

## Informants

### 603.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for the use of informants.

#### 603.1.1 DEFINITIONS

Definitions related to this policy include:

**Informant** - A person who covertly interacts with other individuals or suspects at the direction of, request of, or by agreement with the Stillwater Police Department for law enforcement purposes. This also includes a person agreeing to supply information to the Stillwater Police Department for a benefit (e.g., a quid pro quo in the form of a reduced criminal penalty, money).

**Source of Information** - A person or organization furnishing information without compensation on an occasional basis.

#### 603.1.2 FORMS

See attachment: [Cooperating Individual Information.pdf](#)

See attachment: [Cooperating Individual Signature Exemplar.pdf](#)

See attachment: [Cooperating Individual Agreement.pdf](#)

See attachment: [Cooperating Individual Continuing Suitability Form.pdf](#)

See attachment: [Cooperating Individual Deactivation Memo.pdf](#)

See attachment: [Cooperating Individual Payment Log.pdf](#)

### 603.2 POLICY

The Stillwater Police Department recognizes the value of informants to law enforcement efforts and will strive to protect the integrity of the informant process. It is the policy of this department that all funds related to informant payments will be routinely audited and that payments to informants will be made according to the criteria outlined in this policy.

#### 603.2.1 POST MODEL POLICY

It is the policy of the Department to follow the requirements of the Confidential Informants Model Policy, established and published by the Minnesota Board of Peace Officer Standards and Training (MN POST) (Minn. Stat. § 626.8476).

### 603.3 USE OF INFORMANTS

#### 603.3.1 INITIAL APPROVAL

Before using an individual as an informant, an officer must receive approval from his/her supervisor. The officer shall compile sufficient information through a background investigation and

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experience with the informant in order to determine the suitability of the individual, including age, maturity and risk of physical harm, as well as any indicators of his/her reliability and credibility.

Members of this department should not guarantee absolute safety or confidentiality to an informant.

#### **603.3.2 JUVENILE INFORMANTS**

The use of informants under the age of 13 is prohibited.

Juveniles under the guardianship of the state may not be used as informants.

In all cases, a juvenile 13 years of age or older may only be used as an informant with the written consent of each of the following:

- (a) The juvenile's parents or legal guardians
- (b) The juvenile's attorney, if any
- (c) The court in which the juvenile's case is being handled, if applicable
- (d) The Chief of Police or the authorized designee

#### **603.3.3 INFORMANT AGREEMENTS**

All informants are required to sign and abide by the provisions of the designated department informant agreement. The officer using the informant shall discuss each of the provisions of the agreement with the informant.

Details of the agreement are to be approved in writing by a supervisor before being finalized with the informant.

#### **603.4 INFORMANT INTEGRITY**

To maintain the integrity of the informant process, the following must be adhered to:

- (a) The identity of an informant acting in a confidential capacity shall not be withheld from the Chief of Police, Division Commander, Investigations Unit supervisor or their authorized designees.
  - 1. Identities of informants acting in a confidential capacity shall otherwise be kept confidential.
- (b) Criminal activity by informants shall not be condoned.
- (c) Informants shall be told they are not acting as police officers, employees or agents of the Stillwater Police Department, and that they shall not represent themselves as such.
- (d) The relationship between department members and informants shall always be ethical and professional.
  - 1. Members shall not become intimately involved with an informant.
  - 2. Social contact shall be avoided unless it is necessary to conduct an official investigation, and only with prior approval of the Investigations Unit supervisor.

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3. Members shall neither solicit nor accept gratuities or engage in any private business transaction with an informant.
- (e) Officers shall not meet with informants in a private place unless accompanied by at least one additional officer or with prior approval of the Investigations Unit supervisor.
  1. Officers may meet informants alone in an occupied public place, such as a restaurant.
- (f) When contacting informants for the purpose of making payments, officers shall arrange for the presence of another officer.
- (g) In all instances when department funds are paid to informants, a voucher shall be completed in advance, itemizing the expenses.
- (h) Since the decision rests with the appropriate prosecutor, officers shall not promise that the informant will receive any form of leniency or immunity from criminal prosecution.
- (i) An informant will be under the direct supervision of an officer during their association with the department. The controlling officer will directly supervise all controlled buys of contraband made by and informant.

