Breyer Protection Detail, (b)(6); (b)(7)(C) MA'' 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/MA ( (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  
\$0 travel funding approved  
\$0 guard funding approved

Fiscal Year: 2020

Fund Code: (b)(7)(E)

Special Assignment Number:

(b)(7)(E)

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

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

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

Project Code:

(b)(7)(E)

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

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

Org Code 4: [REDACTED]

Project Code:

[REDACTED]

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

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

**DATE:**

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

**DATE:**

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

**DATE:**

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) **SD, OPO, 1st Circuit**  
United States Marshal, Chief Deputy, or designee

District: **District of Massachusetts**

Circuit:01

1. Detail Name: **12/13/19 - Justice Breyer Protection Detail** (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: **District of Massachusetts**  
Overseas Travel?: **No**

Circuit:01

3. Starting Date: **12/13/2019** Ending Date: **12/13/2019** Number of Days/Weeks: **1**  
*(mm/dd/yyyy) (mm/dd/yyyy)*

4. Description:

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

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

[ On Friday evening 12/13 Justice Breyer will be traveling from (b)(6); (b)(7)(C); (b)(7)(F)  
(b)(6); (b)(7)(C); (b)(7)(F)

Working hours: (b)(7)(E) hrs OT and (b)(7)(E) guard back fill X (b)(7)(E) DUSMS requested) ]

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

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

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

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

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

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

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

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

Scheduled Days: **Mon.-Fri.**

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

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

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

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

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

In-District	Hourly Rate		Detail Hours	=	Subtotal		No. Guards		No. Days	=	TOTAL
	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	1	=	(b)(7)(E)
Out-of-District	Hourly Rate		Detail Hours	=	Subtotal		No. Guards		No. Days	=	TOTAL
	0	x	0	=	\$0.00	x	0	x	0	=	\$0.00

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

Expense: **\$0.00**  
Description:



15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: (b)(7)(E) MA  
Reporting Date/Time: 12/13/2019 (mm/dd/yyyy) (b)(7)(E) (hour)

Per Diem Rate:  
Hotel Name:  
Hotel Telephone:

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

Special Instructions/Other related information:  
[ D/MA (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F) will be assisting with this assignment.

Working hours: (b)(7)(E) OT and (b)(7)(E) guard back fill X (b)(7)(E) DUSMS requested)

(b)(7)(E) OT

(b)(7)(E) GR

N/A ]

Special Equipment or Personnel Required:  
[ Only OT worked will be claimed. Final hours will be sent at the conclusion of detail.

(b)(7)(E)

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

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

12/06/2019  
Date

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

No. of DUSMs

SDUSMs

Admin.

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

Scheduled Detail Hours:

Scheduled Days: **Mon.-Fri.**

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

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

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

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

In-District	Hourly Rate		Detail Hours	=	Subtotal	x	No. Guards	x	No. Days	=	TOTAL
	0	x	0	=	\$0.00	x	0	x	0	=	\$0.00
Out-of-District	Hourly Rate		Detail Hours	=	Subtotal	x	No. Guards	x	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>\$462.00</b>
Description:	<b>See box 15 for complete cost breakdown</b>

<b>TOTAL REQUESTED FUNDS</b>	<b>\$462.00</b>
<b>TOTAL APPROVED FUNDS</b>	<b>\$462.00</b>
<b>APPROVAL LEVEL REQUIRED</b>	<b>OST</b>

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:

**APPROVED**

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

DATE: 12/06/2019

**COMMENTS:**

(b)(7)(E)

The supplemental funding request;  
“12/13/2019 – SCJ Breyer Protection  
Detail, (b)(6); (b)(7)(C) MA” 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/MA** (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)  
(b)(7)(E) overtime funding approved  
**\$0** travel funding approved  
(b)(7)(E) guard funding approved

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

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

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

Funds control will rest upon the supervisor  
that approves the final E2 Travel document  
and/or the webTA document for  
participating DUSMs. The amount of travel,  
overtime, and guard funding (if applicable)

approved by OSB on the JSD USM-535 **should not be exceeded without prior authorization from OSB.** To exceed the amount approved may place the project code in the negative. Please ensure adequate cost accountability controls are in place that provide direct oversight of your special assignment funding burn-rate in order to remain within the approved funding authorization. For any supporting personnel traveling, please ensure the Special Assignment Number is recorded on their E2 travel authorization/approval.

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:  
COMMENTS:

DATE:

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:  
COMMENTS:

DATE:

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:  
COMMENTS:

DATE:



APPROVED

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

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

FROM: (b)(7)(E) **Senior Inspector, OPO 1st Circuit**  
United States Marshal, Chief Deputy, or designee

District: **District of Massachusetts**

Circuit:01

1. Detail Name: **12/17/19 & 12/28/19-Protection Detail Justice Breyer** (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: **District of Massachusetts**  
Overseas Travel?: **No**

Circuit:01

3. Starting Date: **12/17/2019** Ending Date: **12/28/2019** Number of Days/Weeks: **2**  
*(mm/dd/yyyy) (mm/dd/yyyy)*

4. Description:

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

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

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

Any additional USMS assistance requested during this extended time period will be submitted separately. ]

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

6. Reported Threats:

(b)(7)(E)

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

8. Host/Trial District Information:

No. of District DUSMs on Special Assignment:

No. of In-District DUSMs committed to staff this detail: (b)(7)(E)

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

No. of DUSMs

SDUSMs

Admin.

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

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

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

Scheduled Days: **Varied**

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

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

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

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

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

In-District	Hourly Rate		Detail Hours	=	Subtotal		No. Guards		No. Days	=	TOTAL
	(b)(7)(E)	x	(b)(7)(E)	=	(b)(7)(E)	x	(b)(7)(E)	x	1	=	(b)(7)(E)
Out-of-District	Hourly Rate		Detail Hours	=	Subtotal		No. Guards		No. Days	=	TOTAL
	0	x	0	=	\$0.00	x	0	x	0	=	\$0.00

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

Expense: (b)(7)(E)  
 Description: (b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: [b)(7)(E)] MA  
Reporting Date/Time: 12/17/2019  
(mm/dd/yyyy)

[b)(7)(E)]  
(hour)

Per Diem Rate:  
Hotel Name:  
Hotel Telephone:

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

Special Instructions/Other related information:

[ Tuesday 12/17/2019 [b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)] OT)

[b)(7)(F)]

Saturday 12/28/2019 [b)(6); (b)(7)(C); (b)(7)(E); (b)(7)(F)] OT)

[b)(7)(E)]

[ D/MA is supporting with the following personnel

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

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

[b)(7)(E)]

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

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

12/10/2019

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

Date

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

No. of DUSMs

SDUSMs

Admin.

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

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

Scheduled Days: **Varied**

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

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

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

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

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

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

Expense:	<b>\$1,120.00</b>
Description:	<b>See box 15 for complete cost breakdown</b>

**TOTAL REQUESTED FUNDS**                      **\$1,120.00**

**TOTAL APPROVED FUNDS**                    **\$1,120.00**

**APPROVAL LEVEL REQUIRED**                **OST**



THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:

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

DATE: 12/10/2019

COMMENTS:

(b)(7)(E)

The supplemental funding request; ``12/17/2019 AND 12/28/2019 - SCJ Breyer Protection Detail, (b)(6); (b)(7)(C) MA'' 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/MA (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  
\$0 travel funding approved  
(b)(7)(E) guard funding approved

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

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

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

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

Org Code 2: [REDACTED]  
Org Code 4: [REDACTED]  
Project Code:  
[REDACTED]

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

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

**DATE:**

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

**DATE:**

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

**DATE:**



Protective Escort Justice Breyer December 17 and 28 2019.doc

APPROVED

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

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

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

United States Marshal, Chief Deputy, or designee

District: **Northern District of California**

Circuit:09

1. Detail Name: **12/28/19-SCJ Stephen Breyer travel to (b)(6); (b)(7)(C) MA**

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

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

Circuit:09

3. Starting Date: **12/28/2019** Ending Date: **12/28/2019** Number of Days/Weeks: **1**  
*(mm/dd/yyyy) (mm/dd/yyyy)*

4. Description:

Program Type: **Court Security**  
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)

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

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

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

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

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

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



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

Scheduled Detail Hours:

Scheduled Days: **Sat. & Sun. incl.**

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

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

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

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

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

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

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

Expense:	\$864.00
Description:	OT N/CA

15. DEPUTY REPORTING INFORMATION/SPECIAL INSTRUCTIONS:

City/District Location: (b)(7)(E) CA  
Reporting Date/Time: 12/28/2019  
(mm/dd/yyyy)

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

Per Diem Rate:  
Hotel Name:  
Hotel Telephone:

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

Special Instructions/Other related information:  
[ 12/28/2019 Schedule (b)(7)(E) hrs OT

(b)(7)(E)

N/CA (b)(7)(E)

(b)(7)(E)

Special Equipment or Personnel Required:  
[ Will be sent vis email ]

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

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

12/20/2019

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:

Scheduled Days: **Sat. & Sun. incl.**

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

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

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

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

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

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

Expense:	<b>\$864.00</b>
Description:	<b>OT N/CA</b>

**TOTAL REQUESTED FUNDS**                    **\$864.00**  
**TOTAL APPROVED FUNDS**                **\$864.00**  
**APPROVAL LEVEL REQUIRED**              **OST**

THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:

**APPROVED**

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

DATE: 12/20/2019

COMMENTS:

(b)(7)(E)

The supplemental funding request; ``12/28/2019 - SCJ Breyer (b)(6); (b)(7)(C) (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.

N/CA (b)(7)(E) (b)(7)(E) overtime funding approved No travel funding approved No 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: (b)(7)(E) (Include the District #)

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

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



Org Code 4: [REDACTED]  
Project Code:  
[REDACTED]

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

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

**DATE:**

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

**DATE:**

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

**DATE:**



Breyer.docx

Special Instructions/Other related information:

[ 12/28/2019 Schedule (b)(7)(E) ] OT

(b)(7)(E)

N/CA (b)(7)(E)  
(b)(7)(E)

AMENDED 20DEC19 PER JSD/OPO MANAGEMENT (b)(6); (b)(7)(C); (b)(7)(F)

**From:** (b)(6); (b)(7)(C); (b)(7)(F) (USMS)

**Sent:** Friday, December 20, 2019 4:40 PM

**To:** (b)(6); (b)(7)(C); (b)(7)(F) (USMS) (b)(6); (b)(7)(C); (b)(7)(F) @usms.doj.gov>

**Cc:** (b)(6); (b)(7)(C); (b)(7)(F) (USMS) (b)(6); (b)(7)(C); (b)(7)(F) @usms.doj.gov>; (b)(6); (b)(7)(C); (b)(7)(F) (USMS) (b)(6); (b)(7)(C); (b)(7)(F) @usms.doj.gov>; (b)(6); (b)(7)(C); (b)(7)(F) (USMS)

(b)(6); (b)(7)(C); (b)(7)(F) @usms.doj.gov>

**Subject:** RE: 535 approved (b)(7)(E) (Amended)

The DAD has approved an exception to the *Supplemental Funding Guidelines* for this Special Assignment. Accordingly, I am approving this amended funding request for an additional (b)(7)(E) in overtime funding.

N/CA (b)(7)(E)

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

No travel funding approved

No guard funding approved

Saturday, December 21, 2019 (b)(7)(E)

(b)(7)(E)

(b)(7)(E)

Sunday, December 22, 2019

(b)(7)(E)

(b)(7)(E)

Special Equipment or Personnel Required:  
[ Will be sent vis email ]

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

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

12/20/2019

*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:

Scheduled Days: **Sat. & Sun. incl.**

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

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

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

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

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

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

Expense:	<b>\$2,808.00</b>
Description:	<b>OT N/CA</b>

**TOTAL REQUESTED FUNDS**                      **\$864.00**

**TOTAL APPROVED FUNDS**                      **\$2,808.00**

**APPROVAL LEVEL REQUIRED**                      **OST**



THIS ASSIGNMENT IS:  
APPROVED/DISAPPROVED BY:

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

DATE: 12/20/2019

COMMENTS:

(b)(7)(E)

The supplemental funding request; ``12/28/2019 - SCJ Breyer (b)(6); (b)(7)(C) (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.