#### 603.4.1 UNSUITABLE INFORMANTS

The suitability of any informant should be considered before engaging him/her in any way in a covert or other investigative process. Members who become aware that an informant may be unsuitable will notify the supervisor, who will initiate a review to determine suitability. Until a determination has been made by a supervisor, the informant should not be used by any member. The supervisor shall determine whether the informant should be used by the Department and, if so, what conditions will be placed on his/her participation or any information the informant provides. The supervisor shall document the decision and conditions in file notes and mark the file "unsuitable" when appropriate.

Considerations for determining whether an informant is unsuitable include, but are not limited to, the following:

- (a) The informant has provided untruthful or unreliable information in the past.
- (b) The informant behaves in a way that may endanger the safety of an officer.
- (c) The informant reveals to suspects the identity of an officer or the existence of an investigation.
- (d) The informant appears to be using his/her affiliation with this department to further criminal objectives.
- (e) The informant creates officer-safety issues by providing information to multiple law enforcement agencies simultaneously, without prior notification and approval of each agency.
- (f) The informant engages in any other behavior that could jeopardize the safety of officers or the integrity of a criminal investigation.

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- (g) The informant commits criminal acts subsequent to entering into an informant agreement.

#### **603.5 INFORMANT FILES**

Informant files shall be utilized as a source of background information about the informant, to enable review and evaluation of information provided by the informant, and to minimize incidents that could be used to question the integrity of department members or the reliability of the informant.

Informant files shall be maintained in a secure area within the Investigations Unit. The Investigations Unit supervisor or the authorized designee shall be responsible for maintaining informant files. Access to the informant files shall be restricted to the Chief of Police, Division Commander, Investigations Unit supervisor or their authorized designees.

The Investigation Division Commander should arrange for an audit using a representative sample of randomly selected informant files on a periodic basis, but no less than one time per year. If the Investigations Unit supervisor is replaced, the files will be audited before the new supervisor takes over management of the files. The purpose of the audit is to ensure compliance with file content and updating provisions of this policy. The audit should be conducted by a supervisor who does not have normal access to the informant files.

##### **603.5.1 FILE SYSTEM PROCEDURE**

The Investigations Unit Sergeant shall maintain a separate file on each informant and shall be coded with an assigned informant control number. An informant history that includes the following information shall be prepared for each file:

- (a) Name and aliases
- (b) Date of birth
- (c) Physical description: sex, race, height, weight, hair color, eye color, scars, tattoos, or other distinguishing features
- (d) Photograph
- (e) Current home address and telephone numbers
- (f) Current employers, positions, addresses, and telephone numbers
- (g) Vehicles owned and registration information
- (h) Places frequented
- (i) Briefs of information provided by the informant and the informant's subsequent reliability
  - 1. If an informant is determined to be unsuitable, the informant's file is to be marked "unsuitable" and notations included detailing the issues that caused this classification.
- (j) Name of the officer initiating use of the informant and any subsequent overseeing agents

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- (k) Signed informant agreement
- (l) Update on active or inactive status of informant, with reason for inactive status when deactivated.
- (m) Emergency contact information
- (n) Criminal history record
- (o) Residential addresses in the last five years
- (p) Social media accounts
- (q) Marital status and number of children
- (r) Gang affiliations or other organizational affiliations
- (s) Special skills and hobbies
- (t) Special areas of criminal expertise or knowledge

#### **603.6 INFORMANT PAYMENTS**

No informant will be told in advance or given an exact amount or percentage for his/her service. The amount of funds to be paid to any informant will be evaluated against the following criteria:

- The extent of the informant's personal involvement in the case
- The significance, value or effect on crime
- The value of assets seized
- The quantity of the drugs or other contraband seized
- The informant's previous criminal activity
- The level of risk taken by the informant

The Investigations Unit supervisor will discuss the above factors with the Patrol Division Commander and recommend the type and level of payment subject to approval by the Chief of Police.