N/CA (b)(7)(E) (b)(7)(E) overtime funding approved  
No travel funding approved  
No 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: (b)(7)(E) (Include the District #)  
Project Code:

(b)(7)(E)

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

Org Code 2: [REDACTED]  
Org Code 4: [REDACTED]  
Project Code:

[REDACTED]

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

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

**DATE:**

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


**DATE:**

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


**DATE:**



Breyer.docx



## United States Marshals Service



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

---

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

**Submission Number:**  **Enter the Protective Assessment Number assigned:**

**Requested By:**  **Title:**

**Circuit:**  **District/Division:**

**Mission Name:** (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)  
**SCJ Breyer**  **1/18-01/21**

**Location of Event: (Street Address)**  **Event City:**  **Event State:**

**Host District:**

**Detail Type:**

**Level:**  **Active/Retired:**

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

# of Protected Persons:	# of Attendees:	# of Defendants:	# of Defendants in Custody:	# of Witnesses in Custody:
<input type="text" value="(b)(7)(E)"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

**Estimated Local Lodging Rate:**  **Estimated Local Per Diem Rate:**  **Estimated Local Required Misc:**

---

**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:**  **Detail Start Date:**  **Detail End Date:**

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

**DAILY SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time</b>	<input type="text" value="(b)(7)(E)"/>						
<b>End Time</b>	<input type="text" value="(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:
<input type="text" value="(b)(7)(E)"/>	<input type="text" value="1"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>
Overtime Hours/Day:	# of Days:	# of 082:	Total:
<input type="text" value="(b)(7)(E)"/>	<input type="text" value="1"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>

**GUARDS**

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
<input type="text" value="(b)(7)(E)"/>	<input type="text" value="1"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>

**TRAVEL**

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
<input type="text" value="(b)(7)(E)"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

**TOTAL OTHER**

---

**OUT OF DISTRICT**

**Are you requesting out of district assistance?**  Yes

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



Total estimated travel costs: (b)(7)(E)

**REPORTING INFORMATION**

Reporting Date: 1/18/2019 Reporting Time: (b)(7)(E)

Address: (b)(7)(E) City: (b)(7)(E) State: NY

Special Equipment Required for Reporting Personnel:  
(b)(7)(E)

Special Skills Requested:  
(b)(7)(E)

Special Instructions for Reporting Personnel:  
OT not worked will not be claimed. Final Detail hours will be confirmed and forwarded to Detail personnel by the IL...

**INTELLIGENCE/INVESTIGATION**

Provide a brief narrative describing any threats associated with the event:  
(b)(7)(E)

Has the Office of Protective Intelligence been notified? Yes

Explanation:

**NOTES TO OPERATIONS SUPPORT BRANCH**

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

Name: (b)(6); (b)(7)(C); (b)(7)(F) Operational Title: Judicial Security Inspector

Office Phone: (b)(6); (b)(7)(C) Cell Phone: (b)(6); (b)(7)(C)

**DOCUMENTATION**

District and Intel document attachments belong here:  
2019 01.18-01.21 Ops Plan Supreme Court Justice Breyer.docx

**OPO REVIEW**

**ANTICIPATED TOTAL DURATION OF EVENT**

Travel Date: 1/17/2019 Detail Start Date: 1/18/2019 Detail End Date: 1/21/2019

Number of Days/Weeks/Months: 4 Specify: Days

**DAILY SCHEDULE**

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

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

**IN DISTRICT**

Requesting Funding for in district resources? Yes

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

**GUARDS**

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

**TRAVEL**

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)							

**TOTAL OTHER**

\$0.00

Notes:



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OUT OF DISTRICT

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

Total estimated travel costs:

Note:

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DETAIL TOTAL

*Note: The following fields are required.*

Total Detail Estimate:  \*

Detail Status:  \*

Name:  \*

Notes:

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JSD APPROVAL


Special Assignment Number:  \* Project Code:  \*

Total Approved Amount:  \*


< or = \$25K	Senior Inspector:	<input type="text" value="(b)(6); (b)(7)(C); (b)(7)(F)"/>	<input type="text"/>	<input type="text" value="2019-01-10"/>
>\$25K - \$50K	Assistant Chief:	<input type="text" value="Name will autopopulate"/>	<input type="text"/>	<input type="text"/>
>\$50K - \$75K	Chief:	<input type="text" value="Name will autopopulate"/>	<input type="text"/>	<input type="text"/>
>\$75K - \$100K	Deputy Assistant Director:	<input type="text" value="Name will autopopulate"/>	<input type="text"/>	<input type="text"/>
>\$100K	Assistant Director:	<input type="text" value="Name will autopopulate"/>	<input type="text"/>	<input type="text"/>

Notes:

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## United States Marshals Service



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

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

**Submission Number:**  **Enter the Protective Assessment Number assigned:**

**Requested By:**  **Title:**

**Circuit:**  **District/Division:**

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

**Location of Event: (Street Address)**  **Event City:**  **Event State:**

**Host District:**

**Detail Type:**

**Level:**  **Active/Retired:**

**Description of Event:**  
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)  
This Detail will be a movement of the Justice from

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

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

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**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:**  **Detail Start Date:**  **Detail End Date:**

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

**DAILY SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b> <input type="text" value="(b)(7)(E)"/>							
<b>End Time:</b> <input type="text" value="(b)(7)(E)"/>							

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

---

**IN DISTRICT**

Requesting Funding for in district resources?  Yes

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

**GUARDS**

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

**TRAVEL**

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

**TOTAL OTHER**

---

**OUT OF DISTRICT**

Are you requesting out of district assistance?  No

**INTELLIGENCE/INVESTIGATION**

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

(b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

The Detail will be augmented (b)(7)(E) 2nd Circuit to reduce costs while maintaining adequate staffing.

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

<b>Name:</b> (b)(6); (b)(7)(C); (b)(7)(F)	<b>Operational Title:</b> OPD Inspector
<b>Office Phone:</b> (b)(6); (b)(7)(C)	<b>Cell Phone:</b> (b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

(b)(7)(E) [Ops Plan \(Breyer 11-20-19\).doc](#)

OPQ REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

<b>Travel Date:</b> 1/20/2019	<b>Detail Start Date:</b> 1/20/2019	<b>Detail End Date:</b> 1/20/2019
----------------------------------	----------------------------------------	--------------------------------------

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

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?  Yes

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

GUARDS

<b>Hours per Day:</b> 0	<b># of Days:</b> 0	<b># of Persons:</b> 0	<b>Hourly Rate:</b> (b)(7)(E)	<b>Total:</b> \$0.00
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TRAVEL

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

TOTAL OTHER

\$0.00
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Notes:

OUT OF DISTRICT

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

Total estimated travel costs:



Note:

DETAIL TOTAL

Note: The following fields are required.

<b>Total Detail Estimate:</b>	<input type="text" value="\$450.00"/>	*
<b>Detail Status:</b>	<input type="text" value="Completed"/>	*
<b>Name:</b>	<input type="text" value="(b)(6); (b)(7)(C); (b)(7)(F)"/>	*
<hr/>		
<b>OPO COMPLETION</b>		
<b>Comments:</b>		
<b>Final Approved Amount:</b>	<input type="text" value="\$1,350.00"/>	<b>Is the AAR attached?</b> <input type="text"/>
<hr/>		
<hr/>		



	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
<b>Submission Number:</b> (b)(7)(E)		<b>Enter the Protective Assessment Number assigned:</b> (b)(7)(E)					
<b>Requested By:</b> (b)(7)(E)	<b>Title:</b> OPO Inspector						
<b>Circuit:</b> 2	<b>District/Division:</b> Judicial Security Division						
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) 01/26 SCJ Breyer							
<b>Location of Event: (Street Address)</b> (b)(6); (b)(7)(C)	<b>Event City:</b>	<b>Event State:</b> NY					
<b>Host District:</b> Southern District of New York							
<b>Detail Type:</b> Supreme Court Justice Assistance							
<b>Level:</b>	<b>Active/Retired:</b> Active						
<b>Description of Event:</b> (Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.) (b)(6); (b)(7)(C)							
<b># of Protected Persons:</b> 0	<b># of Attendees:</b> 0	<b># of Defendants:</b> 0	<b># of Defendants in Custody:</b> 0	<b># of Witnesses in Custody:</b> 0			
<b>Estimated Local Lodging Rate:</b> \$0.00	<b>Estimated Local Per Diem Rate:</b> \$0.00	<b>Estimated Local Required Misc:</b> \$0.00					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b>	<b>Detail Start Date:</b> 1/26/2019	<b>Detail End Date:</b> 1/27/2019					
<b>Number of Days/Weeks/Months:</b> 2	<b>Specify:</b> Days						
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b> (b)(7)(E)							
<b>End Time:</b>							
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> Yes							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> Yes							
<b>Overtime Hours/Day:</b> (b)(7)(E)	<b># of Days:</b> 1	<b># of 1811:</b> (b)(7)(E)	<b>Total:</b>				
<b>Overtime Hours/Day:</b> 0	<b># of Days:</b> 0	<b># of 082:</b> 0	<b>Total:</b> \$0.00				
<b>GUARDS</b>							
<b>Hours per Day:</b> 0	<b># of Days:</b> 0	<b># of Persons:</b> 0	<b>Hourly Rate:</b> (b)(7)(E)	<b>Total:</b> \$0.00			
<b>TRAVEL</b>							
<b>Number of Full M&amp;IE Days (Do not include first and last days)</b>	<b>Full Day M&amp;IE</b>	<b>First and Last Days (75% M&amp;IE x 2 days, if trip is longer than 1 day)</b>	<b>Lodging Total (Include taxes)</b>	<b>POV/Mileage Total</b>	<b>Airfare Total</b>	<b>ATM, Laundry, Baggage, etc.</b>	<b>Subtotal</b>
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL OTHER</b>							
\$0.00							
<b>OUT OF DISTRICT</b>							
<b>Are you requesting out of district assistance?</b> No							
<b>INTELLIGENCE/INVESTIGATION</b>							

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

(b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

All staffing will come from SDNY (HOST)

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

<b>Name:</b>	<b>Operational Title:</b>
(b)(6); (b)(7)(C); (b)(7)(F)	OPD Inspector
<b>Office Phone:</b>	<b>Cell Phone:</b>
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:

[01-26-01-27-19 Ops Plan Supreme Court Justice Breyer.docx](#)

OPQ REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

<b>Travel Date:</b>	<b>Detail Start Date:</b>	<b>Detail End Date:</b>
	1/26/2019	1/27/2019

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

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?  Yes

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

GUARDS

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

TRAVEL

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

TOTAL OTHER

\$0.00

Notes:

OUT OF DISTRICT

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

Total estimated travel costs:


Note:

DETAIL TOTAL


Note: The following fields are required.



<b>Total Detail Estimate:</b>	\$5,040.00	*
<b>Detail Status:</b>	Completed	*
<b>Name:</b>	(b)(6); (b)(7)(C); (b)(7)(F)	*
<hr/>		
<hr/>		
<b>OPO COMPLETION</b>		
<b>Comments:</b>		
<b>Final Approved Amount:</b>	\$14,418.00	<b>Is the AAR attached?</b>
<hr/>		
<hr/>		



## United States Marshals Service



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

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

**Submission Number:**  **Enter the Protective Assessment Number assigned:**

**Requested By:**  **Title:**

**Circuit:**  **District/Division:**

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

**Location of Event: (Street Address)**  **Event City:**  **Event State:**

**Host District:**

**Detail Type:**

**Level:**  **Active/Retired:**

**Description of Event:**  
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)  
  
This Security Request was received from the SCPD on 02/26/19 at 0840 hours. Additional staffing will be supplied by

<b># of Protected Persons:</b> <input type="text" value="(b)(7)(E)"/>	<b># of Attendees:</b> <input type="text" value="0"/>	<b># of Defendants:</b> <input type="text" value="0"/>	<b># of Defendants in Custody:</b> <input type="text" value="0"/>	<b># of Witnesses in Custody:</b> <input type="text" value="0"/>
-----------------------------------------------------------------------	-------------------------------------------------------	--------------------------------------------------------	-------------------------------------------------------------------	------------------------------------------------------------------

**Estimated Local Lodging Rate:**  **Estimated Local Per Diem Rate:**  **Estimated Local Required Misc:**

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**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:**  **Detail Start Date:**  **Detail End Date:**

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

**DAILY SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b> <input type="text" value="(b)(7)(E)"/>							
<b>End Time:</b>							

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

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**IN DISTRICT**

Requesting Funding for in district resources?

<b>Overtime Hours/Day:</b> <input type="text" value="(b)(7)(E)"/>	<b># of Days:</b> <input type="text" value="1"/>	<b># of 1811:</b> <input type="text" value="(b)(7)(E)"/>	<b>Total:</b> <input type="text" value="(b)(7)(E)"/>
<b>Overtime Hours/Day:</b> <input type="text" value="0"/>	<b># of Days:</b> <input type="text" value="0"/>	<b># of 082:</b> <input type="text" value="0"/>	<b>Total:</b> <input type="text" value="\$0.00"/>

**GUARDS**

<b>Hours per Day:</b> <input type="text" value="0"/>	<b># of Days:</b> <input type="text" value="0"/>	<b># of Persons:</b> <input type="text" value="0"/>	<b>Hourly Rate:</b> <input type="text" value="(b)(7)(E)"/>	<b>Total:</b> <input type="text" value="\$0.00"/>
------------------------------------------------------	--------------------------------------------------	-----------------------------------------------------	------------------------------------------------------------	---------------------------------------------------

**TRAVEL**

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

**TOTAL OTHER**

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**OUT OF DISTRICT**

Are you requesting out of district assistance?

Number of operational personnel requested: 1		Number of administrative personnel requested: 0					
Total estimated travel costs: (b)(7)(E)							
<b>REPORTING INFORMATION</b>							
Reporting Date: 3/2/2019		Reporting Time: (b)(7)(E)					
Address:		City:	State:				
Special Equipment Required for Reporting Personnel: (b)(7)(E)							
Special Skills Requested: (b)(7)(E)							
Special Instructions for Reporting Personnel: Any overtime not used will not be claimed.							
<b>INTELLIGENCE/INVESTIGATION</b>							
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>NOTES TO OPERATIONS SUPPORT BRANCH</b>							
<b>DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE</b>							
Name: (b)(6); (b)(7)(C); (b)(7)(F)		Operational Title: OPO Inspector					
Office Phone: (b)(6); (b)(7)(C)		Cell Phone: (b)(6); (b)(7)(C)					
<b>DOCUMENTATION</b>							
District and Intel document attachments belong here: 03.01-03.07 SCJ Breyer Ops Plan (b)(7)(E).docx							
<b>OPO REVIEW</b>							
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
Travel Date: 3/2/2019		Detail Start Date: 2/3/2019					
		Detail End Date: 2/7/2019					
Number of Days/Weeks/Months: 5		Specify: Days					
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	(b)(7)(E)						
End Time:							
Will this detail include funding for Saturdays, Sundays, and/or Holidays? Yes							
<b>IN DISTRICT</b>							
Requesting Funding for in district resources? Yes							
Overtime Hours/Day: (b)(7)(E)	# of Days: 1	# of 1811: (b)(7)(E)	Total: (b)(7)(E)				
Overtime Hours/Day: 0	# of Days: 0	# of 082: 0	Total: \$0.00				
<b>GUARDS</b>							
Hours per Day: 0	# of Days: 0	# of Persons: 0	Hourly Rate: (b)(7)(E)				
		Total: \$0.00					
<b>TRAVEL</b>							
Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL OTHER</b>							
\$0.00							

Notes:

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OUT OF DISTRICT

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

Total estimated travel costs:

Note:

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DETAIL TOTAL

*Note: The following fields are required.*

Total Detail Estimate:  \*

Detail Status:  \*

Name  \*



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OPO COMPLETION

Comments:

Final Approved Amount:  Is the AAR attached?



	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
<b>Submission Number:</b> (b)(7)(E)		<b>Enter the Protective Assessment Number assigned:</b> (b)(7)(E)					
<b>Requested By:</b> (b)(6); (b)(7)(C); (b)(7)(F) USMS	<b>Title:</b> OPO Inspector						
<b>Circuit:</b> 2	<b>District/Division:</b> Judicial Security Division						
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) SCJ Breyer							
<b>Location of Event: (Street Address)</b> 55 5th Ave,	<b>Event City:</b> new york	<b>Event State:</b> NY					
<b>Host District:</b> Southern District of New York							
<b>Detail Type:</b> Supreme Court Justice Assistance							
<b>Level:</b>	<b>Active/Retired:</b> Active						
<b>Description of Event:</b> (Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.) The SCJ Breyer has requested the assistance of JSD-NY during his stay in the New York area. On March 31, 2019 the Justice will attend an event at Cardoso School of Law 55 5thAve, New York (expecting 400 guests).							
<b># of Protected Persons:</b> 1	<b># of Attendees:</b> 0	<b># of Defendants:</b> 0					
		<b># of Defendants in Custody:</b> 0					
		<b># of Witnesses in Custody:</b> 0					
<b>Estimated Local Lodging Rate:</b> \$0.00	<b>Estimated Local Per Diem Rate:</b> \$0.00	<b>Estimated Local Required Misc:</b> \$0.00					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b>	<b>Detail Start Date:</b> 3/30/2019	<b>Detail End Date:</b> 3/31/2019					
<b>Number of Days/Weeks/Months:</b> 2	<b>Specify:</b> Days						
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b> (b)(7)(E)							
<b>End Time:</b>							
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> Yes							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> Yes							
<b>Overtime Hours/Day:</b> (b)(7)(E)	<b># of Days:</b> 1	<b># of 1811:</b> (b)(7)(E)	<b>Total:</b> (b)(7)(E)				
<b>Overtime Hours/Day:</b> 0	<b># of Days:</b> 0	<b># of 082:</b> 0	<b>Total:</b> \$0.00				
<b>GUARDS</b>							
<b>Hours per Day:</b> 0	<b># of Days:</b> 0	<b># of Persons:</b> 0	<b>Hourly Rate:</b> (b)(7)(E)	<b>Total:</b> \$0.00			
<b>TRAVEL</b>							
<b>Number of Full M&amp;IE Days (Do not include first and last days)</b>	<b>Full Day M&amp;IE</b>	<b>First and Last Days (75% M&amp;IE x 2 days, if trip is longer than 1 day)</b>	<b>Lodging Total (Include taxes)</b>	<b>POV/Mileage Total</b>	<b>Airfare Total</b>	<b>ATM, Laundry, Baggage, etc.</b>	<b>Subtotal</b>
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL OTHER</b>							
\$0.00							
<b>OUT OF DISTRICT</b>							
<b>Are you requesting out of district assistance?</b> No							
<b>INTELLIGENCE/INVESTIGATION</b>							

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

(b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

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

<b>Name:</b> (b)(6); (b)(7)(C); (b)(7)(F)	<b>Operational Title:</b> OPD Inspector
<b>Office Phone:</b> (b)(6); (b)(7)(C)	<b>Cell Phone:</b> (b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:  
[2019 03.30-03.31 Ops Plan Supreme Court Justice Breyer.docx](#)

OPQ REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

<b>Travel Date:</b>	<b>Detail Start Date:</b> 3/30/2019	<b>Detail End Date:</b> 3/31/2019
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Number of Days/Weeks/Months: 2 Specify: Days

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?  Yes

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

GUARDS

<b>Hours per Day:</b> 0	<b># of Days:</b> 0	<b># of Persons:</b> 0	<b>Hourly Rate:</b> (b)(7)(E)	<b>Total:</b> \$0.00
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TRAVEL

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

TOTAL OTHER

\$0.00
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Notes:

OUT OF DISTRICT

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

Total estimated travel costs:



Note:

DETAIL TOTAL

Note: The following fields are required.



<b>Total Detail Estimate:</b>	\$6,975.00	*
<b>Detail Status:</b>	Completed	*
<b>Name:</b>	(b)(6); (b)(7)(C); (b)(7)(F)	*
<hr/>		
<b>OPO COMPLETION</b>		
<b>Comments:</b>		
<b>Final Approved Amount:</b>	\$13,950.00	<b>Is the AAR attached?</b>

	<b>United States Marshals Service</b>	
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.		
<b>Submission Number:</b>	<b>Enter the Protective Assessment Number assigned:</b>	
(b)(7)(E)	(b)(7)(E)	
<b>Requested By:</b>	<b>Title:</b>	
(b)(6); (b)(7)(C); USMS	OPO Inspector	
<b>Circuit:</b>	<b>District/Division:</b>	
1	Judicial Security Division	
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) SCJ Breyer, 1st Cir Conf		
<b>Location of Event:</b> (Street Address)	<b>Event City:</b>	<b>Event State:</b>
Wequassett Resort	Harwich	MA
<b>Host District:</b> District of Massachusetts		
<b>Detail Type:</b> Supreme Court Justice Assistance		
<b>Level:</b>	<b>Active/Retired:</b>	
	Active	
<b>Description of Event:</b> (Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.) Supreme Court Justice Breyer will be speaking at the 2019 1 <sup>st</sup> Circuit Judicial Workshop. On April 10, 2019, the Justice will be (b)(7)(E) to the Wequassett Resort in Harwich, MA. Following the Justice's engagement, he will be (b)(7)(E)		
<b># of Protected Persons:</b>	<b># of Attendees:</b>	<b># of Defendants:</b>
1	0	0
		<b># of Defendants in Custody:</b>
		0
		<b># of Witnesses in Custody:</b>
		0
<b>Estimated Local Lodging Rate:</b>	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b>
(b)(7)(E)	(b)(7)(E)	\$0.00
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>		
<b>Travel Date:</b>	<b>Detail Start Date:</b>	<b>Detail End Date:</b>
4/8/2019	4/9/2019	4/12/2019
<b>Number of Days/Weeks/Months:</b> 5	<b>Specify:</b> Days	
<b>DAILY SCHEDULE</b>		
	<b>Sunday</b>	<b>Monday</b>
<b>Start Time:</b>		(b)(7)(E)
<b>End Time:</b>		
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> No		
<b>IN DISTRICT</b>		
<b>Requesting Funding for in district resources?</b> No		
<b>OUT OF DISTRICT</b>		
<b>Are you requesting out of district assistance?</b> Yes		
<b>Number of operational personnel requested:</b>	(b)(7)(E)	<b>Number of administrative personnel requested:</b> 0
<b>Total estimated travel costs:</b> (b)(7)(E)		
<b>REPORTING INFORMATION</b>		
<b>Reporting Date:</b> 4/9/2019	<b>Reporting Time:</b> (b)(7)(E)	
<b>Address:</b>	<b>City:</b>	<b>State:</b>
1 Courthouse Way, M1100	Boston	MA
<b>Special Equipment Required for Reporting Personnel:</b> (b)(7)(E)		
<b>Special Skills Requested:</b> NA		
<b>Special Instructions for Reporting Personnel:</b> NA		

INTELLIGENCE/INVESTIGATION

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

(b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

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

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

DOCUMENTATION

District and Intel document attachments belong here:

Protection Detail Breyer April 2019 1st Cir Judicial Workshop Harwich MA.pdf

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

<b>Travel Date:</b> 4/8/2019	<b>Detail Start Date:</b> 4/9/2019	<b>Detail End Date:</b> 4/12/2019
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Number of Days/Weeks/Months: 5 Specify: Days

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?  No

Notes:

OUT OF DISTRICT

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: \$8,600.00 \*

Detail Status: Approved \*


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

OPO COMPLETION


Comments:

Final Approved Amount: \$8,134.24 Is the AAR attached?

[Redacted]



## United States Marshals Service



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

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

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

**Requested By:** (b)(6); (b)(7)(C); USMS      **Title:** OPO Inspector

**Circuit:** 1      **District/Division:** Judicial Security Division

**Mission Name:** (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)  
**SCJ Breyer:** (b)(7)(E)

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

**Host District:** District of Massachusetts

**Detail Type:** Supreme Court Justice Assistance

**Level:**      **Active/Retired:** Active

**Description of Event:**  
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)  
(b)(6); (b)(7)(C); (b)(7)(F)

<b># of Protected Persons:</b>	<b># of Attendees:</b>	<b># of Defendants:</b>	<b># of Defendants in Custody:</b>	<b># of Witnesses in Custody:</b>
0	0	0	0	0

<b>Estimated Local Lodging Rate:</b>	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b>
\$0.00	\$0.00	\$0.00

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**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:**      **Detail Start Date:** 3/31/2019      **Detail End Date:** 3/31/2019

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

**DAILY SCHEDULE**

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

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

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**IN DISTRICT**

**Requesting Funding for in district resources?** Yes

<b>Overtime Hours/Day:</b> (b)(7)(E)	<b># of Days:</b> 1	<b># of 1811:</b> (b)(7)(E)	<b>Total:</b> (b)(7)(E)
<b>Overtime Hours/Day:</b> 0	<b># of Days:</b> 0	<b># of 1811:</b> 0	<b>Total:</b> \$0.00

**GUARDS**

<b>Hours per Day:</b> 0	<b># of Days:</b> 0	<b># of Persons:</b> 0	<b>Hourly Rate:</b> (b)(7)(E)	<b>Total:</b> \$0.00
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**TRAVEL**

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

**TOTAL OTHER**

\$0.00

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**OUT OF DISTRICT**

**Are you requesting out of district assistance?** No



INTELLIGENCE/INVESTIGATION

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

(b)(7)(E)

(b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

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

Name:

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

Operational Title:

OPO Inspector

Office Phone:

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

Cell Phone:

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

DOCUMENTATION

District and Intel document attachments belong here:

[Protective Escort March 31 2019.doc](#)

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:

Detail Start Date:

3/31/2019

Detail End Date:

3/31/2019

Number of Days/Weeks/Months: 1

Specify: Days

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?  Yes

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

GUARDS

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

TRAVEL

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

TOTAL OTHER

\$0.00

Notes:

OUT OF DISTRICT

Number of operational personnel requested:

Number of administrative personnel requested:

Total estimated travel costs:



Note:

DETAIL TOTAL

*Note: The following fields are required.*

Total Detail Estimate:  \*



Detail Status:  \*

Name:  \*


OPO COMPLETION

Comments:


Final Approved Amount:  Is the AAR attached?

	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
<b>Submission Number:</b> (b)(7)(E)	<b>Enter the Protective Assessment Number assigned:</b> (b)(7)(E)						
<b>Requested By:</b> (b)(6); (b)(7)(C); (b)(7)(F)	<b>Title:</b> OPO Inspector						
<b>Circuit:</b> 1	<b>District/Division:</b> District of Massachusetts						
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)							
<b>Justice Breve:</b> (b)(7)(E) MA							
<b>Location of Event: (Street Address)</b> (b)(6); (b)(7)(C)	<b>Event City:</b> (b)(7)(E)	<b>Event State:</b> MA					
<b>Host District:</b> District of Massachusetts							
<b>Detail Type:</b> Supreme Court Justice Assistance							
<b>Level:</b>	<b>Active/Retired:</b> Active						
<b>Description of Event:</b> (Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.) (b)(6); (b)(7)(C); (b)(7)(F)							
<b># of Protected Persons:</b> 0	<b># of Attendees:</b> 0	<b># of Defendants:</b> 0					
<b># of Defendants in Custody:</b> 0	<b># of Witnesses in Custody:</b> 0						
<b>Estimated Local Lodging Rate:</b> (b)(7)(E)	<b>Estimated Local Per Diem Rate:</b> (b)(7)(E)	<b>Estimated Local Required Misc:</b> (b)(7)(E)					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b> 4/3/2019	<b>Detail Start Date:</b> 4/3/2019	<b>Detail End Date:</b> 4/5/2019					
<b>Number of Days/Weeks/Months:</b> 3		<b>Specify:</b> Days					
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>				(b)(7)(E)			
<b>End Time:</b>				(b)(7)(E)			
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> No							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> No							
<b>OUT OF DISTRICT</b>							
<b>Are you requesting out of district assistance?</b> No							
<b>INTELLIGENCE/INVESTIGATION</b>							
<b>Provide a brief narrative describing any threats associated with the event:</b> (b)(7)(E)							
<b>Has the Office of Protective Intelligence been notified?</b> Yes							
<b>Explanation:</b>							
<b>NOTES TO OPERATIONS SUPPORT BRANCH</b>							

DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE							
Name: <input type="text" value="(b)(6); (b)(7)(C); (b)(7)(F)"/>				Operational Title: <input type="text" value="OPO Inspector"/>			
Office Phone: <input type="text" value="(b)(6); (b)(7)(C)"/>				Cell Phone: <input type="text" value="(b)(6); (b)(7)(C)"/>			
DOCUMENTATION							
District and Intel document attachments belong here: <a href="#">Justice Breyer April 4 2019.doc</a>							
OPO REVIEW							
ANTICIPATED TOTAL DURATION OF EVENT							
Travel Date: <input type="text" value="4/3/2019"/>		Detail Start Date: <input type="text" value="4/3/2019"/>			Detail End Date: <input type="text" value="4/5/2019"/>		
Number of Days/Weeks/Months: <input type="text" value="3"/>				Specify: <input type="text" value="Days"/>			
DAILY SCHEDULE							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		<input type="text" value="(b)(7)(E)"/>					
End Time:							
Will this detail include funding for Saturdays, Sundays, and/or Holidays? <input type="text" value="No"/>							
IN DISTRICT							
Requesting Funding for in district resources? <input type="text" value="No"/>							
Notes:							
OUT OF DISTRICT							
Number of operational personnel requested: <input type="text"/>				Number of administrative personnel requested: <input type="text"/>			
Total estimated travel costs: <input type="text"/>							
Note:							
DETAIL TOTAL							
<i>Note: The following fields are required.</i>							
Total Detail Estimate: <input type="text" value="\$0.00"/> *							
Detail Status: <input type="text" value="Approved"/> *							
Name: <input type="text" value="(b)(6); (b)(7)(C); (b)(7)(F)"/> *							
OPO COMPLETION							
Comments:							
Final Approved Amount: <input type="text" value="\$4,473.00"/>				Is the AAR attached? <input type="text"/>			



## United States Marshals Service



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

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**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:** [Redacted] **Enter the Protective Assessment Number assigned:** [Redacted]

**Requested By:** [Redacted] **Title:** OPO Inspector

**Circuit:** 2 **District/Division:** Southern District of New York

**Mission Name:** (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)  
05/02-05/05

**Location of Event: (Street Address)** [Redacted] **Event City:** [Redacted] **Event State:** NY

**Host District:** Southern District of New York

**Detail Type:** Supreme Court Justice Assistance

**Level:** [Redacted] **Active/Retired:** Active

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

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

**Estimated Local Lodging Rate:** [Redacted] **Estimated Local Per Diem Rate:** [Redacted] **Estimated Local Required Misc:** [Redacted]

---

**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:** 5/1/2019 **Detail Start Date:** 5/2/2019 **Detail End Date:** 5/5/2019

**Number of Days/Weeks/Months:** 6 **Specify:** Days

**DAILY SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>	[Redacted]				[Redacted]		
<b>End Time:</b>	[Redacted]				[Redacted]		

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

---

**IN DISTRICT**

Requesting Funding for in district resources?  No

---

**OUT OF DISTRICT**

Are you requesting out of district assistance?  Yes

**Number of operational personnel requested:** [Redacted] **Number of administrative personnel requested:** 0

**Total estimated travel costs:** [Redacted]

---

**REPORTING INFORMATION**

**Reporting Date:** 5/2/2019 **Reporting Time:** [Redacted]

**Address:** [Redacted] **City:** [Redacted] **State:** NY

**Special Equipment Required for Reporting Personnel:** [Redacted]

**Special Skills Requested:** [Redacted]

**Special Instructions for Reporting Personnel:** [Redacted]

---

**INTELLIGENCE/INVESTIGATION**

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



Has the Office of Protective Intelligence been notified?

Explanation:

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NOTES TO OPERATIONS SUPPORT BRANCH

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

Name:  Operational Title:

Office Phone:  Cell Phone:

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DOCUMENTATION

District and Intel document attachments belong here:  
[Breyer 2019 05.01-05.06.xlsx](#)

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OPO REVIEW

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ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:  Detail Start Date:  Detail End Date:

Number of Days/Weeks/Months:  Specify:

---

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	<input type="text" value="(b)(7)(E)"/>						
End Time	<input type="text" value="(b)(7)(E)"/>						

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

---

IN DISTRICT

Requesting Funding for in district resources?

Notes:

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OUT OF DISTRICT

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

Total estimated travel costs:

Note:

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DETAIL TOTAL

*Note: The following fields are required.*

Total Detail Estimate:  \*

Detail Status:  \*

Name:  \*

---

JSD APPROVAL


Special Assignment Number:  \* Project Code:  \*

Total Approved Amount:  \*


< or = \$25K	Senior Inspector:	<input type="text" value="(b)(6); (b)(7)(C); (b)(7)(F)"/>	<input type="text" value="2019-04-26"/>
>\$25K - \$50K	Assistant Chief:	<input type="text" value="(b)(6); (b)(7)(C); (b)(7)(F)"/>	<input type="text" value="2019-04-26"/>
>\$50K - \$75K	Chief:	Name will autopopulate	
>\$75K - \$100K	Deputy Assistant Director:	Name will autopopulate	
>\$100K	Assistant Director:	Name will autopopulate	

Notes:
<hr/>
<b>OPO COMPLETION</b>
Comments:
<hr/>
Final Approved Amount: \$19,115.00 <input type="text"/> Is the AAR attached? <input type="text"/>
<hr/>
<hr/>





## United States Marshals Service



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

---

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

**Submission Number:**  **Enter the Protective Assessment Number assigned:**

**Requested By:**  **Title:**

**Circuit:**  **District/Division:**

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

**Location of Event: (Street Address)**  **Event City:**  **Event State:**

**Host District:**

**Detail Type:**

**Level:**  **Active/Retired:**

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

<b># of Protected Persons:</b>	<b># of Attendees:</b>	<b># of Defendants:</b>	<b># of Defendants in Custody:</b>	<b># of Witnesses in Custody:</b>
<input type="text" value="1"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

<b>Estimated Local Lodging Rate:</b>	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b>
<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

---

**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:**  **Detail Start Date:**  **Detail End Date:**

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

**DAILY SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>	<input type="text" value="(b)(7)(E)"/>						
<b>End Time:</b>							

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

---

**IN DISTRICT**

**Requesting Funding for in district resources?**

<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 1811:</b>	<b>Total:</b>				
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)				
<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 082:</b>	<b>Total:</b>				
(b)(7)(E)	1	0	\$0.00				
<b>GUARDS</b>							
<b>Hours per Day:</b>	<b># of Days:</b>	<b># of Persons:</b>	<b>Hourly Rate:</b>				
0	0	0	(b)(7)(E)				
<b>TOTAL:</b> \$0.00							
<b>TRAVEL</b>							
<b>Number of Full M&amp;IE Days (Do not include first and last days)</b>	<b>Full Day M&amp;IE</b>	<b>First and Last Days (75% M&amp;IE x 2 days, if trip is longer than 1 day)</b>	<b>Lodging Total (Include taxes)</b>	<b>POV/Mileage Total</b>	<b>Airfare Total</b>	<b>ATM, Laundry, Baggage, etc.</b>	<b>Subtotal</b>
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL OTHER</b>							
(b)(7)(E)							
<b>Itemize Other expenses:</b>							
(b)(7)(E)							
<b>Total:</b> (b)(7)(E)							
<b>OUT OF DISTRICT</b>							
<b>Are you requesting out of district assistance?</b> No							
<b>INTELLIGENCE/INVESTIGATION</b>							
<b>Provide a brief narrative describing any threats associated with the event:</b>							
(b)(7)(E)							
<b>Has the Office of Protective Intelligence been notified?</b> Yes							
<b>Explanation:</b>							
<b>NOTES TO OPERATIONS SUPPORT BRANCH</b>							
Requesting OT only for Sunday 5/05 (b)(7)(E) each (b)(7)(E)							
<b>DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE</b>							
<b>Name:</b>				<b>Operational Title:</b>			
(b)(6); (b)(7)(C); (b)(7)(F)				OPO Inspector			
<b>Office Phone:</b>				<b>Cell Phone:</b>			
(b)(6); (b)(7)(C)				(b)(6); (b)(7)(C)			
<b>DOCUMENTATION</b>							
<b>District and Intel document attachments belong here:</b>							
<a href="#">Protective Escort May 5 2019.doc</a>							
<b>OPO REVIEW</b>							
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b>		<b>Detail Start Date:</b>		<b>Detail End Date:</b>			
		5/5/2019		5/5/2019			
<b>Number of Days/Weeks/Months:</b> 1				<b>Specify:</b> Days			
<b>DAILY SCHEDULE</b>							
	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Start Time:</b>	(b)(7)(E)						
<b>End Time:</b>							
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> Yes							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> Yes							
<b>Overtime Hours/Day:</b>		<b># of Days:</b>		<b># of 1811:</b>		<b>Total:</b>	
(b)(7)(E)		1		(b)(7)(E)		(b)(7)(E)	
<b>Overtime Hours/Day:</b>		<b># of Days:</b>		<b># of 082:</b>		<b>Total:</b>	
(b)(7)(E)		1		0		\$0.00	
<b>GUARDS</b>							
<b>Hours per Day:</b>		<b># of Days:</b>		<b># of Persons:</b>		<b>Hourly Rate:</b>	

0	0	0	(b)(7)(E)	\$0.00
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**TRAVEL**

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

**TOTAL OTHER**

(b)(7)(E)

**Itemize Other expenses:**

(b)(7)(E)

**Notes:**

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**OUT OF DISTRICT**

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

Total estimated travel costs:

**Note:**

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**DETAIL TOTAL**

*Note: The following fields are required.*

Total Detail Estimate: \$570.00 \*

Detail Status: Completed \*


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

---


**OPO COMPLETION**

**Comments:**

Final Approved Amount: \$600.00 Is the AAR attached?



## United States Marshals Service



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

---

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

**Submission Number:**  **Enter the Protective Assessment Number assigned:**

**Requested By:**  **Title:**

**Circuit:**  **District/Division:**

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

**Justice Breyer:**

**Location of Event: (Street Address)**  **Event City:**  **Event State:**

**Host District:**

**Detail Type:**

**Level:**  **Active/Retired:**

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

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

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

---

**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:**  **Detail Start Date:**  **Detail End Date:**

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

---

**DAILY SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>	<input type="text" value="(b)(7)(E)"/>						
<b>End Time:</b>							

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:
<input type="text" value="(b)(7)(E)"/>	1	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>
Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	\$0.00

**GUARDS**

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
0	0	0	<input type="text" value="(b)(7)(E)"/>	\$0.00

---

**TRAVEL**

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

**TOTAL OTHER**

---

**OUT OF DISTRICT**

Are you requesting out of district assistance?  No

**INTELLIGENCE/INVESTIGATION**



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

(b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

Funding will cover OT for (b)(6); (b)(7)(C); (b)(7)(F)

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

<b>Name:</b> (b)(6); (b)(7)(C); (b)(7)(F)	<b>Operational Title:</b> OPD Inspector
<b>Office Phone:</b> (b)(6); (b)(7)(C)	<b>Cell Phone:</b> (b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:  
[Protective Escort May 12 2019.doc](#)

OPQ REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

<b>Travel Date:</b> 5/12/2019	<b>Detail Start Date:</b> 5/12/2019	<b>Detail End Date:</b> 5/12/2019
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Number of Days/Weeks/Months: 1 Specify: Days

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?  Yes

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

GUARDS

<b>Hours per Day:</b> 0	<b># of Days:</b> 0	<b># of Persons:</b> 0	<b>Hourly Rate:</b> (b)(7)(E)	<b>Total:</b> \$0.00
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TRAVEL

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

TOTAL OTHER

\$0.00

Notes:

OUT OF DISTRICT

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

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

**Total Detail Estimate:** \$270.00 \*

**Detail Status:** Approved \*

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

Notes:

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**JSD APPROVAL**


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

**Total Approved Amount:** \*


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

Notes:





## United States Marshals Service



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

---

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

**Submission Number:**  **Enter the Protective Assessment Number assigned:**

**Requested By:**  **Title:**

**Circuit:**  **District/Division:**

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

**Location of Event: (Street Address)**  **Event City:**  **Event State:**

**Host District:**

**Detail Type:**

**Level:**  **Active/Retired:**

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

---

<b># of Protected Persons:</b>	<b># of Attendees:</b>	<b># of Defendants:</b>	<b># of Defendants in Custody:</b>	<b># of Witnesses in Custody:</b>
1	0	0	0	0

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<b>Estimated Local Lodging Rate:</b>	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b>
\$0.00	\$0.00	\$0.00

---

**ANTICIPATED TOTAL DURATION OF EVENT**

<b>Travel Date:</b>	<b>Detail Start Date:</b>	<b>Detail End Date:</b>
5/20/2019	5/20/2019	5/26/2019

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

---

**DAILY SCHEDULE**

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

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

---

**IN DISTRICT**

Requesting Funding for in district resources?  Yes

<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 1811:</b>	<b>Total:</b>
(b)(7)(E)	2	(b)(7)(E)	(b)(7)(E)
<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 082:</b>	<b>Total:</b>
0	0	0	\$0.00

**GUARDS**

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

---

**TRAVEL**

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

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**TOTAL OTHER**

\$0.00
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**OUT OF DISTRICT**

Are you requesting out of district assistance?

INTELLIGENCE/INVESTIGATION

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

Has the Office of Protective Intelligence been notified?

Explanation:

NOTES TO OPERATIONS SUPPORT BRANCH

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

Name:  Operational Title:

Office Phone:  Cell Phone:

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DOCUMENTATION

District and Intel document attachments belong here:  
[Protective Escort May 20 and 26 2019.doc](#)

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OPO REVIEW

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ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:  Detail Start Date:  Detail End Date:

Number of Days/Weeks/Months:  Specify:

---

DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	<input type="text" value="(b)(7)(E)"/>						
End Time:	<input type="text" value="(b)(7)(E)"/>						

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

---

IN DISTRICT

Requesting Funding for in district resources?

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
<input type="text" value="(b)(7)(E)"/>	<input type="text" value="2"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>
Overtime Hours/Day:	# of Days:	# of 082:	Total:
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="\$0.00"/>

TRAVEL

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

TOTAL OTHER

Notes:

---

OUT OF DISTRICT

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

Total estimated travel costs:

Note:

DETAIL TOTAL

*Note: The following fields are required.*

Total Detail Estimate:  \*

Detail Status:  \*

Name:  \*

Notes:

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JSD APPROVAL

Special Assignment Number:  \* Project Code:  \*

Total Approved Amount:  \*

< or = \$25K	Senior Inspector:	<input type="text" value="Name will autopopulate"/>	<input type="text"/>	<input type="text"/>
>\$25K - \$50K	Assistant Chief:	<input type="text" value="Name will autopopulate"/>	<input type="text"/>	<input type="text"/>
>\$50K - \$75K	Chief:	<input type="text" value="Name will autopopulate"/>	<input type="text"/>	<input type="text"/>
>\$75K - \$100K	Deputy Assistant Director:	<input type="text" value="Name will autopopulate"/>	<input type="text"/>	<input type="text"/>
>\$100K	Assistant Director:	<input type="text" value="Name will autopopulate"/>	<input type="text"/>	<input type="text"/>

Notes:

	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
<b>Submission Number:</b>		<b>Enter the Protective Assessment Number assigned:</b>					
<input type="text" value="(b)(7)(E)"/>		<input type="text" value="(b)(7)(E)"/>					
<b>Requested By:</b>	<b>Title:</b>						
<input type="text" value="(b)(6); (b)(7)(C); (b)(7)(F)"/>	<input type="text" value="OPO Inspector"/>						
<b>Circuit:</b>	<b>District/Division:</b>						
<input type="text" value="1"/>	<input type="text" value="Judicial Security Division"/>						
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) <input type="text" value="SCJ Breyer NYC"/>							
<b>Location of Event: (Street Address)</b>	<b>Event City:</b>	<b>Event State:</b>					
<input type="text" value="200 Park Ave"/>	<input type="text" value="New York"/>	<input type="text" value="NY"/>					
<b>Host District:</b> <input type="text" value="Southern District of New York"/>							
<b>Detail Type:</b> <input type="text" value="Supreme Court Justice Assistance"/>							
<b>Level:</b>	<b>Active/Retired:</b>						
<input type="text"/>	<input type="text" value="Active"/>						
<b>Description of Event:</b> <i>(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)</i> Justice Breyer is traveling to NYC on 6/04 <input type="text" value="(b)(7)(E)"/> he will be a key speaker at the National Conference of State Courts Conference being held in the law offices of Paul Hastings, 200 Park Ave, 26 <sup>th</sup> Floor. The Justice will be traveling back to DC later that evening. The event is not open to the public and approx. 60 people will be in attendance. <input type="text" value="(b)(6); (b)(7)(C)"/>							
<b># of Protected Persons:</b>	<b># of Attendees:</b>	<b># of Defendants in Custody:</b>					
<input type="text" value="1"/>	<input type="text" value="61"/>	<input type="text" value="0"/>					
<b># of Defendants in Custody:</b>	<b># of Witnesses in Custody:</b>						
<input type="text" value="0"/>	<input type="text" value="0"/>						
<b>Estimated Local Lodging Rate:</b>	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b>					
<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="\$0.00"/>					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b>	<b>Detail Start Date:</b>	<b>Detail End Date:</b>					
<input type="text" value="6/2/2019"/>	<input type="text" value="6/2/2019"/>	<input type="text" value="6/5/2019"/>					
<b>Number of Days/Weeks/Months:</b> <input type="text" value="4"/>	<b>Specify:</b> <input type="text" value="Days"/>						
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>	<input type="text" value="(b)(7)(E)"/>						
<b>End Time:</b>	<input type="text"/>						
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> <input type="text" value="Yes"/>							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> <input type="text" value="No"/>							
<b>OUT OF DISTRICT</b>							
<b>Are you requesting out of district assistance?</b> <input type="text" value="Yes"/>							
<b>Number of operational personnel requested:</b> <input type="text" value="(b)(7)(E)"/>				<b>Number of administrative personnel requested:</b> <input type="text" value="0"/>			
<b>Total estimated travel costs:</b> <input type="text" value="(b)(7)(E)"/>							
<b>REPORTING INFORMATION</b>							
<b>Reporting Date:</b> <input type="text" value="6/2/2019"/>				<b>Reporting Time:</b> <input type="text" value="(b)(7)(E)"/>			
<b>Address:</b>		<b>City:</b>		<b>State:</b>			
<input type="text" value="(b)(7)(E)"/>		<input type="text" value="New York"/>		<input type="text" value="NY"/>			
<b>Special Equipment Required for Reporting Personnel:</b> <input type="text" value="(b)(7)(E)"/>							
<b>Special Skills Requested:</b> <input type="text" value="N/A"/>							
<b>Special Instructions for Reporting Personnel:</b> <input type="text" value="N/A"/>							
<b>INTELLIGENCE/INVESTIGATION</b>							
<b>Provide a brief narrative describing any threats associated with the event:</b> <input type="text" value="(b)(7)(E)"/>							



Has the Office of Protective Intelligence been notified?

Explanation:

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NOTES TO OPERATIONS SUPPORT BRANCH

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

Name:  Operational Title:

Office Phone:  Cell Phone:

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DOCUMENTATION

District and Intel document attachments belong here:  
[Justice Breyer NYC June 2019.doc](#)

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OPO REVIEW

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ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:  Detail Start Date:  Detail End Date:

Number of Days/Weeks/Months:  Specify:

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DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:	<input type="text" value="(b)(7)(E)"/>						
End Time:	<input type="text" value="(b)(7)(E)"/>						

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

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IN DISTRICT

Requesting Funding for in district resources?

Notes:

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OUT OF DISTRICT

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

Total estimated travel costs:

Note:

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DETAIL TOTAL

*Note: The following fields are required.*

Total Detail Estimate:  \*

Detail Status:  \*

Name:  \*


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OPO COMPLETION


Comments:

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Final Approved Amount:  Is the AAR attached?



## United States Marshals Service



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

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

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

**Requested By:** [b)(6); (b)(7)(C); (b)(7)(F)]      **Title:** OPO Inspector

**Circuit:** 1      **District/Division:** Judicial Security Division

**Mission Name:** (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)  
**Justice Breyer Protection Detail:** [b)(7)(E)]

**Location of Event: (Street Address)** [b)(6); (b)(7)(C)]      **Event City:** [b)(7)(E)]      **Event State:** MA

**Host District:** District of Massachusetts

**Detail Type:** Supreme Court Justice Assistance

**Level:**      **Active/Retired:** Active

**Description of Event:**  
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)  
[b)(6); (b)(7)(C)]

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<b># of Protected Persons:</b>	<b># of Attendees:</b>	<b># of Defendants:</b>	<b># of Defendants in Custody:</b>	<b># of Witnesses in Custody:</b>
0	0	0	0	0
<b>Estimated Local Lodging Rate:</b>	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b>		
\$0.00	\$0.00	\$0.00		

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**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:**      **Detail Start Date:** 6/21/2019      **Detail End Date:** 6/23/2019

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

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**DAILY SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b> [b)(7)(E)]							
<b>End Time:</b>							

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

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**IN DISTRICT**

Requesting Funding for in district resources? Yes

<b>Overtime Hours/Day:</b> [b)(7)(E)]	<b># of Days:</b> 1	<b># of 1811:</b> [b)(7)(E)]	<b>Total:</b> [b)(7)(E)]
<b>Overtime Hours/Day:</b> 0	<b># of Days:</b> 0	<b># of 082:</b> 0	<b>Total:</b> \$0.00

**GUARDS**

<b>Hours per Day:</b> 0	<b># of Days:</b> 0	<b># of Persons:</b> 0	<b>Hourly Rate:</b> [b)(7)(E)]	<b>Total:</b> \$0.00
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**TRAVEL**

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

**TOTAL OTHER**

\$0.00

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**OUT OF DISTRICT**

Are you requesting out of district assistance? No



INTELLIGENCE/INVESTIGATION

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

(b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

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

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

DOCUMENTATION

District and Intel document attachments belong here:

Protective Escort June 21 and 23 2019.doc

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: Detail Start Date: 6/21/2019 Detail End Date: 6/23/2019

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

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?  Yes

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

GUARDS

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

TRAVEL

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

TOTAL OTHER

\$0.00

Notes:

OUT OF DISTRICT

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

Total estimated travel costs:

Note:

DETAIL TOTAL

Note: The following fields are required.

Total Detail Estimate: \$270.00 \*

Detail Status: Completed \*


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

OPO COMPLETION


Comments:

Final Approved Amount: \$540.00

Is the AAR attached?



## United States Marshals Service



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

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

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

**Requested By:** (b)(6); (b)(7)(C); (b)(7)(F)      **Title:** OPO Inspector

**Circuit:** 1      **District/Division:** Judicial Security Division

**Mission Name:** (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)  
SCJ Breyer: (b)(7)(E)

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

**Host District:** District of Massachusetts

**Detail Type:** Supreme Court Justice Assistance

**Level:**      **Active/Retired:** Active

**Description of Event:**  
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)  
(b)(6); (b)(7)(C); (b)(7)(F)

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<b># of Protected Persons:</b> 1	<b># of Attendees:</b> (b)(7)(E)	<b># of Defendants:</b> 0	<b># of Defendants in Custody:</b> 0	<b># of Witnesses in Custody:</b> 0
<b>Estimated Local Lodging Rate:</b> \$0.00	<b>Estimated Local Per Diem Rate:</b> \$0.00	<b>Estimated Local Required Misc:</b> \$0.00		

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**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:**      **Detail Start Date:** 6/30/2019      **Detail End Date:** 6/30/2019

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

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**DAILY SCHEDULE**

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

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

---

**IN DISTRICT**

Requesting Funding for in district resources?  Yes

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

**GUARDS**

<b>Hours per Day:</b> 0	<b># of Days:</b> 0	<b># of Persons:</b> 0	<b>Hourly Rate:</b> (b)(7)(E)	<b>Total:</b> \$0.00
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**TRAVEL**

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

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**TOTAL OTHER**

\$0.00

OUT OF DISTRICT

Are you requesting out of district assistance?

INTELLIGENCE/INVESTIGATION

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

Has the Office of Protective Intelligence been notified?

Explanation:

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NOTES TO OPERATIONS SUPPORT BRANCH

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

Name:  Operational Title:

Office Phone:  Cell Phone:

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DOCUMENTATION

District and Intel document attachments belong here:  
[Protective Escort June 30 2019.doc](#)

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OPO REVIEW

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ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:  Detail Start Date:  Detail End Date:

Number of Days/Weeks/Months:  Specify:

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DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time	<input type="text" value="(b)(7)(E)"/>						
End Time	<input type="text" value="(b)(7)(E)"/>						

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

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IN DISTRICT

Requesting Funding for in district resources?

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
<input type="text" value="(b)(7)(E)"/>	<input type="text" value="1"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>
Overtime Hours/Day:	# of Days:	# of 082:	Total:
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="\$0.00"/>

TRAVEL

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

TOTAL OTHER

Notes:

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OUT OF DISTRICT



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

Total estimated travel costs:

Note:

<hr/>	
DETAIL TOTAL	
<i>Note: The following fields are required.</i>	
Total Detail Estimate:	\$540.00 *
Detail Status:	Completed *
Name:	(b)(6); (b)(7)(C); (b)(7)(F) *
<hr/>	
OPO COMPLETION	
Comments:	
Final Approved Amount:	\$270.00
Is the AAR attached?	<input type="checkbox"/>
<hr/>	
<hr/>	





	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
<b>Submission Number:</b> [b)(7)(E)]	<b>Enter the Protective Assessment Number assigned:</b> [b)(7)(E)]						
<b>Requested By:</b> [b)(6); (b)(7)(C); (b)(7)(F)]	<b>Title:</b> OPO Inspector						
<b>Circuit:</b> 1	<b>District/Division:</b> Judicial Security Division						
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)							
<b>SCJ Breyer:</b> [b)(7)(E)]							
<b>Location of Event: (Street Address)</b> [b)(6); (b)(7)(C)]	<b>Event City:</b> [b)(7)(E)]	<b>Event State:</b> MA					
<b>Host District:</b> District of Massachusetts							
<b>Detail Type:</b> Supreme Court Justice Assistance							
<b>Level:</b> [ ]	<b>Active/Retired:</b> Active						
<b>Description of Event:</b> (Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.) [b)(6); (b)(7)(C)]							
<b># of Protected Persons:</b> 1	<b># of Attendees:</b> 1	<b># of Defendants:</b> 0	<b># of Defendants in Custody:</b> 0	<b># of Witnesses in Custody:</b> 0			
<b>Estimated Local Lodging Rate:</b> \$0.00	<b>Estimated Local Per Diem Rate:</b> \$0.00	<b>Estimated Local Required Misc:</b> \$0.00					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b> [ ]	<b>Detail Start Date:</b> 7/2/2019	<b>Detail End Date:</b> 7/2/2019					
<b>Number of Days/Weeks/Months:</b> 1		<b>Specify:</b> Days					
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>			[b)(7)(E)]				
<b>End Time:</b>							
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> No							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> Yes							



<b>Overtime Hours/Day:</b>		<b># of Days:</b>	<b># of 1811:</b>	<b>Total:</b>			
(b)(7)(E)		1	(b)(7)(E)	(b)(7)(E)			
<b>Overtime Hours/Day:</b>		<b># of Days:</b>	<b># of 082:</b>	<b>Total:</b>			
0		0	0	\$0.00			
<b>GUARDS</b>							
<b>Hours per Day:</b>	<b># of Days:</b>	<b># of Persons:</b>	<b>Hourly Rate:</b>	<b>Total:</b>			
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)			
<b>TRAVEL</b>							
<b>Number of Full M&amp;IE Days (Do not include first and last days)</b>	<b>Full Day M&amp;IE</b>	<b>First and Last Days (75% M&amp;IE x 2 days, if trip is longer than 1 day)</b>	<b>Lodging Total (Include taxes)</b>	<b>POV/Mileage Total</b>	<b>Airfare Total</b>	<b>ATM, Laundry, Baggage, etc.</b>	<b>Subtotal</b>
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL OTHER</b>							
\$0.00							
<b>OUT OF DISTRICT</b>							
<b>Are you requesting out of district assistance?</b> No							
<b>INTELLIGENCE/INVESTIGATION</b>							
<b>Provide a brief narrative describing any threats associated with the event:</b>							
(b)(7)(E)							
<b>Has the Office of Protective Intelligence been notified?</b> Yes							
<b>Explanation:</b>							
<b>NOTES TO OPERATIONS SUPPORT BRANCH</b>							
<b>DETAIL SUPERVISOR, DEPUTY IN-CHARGE, INSPECTOR IN-CHARGE</b>							
<b>Name:</b>				<b>Operational Title:</b>			
(b)(6); (b)(7)(C); (b)(7)(F)				OPD Inspector			
<b>Office Phone:</b>				<b>Cell Phone:</b>			
(b)(6); (b)(7)(C)				(b)(6); (b)(7)(C)			
<b>DOCUMENTATION</b>							
<b>District and Intel document attachments belong here:</b>							
<a href="#">Justice Breyer July 02 2019.doc</a>							
<b>OPO REVIEW</b>							
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b>		<b>Detail Start Date:</b>		<b>Detail End Date:</b>			
		7/2/2019		7/2/2019			
<b>Number of Days/Weeks/Months:</b> 1			<b>Specify:</b> Days				
<b>DAILY SCHEDULE</b>							
	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Start Time:</b>		(b)(7)(E)					
<b>End Time:</b>							
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> No							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> Yes							
<b>Overtime Hours/Day:</b>		<b># of Days:</b>	<b># of 1811:</b>	<b>Total:</b>			
(b)(7)(E)		1	(b)(7)(E)	(b)(7)(E)			
<b>Overtime Hours/Day:</b>		<b># of Days:</b>	<b># of 082:</b>	<b>Total:</b>			
0		0	0	\$0.00			
<b>GUARDS</b>							
<b>Hours per Day:</b>	<b># of Days:</b>	<b># of Persons:</b>	<b>Hourly Rate:</b>	<b>Total:</b>			
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)			
<b>TRAVEL</b>							
	<b>Full Day M&amp;IE</b>		<b>POV/Mileage Total</b>	<b>Airfare Total</b>		<b>Subtotal</b>	

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
<b>TOTAL OTHER</b>			
\$0.00			
<b>Notes:</b>			
<b>OUT OF DISTRICT</b>			
Number of operational personnel requested: <input type="text"/>		Number of administrative personnel requested: <input type="text"/>	
Total estimated travel costs: <input type="text"/>			
<b>Note:</b>			
<b>DETAIL TOTAL</b>			
<i>Note: The following fields are required.</i>			
Total Detail Estimate: <input type="text" value="\$330.00"/> *			
Detail Status: <input type="text" value="Completed"/> *			
Name: <input type="text" value="(b)(5); (b)(7)(C); (b)(7)(F)"/> *			
<b>OPO COMPLETION</b>			
<b>Comments:</b>			
Final Approved Amount: <input type="text" value="\$1,038.00"/>		Is the AAR attached? <input type="text"/>	

	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
<b>Submission Number:</b>		<b>Enter the Protective Assessment Number assigned:</b>					
<input type="text" value="(b)(7)(E)"/>		<input type="text" value="(b)(7)(E)"/>					
<b>Requested By:</b>	<b>Title:</b>						
<input type="text" value="(b)(6); (b)(7)(C); (b)(7)(F)"/>	<input type="text" value="OPO Inspector"/>						
<b>Circuit:</b>	<b>District/Division:</b>						
<input type="text" value="1"/>	<input type="text" value="District of Massachusetts"/>						
<b>Mission Name:</b> <i>(ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)</i>							
<input type="text" value="SCJ Breyer"/>							
<b>Location of Event: (Street Address)</b>	<b>Event City:</b>	<b>Event State:</b>					
<input type="text" value="(b)(6); (b)(7)(C)"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="MA"/>					
<b>Host District:</b>							
<input type="text" value="District of Massachusetts"/>							
<b>Detail Type:</b>							
<input type="text" value="Supreme Court Justice Assistance"/>							
<b>Level:</b>	<b>Active/Retired:</b>						
<input type="text"/>	<input type="text" value="Active"/>						
<b>Description of Event:</b> <i>(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)</i>							
<input type="text" value="(b)(6); (b)(7)(C)"/>							
<b># of Protected Persons:</b>	<b># of Attendees:</b>	<b># of Defendants:</b>	<b># of Defendants in Custody:</b>	<b># of Witnesses in Custody:</b>			
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>			
<b>Estimated Local Lodging Rate:</b>	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b>					
<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="\$0.00"/>					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b>	<b>Detail Start Date:</b>	<b>Detail End Date:</b>					
<input type="text" value="8/22/2019"/>	<input type="text" value="8/22/2019"/>	<input type="text" value="8/31/2019"/>					
<b>Number of Days/Weeks/Months:</b> <input type="text" value="10"/>	<b>Specify:</b> <input type="text" value="Days"/>						
<b>DAILY SCHEDULE</b>							
	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Start Time:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>End Time:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> <input type="text" value="Yes"/>							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> <input type="text" value="Yes"/>							

<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 1811:</b>	<b>Total:</b>
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)
<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 082:</b>	<b>Total:</b>
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)
<b>GUARDS</b>			
<b>Hours per Day:</b>	<b># of Days:</b>	<b># of Persons:</b>	<b>Hourly Rate:</b>
(b)(7)(E)	10	(b)(7)(E)	(b)(7)(E)
<b>TRAVEL</b>			
<b>Number of Full M&amp;IE Days (Do not include first and last days)</b>	<b>Full Day M&amp;IE</b>	<b>First and Last Days (75% M&amp;IE x 2 days, if trip is longer than 1 day)</b>	<b>Lodging Total (Include taxes)</b>
(b)(7)(E)			
			<b>POV/Mileage Total</b>
			<b>Airfare Total</b>
			<b>ATM, Laundry, Baggage, etc.</b>
			<b>Subtotal</b>
		\$0.00	(b)(7)(E)
<b>TOTAL OTHER</b>			
\$0.00			

**OUT OF DISTRICT**

Are you requesting out of district assistance?  Yes

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

**REPORTING INFORMATION**

Reporting Date: 8/22/2019 Reporting Time: (b)(7)(E)

Address: (b)(7)(E) City: (b)(7)(E) State: MA

Special Equipment Required for Reporting Personnel:  
See Ops Plan

Special Skills Requested:  
See Ops Plan

Special Instructions for Reporting Personnel:  
See Ops Plan

**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**

See ops plan for detail schedule. It does not all fit in the allotted space above. Skills, Instructions, & Equipment also don't fit in allotted space. See Ops plan.

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

Name: (b)(6); (b)(7)(C); (b)(7)(F) Operational Title: OPO Inspector

Office Phone: (b)(6); (b)(7)(C) Cell Phone: (b)(6); (b)(7)(C)

**DOCUMENTATION**

District and Intel document attachments belong here:  
[Justice Breyer Aug 22 to Aug 26 2019.doc](#)

**OPO REVIEW**

**ANTICIPATED TOTAL DURATION OF EVENT**

Travel Date: 8/22/2019 Detail Start Date: 8/22/2019 Detail End Date: 8/31/2019

Number of Days/Weeks/Months: 10 Specify: Days

**DAILY SCHEDULE**

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



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

**IN DISTRICT**

Requesting Funding for in district resources? Yes

<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 1811:</b>	<b>Total:</b>
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)
<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of US2:</b>	<b>Total:</b>
(b)(7)(E)	1	(b)(7)(E)	(b)(7)(E)

**GUARDS**

<b>Hours per Day:</b>	<b># of Days:</b>	<b># of Persons:</b>	<b>Hourly Rate:</b>	<b>Total:</b>
(b)(7)(E)	10	(b)(7)(E)	(b)(7)(E)	(b)(7)(E)

**TRAVEL**

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				\$0.00	(b)(7)(E)		(b)(7)(E)

**TOTAL OTHER**

\$0.00
--------

Notes:

**OUT OF DISTRICT**

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0

Total estimated travel costs: (b)(7)(E)

Note:

**DETAIL TOTAL**

*Note: The following fields are required.*

**Total Detail Estimate:** \$12,541.00 \*



**Detail Status:** Completed \*

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

**OPO COMPLETION**

Comments:

Final Approved Amount: \$4,194.00 Is the AAR attached?

	<b>United States Marshals Service</b>						
U.S. Department of Justice	<b>JSD Approved</b>	Judicial Security Event					
<b>INSTRUCTIONS:</b> Use this form to request funding for overtime, travel, and district security officer staffing. <b>Note:</b> All boxes with a red "*" are required.							
<b>Submission Number:</b>		<b>Enter the Protective Assessment Number assigned:</b>					
<input type="text" value="(b)(7)(E)"/>		<input type="text" value="(b)(7)(E)"/>					
<b>Title:</b>							
<input type="text" value="(b)(6); (b)(7)(C); (b)(7)(F) USMS)"/>	<input type="text" value="OPO Inspector"/>						
<b>Circuit:</b>	<b>District/Division:</b>						
<input type="text" value="1"/>	<input type="text" value="Judicial Security Division"/>						
<b>Mission Name:</b> (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference) <input type="text" value="SCJ Breyer Yale Law School"/>							
<b>Location of Event: (Street Address)</b>	<b>Event City:</b>	<b>Event State:</b>					
<input type="text" value="127 Wal St"/>	<input type="text" value="New Haven"/>	<input type="text" value="CT"/>					
<b>Host District:</b>							
<input type="text" value="District of Connecticut"/>							
<b>Detail Type:</b>							
<input type="text" value="Supreme Court Justice Assistance"/>							
<b>Level:</b>	<b>Active/Retired:</b>						
<input type="text"/>	<input type="text" value="Active"/>						
<b>Description of Event:</b> (Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)							
<p>On Wednesday 09/11/19 <input type="text" value="(b)(6); (b)(7)(C); (b)(7)(F)"/> and D/MA <input type="text" value="(b)(6); (b)(7)(C); (b)(7)(F)"/> will be providing <input type="text" value="(b)(7)(E)"/> <input type="text" value="(b)(7)(E)"/> for Justice Breyer <input type="text" value="(b)(7)(E)"/> in Cambridge, MA to New Haven, CT. D/CT will be assisting with this detail in New Haven. Justice Breyer will be attending the annual Global Constitutionalism</p>							
<b># of Protected Persons:</b>	<b># of Attendees:</b>	<b># of Defendants:</b>	<b># of Defendants in Custody:</b>	<b># of Witnesses in Custody:</b>			
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>			
<b>Estimated Local Lodging Rate:</b>	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b>					
<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="\$0.00"/>					
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
<b>Travel Date:</b>	<b>Detail Start Date:</b>	<b>Detail End Date:</b>					
<input type="text" value="9/11/2019"/>	<input type="text" value="9/11/2019"/>	<input type="text" value="9/13/2019"/>					
<b>Number of Days/Weeks/Months:</b> <input type="text" value="3"/>	<b>Specify:</b> <input type="text" value="Days"/>						
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>End Time:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Will this detail include funding for Saturdays, Sundays, and/or Holidays?</b> <input type="text" value="No"/>							
<b>IN DISTRICT</b>							
<b>Requesting Funding for in district resources?</b> <input type="text" value="Yes"/>							



Overtime Hours/Day:	# of Days:	# of 1811:	Total:				
(b)(7)(E)	2	(b)(7)(E)	(b)(7)(E)				
Overtime Hours/Day:	# of Days:	# of 082:	Total:				
0	0	0	\$0.00				
GUARDS							
Hours per Day:	# of Days:	# of Persons:	Hourly Rate: Total:				
(b)(7)(E)	2	(b)(7)(E)					
TRAVEL							
Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL OTHER							
\$0.00							

OUT OF DISTRICT

Are you requesting out of district assistance?  Yes

Number of operational personnel requested: (b)(7)(E)      Number of administrative personnel requested: 0

Total estimated travel cost: (b)(7)(E)

REPORTING INFORMATION

Reporting Date: 9/11/2019      Reporting Time: (b)(7)(E)

Address: 1 Courthouse Way      City: Boston      State: MA

Special Equipment Required for Reporting Personnel:  
(b)(7)(E)

Special Skills Requested:  
none

Special Instructions for Reporting Personnel:  
n/a

INTELLIGENCE/INVESTIGATION

Provide a brief narrative describing any threats associated with the event:  
(b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:  
(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

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

Name: (b)(6); (b)(7)(C); (b)(7)(F)      Operational Title: OPO Inspector

Cell Phone: (b)(6); (b)(7)(C)      Cell Phone: (b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:  
[Justice Breyer Yale New Haven 2019.doc](#)

OPO REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

Travel Date: 9/11/2019      Detail Start Date: 9/11/2019      Detail End Date: 9/13/2019

Number of Days/Weeks/Months: 3      Specify: Days

DAILY SCHEDULE

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

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

**IN DISTRICT**

Requesting Funding for in district resources? Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
(b)(7)(E)	2	(b)(7)(E)	
Overtime Hours/Day:	# of Days:	# of 082:	Total:
0	0	0	\$0.00

**GUARDS**

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

**TRAVEL**

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

TOTAL OTHER  
\$0.00

Notes:

**OUT OF DISTRICT**

Number of operational personnel requested: (b)(7)(E) Number of administrative personnel requested: 0  
Total estimated travel costs: (b)(7)(E)

Note:


**DETAIL TOTAL**

*Note: The following fields are required.*  
Total Detail Estimate: \$1,400.00 \*  
Detail Status: Completed \*  
Name: (b)(6); (b)(7)(C); (b)(7)(F) \*


**OPO COMPLETION**

Comments:

Final Approved Amount: \$4,627.00 Is the AAR attached?



## United States Marshals Service



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

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

**Submission Number:**  **Enter the Protective Assessment Number assigned:**

**Requested By:**  **Title:**

**Circuit:**  **District/Division:**

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

**Justice Breyer Protection Detail**

**Location of Event: (Street Address)**  **Event City:**  **Event State:**

**Host District:**

**Detail Type:**

**Level:**  **Active/Retired:**

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

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<b># of Protected Persons:</b>	<b># of Attendees:</b>	<b># of Defendants:</b>	<b># of Defendants in Custody:</b>	<b># of Witnesses in Custody:</b>
1	0	0	0	0

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<b>Estimated Local Lodging Rate:</b>	<b>Estimated Local Per Diem Rate:</b>	<b>Estimated Local Required Misc:</b>
\$0.00	\$0.00	\$0.00

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**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:**  **Detail Start Date:**  **Detail End Date:**

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

---

**DAILY SCHEDULE**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Start Time:</b>							
<b>End Time:</b>							<input type="text" value="(b)(7)(E)"/>

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

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**IN DISTRICT**

**Requesting Funding for in district resources?**  Yes

<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 1811:</b>	<b>Total:</b>
<input type="text" value="(b)(7)(E)"/>	1	<input type="text" value="(b)(7)(E)"/>	
<b>Overtime Hours/Day:</b>	<b># of Days:</b>	<b># of 082:</b>	<b>Total:</b>
0	0	0	\$0.00

**GUARDS**

<b>Hours per Day:</b>	<b># of Days:</b>	<b># of Persons:</b>	<b>Hourly Rate:</b>	<b>Total:</b>
0	0	0	<input type="text" value="(b)(7)(E)"/>	\$0.00

---

**TRAVEL**

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

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**TOTAL OTHER**

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**OUT OF DISTRICT**

**Are you requesting out of district assistance?**  No

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**INTELLIGENCE/INVESTIGATION**

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

(b)(7)(E)

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

(b)(7)(E)

NOTES TO OPERATIONS SUPPORT BRANCH

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

<b>Name:</b> (b)(6); (b)(7)(C); (b)(7)(F)	<b>Operational Title:</b> OPD Inspector
<b>Office Phone:</b> (b)(6); (b)(7)(C)	<b>Cell Phone:</b> (b)(6); (b)(7)(C)

DOCUMENTATION

District and Intel document attachments belong here:  
[Protective Escort Sept 28 2019.doc](#)

OPQ REVIEW

ANTICIPATED TOTAL DURATION OF EVENT

<b>Travel Date:</b> 9/28/2019	<b>Detail Start Date:</b> 9/28/2019	<b>Detail End Date:</b> 9/28/2019
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Number of Days/Weeks/Months: 1 Specify: Days

DAILY SCHEDULE

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

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

IN DISTRICT

Requesting Funding for in district resources?  Yes

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

GUARDS

<b>Hours per Day:</b> 0	<b># of Days:</b> 0	<b># of Persons:</b> 0	<b>Hourly Rate:</b> (b)(7)(E)	<b>Total:</b> \$0.00
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TRAVEL

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

TOTAL OTHER

\$0.00
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Notes:

OUT OF DISTRICT

<b>Number of operational personnel requested:</b> <input type="text"/>	<b>Number of administrative personnel requested:</b> <input type="text"/>
------------------------------------------------------------------------	---------------------------------------------------------------------------

**Total estimated travel costs:**


**Note:**

DETAIL TOTAL


*Note: The following fields are required.*



<b>Total Detail Estimate:</b> \$540.00 *	
<b>Detail Status:</b> Approved *	
<b>Name:</b> (b)(6); (b)(7)(C); (b)(7)(F) *	
<b>Notes:</b>	
<hr style="border: 2px solid red;"/>	
<b>JSD APPROVAL</b>	
<b>Special Assignment Number:</b> (b)(7)(E) *	<b>Project Code:</b> (b)(7)(E) *
<b>Total Approved Amount:</b> \$600 *	
< or = \$25K	<b>Senior Inspector:</b> Name will autopopulate
>\$25K - \$50K	<b>Assistant Chief:</b> Name will autopopulate
>\$50K - \$75K	<b>Chief:</b> Name will autopopulate
>\$75K - \$100K	<b>Deputy Assistant Director:</b> Name will autopopulate
>\$100K	<b>Assistant Director:</b> Name will autopopulate
<b>Notes:</b>	



## United States Marshals Service



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

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

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

**Requested By:** (b)(6); (b)(7)(C); (b)(7)(F)      **Title:** OPO Inspector

**Circuit:** 1      **District/Division:** Judicial Security Division

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

**Justice Breyer Protection Detail**

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

**Host District:** District of Massachusetts

**Detail Type:** Supreme Court Justice Assistance

**Level:**      **Active/Retired:** Active

**Description of Event:**  
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)  
(b)(6); (b)(7)(C)

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<b># of Protected Persons:</b> 0	<b># of Attendees:</b> 0	<b># of Defendants:</b> 0	<b># of Defendants in Custody:</b> 0	<b># of Witnesses in Custody:</b> 0
<b>Estimated Local Lodging Rate:</b> \$0.00	<b>Estimated Local Per Diem Rate:</b> \$0.00	<b>Estimated Local Required Misc:</b> \$0.00		

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**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:** 9/23/2019      **Detail Start Date:** 9/23/2019      **Detail End Date:** 9/25/2019

**Number of Days/Weeks/Months:** 3      **Specify:** Days

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**DAILY SCHEDULE**

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

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

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**IN DISTRICT**

Requesting Funding for in district resources?  Yes

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

**GUARDS**

<b>Hours per Day:</b> 0	<b># of Days:</b> 0	<b># of Persons:</b> 0	<b>Hourly Rate:</b> (b)(7)(E)	<b>Total:</b> \$0.00
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**TRAVEL**

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

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**TOTAL OTHER**  
\$0.00



OUT OF DISTRICT

Are you requesting out of district assistance?  No

INTELLIGENCE/INVESTIGATION

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

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

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NOTES TO OPERATIONS SUPPORT BRANCH

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

Name:  Operational Title:

Office Phone:  Cell Phone:

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DOCUMENTATION

District and Intel document attachments belong here:  
[Protective Escort Sept 23 to Sept 25 2019.doc](#)

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OPO REVIEW

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ANTICIPATED TOTAL DURATION OF EVENT

Travel Date:  Detail Start Date:  Detail End Date:

Number of Days/Weeks/Months:  Specify:

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DAILY SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		<input type="text" value="(b)(7)(E)"/>					
End Time:		<input type="text" value="(b)(7)(E)"/>					

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

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IN DISTRICT

Requesting Funding for in district resources?  Yes

Overtime Hours/Day:	# of Days:	# of 1811:	Total:
<input type="text" value="(b)(7)(E)"/>	<input type="text" value="1"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="(b)(7)(E)"/>
Overtime Hours/Day:	# of Days:	# of 082:	Total:
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>

GUARDS

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="(b)(7)(E)"/>	<input type="text" value="\$0.00"/>

TRAVEL

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

TOTAL OTHER

Notes:

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OUT OF DISTRICT

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

Total estimated travel costs:

Note:

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**DETAIL TOTAL**

*Note: The following fields are required.*

**Total Detail Estimate:**  \*

**Detail Status:**  \*

**Name:**  \*

**Notes:**

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**JSD APPROVAL**


**Special Assignment Number:**  \* **Project Code:**  \*

**Total Approved Amount:**  \*


< or = \$25K	<b>Senior Inspector:</b>	<input type="text" value="Name will autopopulate"/>	<input type="text"/>	<input type="text"/>
>\$25K - \$50K	<b>Assistant Chief:</b>	<input type="text" value="Name will autopopulate"/>	<input type="text"/>	<input type="text"/>
>\$50K - \$75K	<b>Chief:</b>	<input type="text" value="Name will autopopulate"/>	<input type="text"/>	<input type="text"/>
>\$75K - \$100K	<b>Deputy Assistant Director:</b>	<input type="text" value="Name will autopopulate"/>	<input type="text"/>	<input type="text"/>
>\$100K	<b>Assistant Director:</b>	<input type="text" value="Name will autopopulate"/>	<input type="text"/>	<input type="text"/>

**Notes:**

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## United States Marshals Service



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

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

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

**Requested By:** (b)(6); (b)(7)(C); (b)(7)(F) **Title:** OPO Inspector

**Circuit:** 8 **District/Division:** Judicial Security Division

**Mission Name:** (ex. U.S. v. Smith, SCJ Smith Assistance, USDCJ Smith Protective Response, 12th Circuit Judicial Conference)  
**SCJ Breyer at Rhodes College**

**Location of Event:** (Street Address) 2000 North Parkway **Event City:** Memphis **Event State:** TN

**Host District:** Western District of Tennessee

**Detail Type:** Supreme Court Justice Assistance

**Level:** **Active/Retired:**

**Description of Event:**  
(Provide a brief narrative describing the event to include the number of participants, national attention, media coverage, extraordinary strain on district resources, etc.)  
SCJ Breyer will be traveling to Rhodes College to speak with students/public and to have a book signing. He will attend a dinner at the College Presidents house. (b)(6); (b)(7)(C)

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

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

**Estimated Local Lodging Rate:** (b)(7)(E) **Estimated Local Per Diem Rate:** **Estimated Local Required Misc:**

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**ANTICIPATED TOTAL DURATION OF EVENT**

**Travel Date:** 10/2/2019 **Detail Start Date:** 10/3/2019 **Detail End Date:** 10/4/2019

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

**DAILY SCHEDULE**

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

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

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**IN DISTRICT**

Requesting Funding for in district resources? Yes

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

**GUARDS**

Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:
(b)(7)(E)	3	(b)(7)(E)		

**TRAVEL**

Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
(b)(7)(E)				\$0.00	\$0.00	(b)(7)(E)	

**TOTAL OTHER**  
\$0.00

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**OUT OF DISTRICT**

Are you requesting out of district assistance?  Yes

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

Total estimated travel costs:

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**REPORTING INFORMATION**

Reporting Date:  Reporting Time:

Address:  City:  State:

Special Equipment Requested for Reporting Personnel:

Special Skills Requested:

Special Instructions for Reporting Personnel:  
 Reporting instructions will be sent in email.

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**INTELLIGENCE/INVESTIGATION**

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

Has the Office of Protective Intelligence been notified?  Yes

Explanation:

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**NOTES TO OPERATIONS SUPPORT BRANCH**

E/MO) (GOV-St. Louis)

Lodging:





[b](6); [b](7)(C); [b](7)(F)		OPO Inspector					
Office Phone:		Cell Phone:					
[b](6); [b](7)(C)		[b](6); [b](7)(C)					
<b>DOCUMENTATION</b>							
District and Intel document attachments belong here: <a href="#">OPS Plan Breyer at Rhodes College in Memphis.docx</a>							
<b>OPO REVIEW</b>							
<b>ANTICIPATED TOTAL DURATION OF EVENT</b>							
Travel Date:	Detail Start Date:	Detail End Date:					
10/2/2019	10/3/2019	10/4/2019					
Number of Days/Weeks/Months: 2		Specify: Days					
<b>DAILY SCHEDULE</b>							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:		[b](7)(E)					
End Time:							
Will this detail include funding for Saturdays, Sundays, and/or Holidays? No							
<b>IN DISTRICT</b>							
Requesting Funding for in district resources? Yes							
Overtime Hours/Day:	# of Days:	# of 1811:	Total:				
[b](7)(E)	1	[b](7)(E)					
Overtime Hours/Day:	# of Days:	# of 082:	Total:				
0	0	0	\$0.00				
<b>GUARDS</b>							
Hours per Day:	# of Days:	# of Persons:	Hourly Rate:	Total:			
[b](7)(E)	3	[b](7)(E)					
<b>TRAVEL</b>							
Number of Full M&IE Days (Do not include first and last days)	Full Day M&IE	First and Last Days (75% M&IE x 2 days, if trip is longer than 1 day)	Lodging Total (Include taxes)	POV/Mileage Total	Airfare Total	ATM, Laundry, Baggage, etc.	Subtotal
[b](7)(E)				\$0.00	\$0.00	[b](7)(E)	
<b>TOTAL OTHER</b>							
\$0.00							
<b>Notes:</b>							
<b>OUT OF DISTRICT</b>							
Number of operational personnel requested		[b](7)(E)	Number of administrative personnel requested:		0		
Total estimated travel costs		[b](7)(E)					
<b>Note:</b>							
<b>DETAIL TOTAL</b>							
<i>Note: The following fields are required.</i>							
Total Detail Estimate:		\$11,321.00 *					
Detail Status:		Approved *					
Name:		[b](6); [b](7)(C); [b](7)(F) *					
<b>OPO COMPLETION</b>							
<b>Comments:</b>							
Final Approved Amount:		\$6,472.00		Is the AAR attached?			