##### **603.6.1 PAYMENT PROCESS**

Approved payments to an informant should be in cash using the following process:

- (a) Payments of \$500 and under may be paid in cash from a Investigations Unit buy/expense fund.
  1. The Investigations Unit supervisor shall sign the voucher for cash payouts from the buy/expense fund.
- (b) Payments exceeding \$500 shall be made by issuance of a check, payable to the officer who will be delivering the payment.
  1. The check shall list the case numbers related to and supporting the payment.
  2. A written statement of the informant's involvement in the case shall be placed in the informant's file.

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3. The statement shall be signed by the informant verifying the statement as a true summary of the informant's actions in the case.
  4. Authorization signatures from the Chief of Police and the City Administrator are required for disbursement of the funds.
- (c) To complete the payment process for any amount, the officer delivering the payment shall complete a cash transfer form.
1. The cash transfer form shall include the following:
    - (a) Date
    - (b) Payment amount
    - (c) Stillwater Police Department case number
    - (d) A statement that the informant is receiving funds in payment for information voluntarily rendered.
  2. The cash transfer form shall be signed by the informant.
  3. The cash transfer form will be kept in the informant's file.
  4. At least two officers should be present when payments are made.
  5. Any signature by the informant for receipt of payment should not contain the true identity of the informant but should use the informant's control number.

#### 603.6.2 REPORTING OF PAYMENTS

Each informant receiving a cash payment shall be advised of his/her responsibility to report the cash to the Internal Revenue Service (IRS) as income. If funds distributed exceed \$600 in any reporting year, the informant should be provided IRS Form 1099 (26 CFR 1.6041-1). If such documentation or reporting may reveal the identity of the informant and by doing so jeopardize any investigation, the safety of officers or the safety of the informant (26 CFR 1.6041-3), then IRS Form 1099 should not be issued.

In such cases, the informant shall be provided a letter identifying the amount he/she must report on a tax return as "other income" and shall be required to provide a signed acknowledgement of receipt of the letter. The completed acknowledgement form and a copy of the letter shall be retained in the informant's file.

#### 603.6.3 AUDIT OF PAYMENTS

The Investigations Unit supervisor or the authorized designee shall be responsible for compliance with any audit requirements associated with grant provisions and applicable state and federal law.

At least once every six months, the Chief of Police or the authorized designee should conduct an audit of all informant funds for the purpose of accountability and security of the funds. The funds and related documents (e.g., buy/expense fund records, cash transfer forms, invoices, receipts and logs) will assist with the audit process.

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#### **603.7 TRAINING**

The Training Sergeant shall provide in-service training to officers, including part-time officers, in the recruitment, control, and use of confidential informants as required by Minn. Stat. § 626.8476.

#### **603.8 INFORMANT COORDINATOR**

The Chief of Police or the authorized designee should designate an informant coordinator responsible for remaining familiar with the requirements and guidelines set forth in Minn. Stat. § 626.8476 and the MN POST Confidential Informants Model Policy.

The coordinator is also responsible for implementing department procedures and protocols concerning the recruitment, control, and use of informants, as adopted by the model policy, including but not limited to:

- (a) Establishing general guidelines related to the oversight of informants such as:
  - 1. The execution of informant agreements.
  - 2. The use of informants in exigent circumstances.
  - 3. Supervisor review of informant files and informant agreements, and attendance at debriefings and meetings.
  - 4. Communication strategies and plans to address the confidentiality and integrity of the department/informant relationship.
  - 5. The screening of informants for personal safety or mental health concerns before and after their use.
- (b) Developing procedures for determining initial and continued suitability, and preparing related reports (e.g., Initial Suitability Report, Continuing Suitability Report).
  - 1. Procedures should include a process for forwarding the results of initial and continuing suitability determinations to appropriate department members.
  - 2. The local prosecutor's office should be consulted before engaging individuals who require special review and approval (e.g., juveniles, government officials, those individuals obligated by legal privilege of confidentiality).
- (c) Creating a process for identifying individuals who may be or who may become unsuitable to serve as informants (e.g., individuals receiving in-patient or partial-hospitalization treatment for a substance use disorder or mental illness, participating in a treatment-based drug court program or treatment court, having overdosed in the last 12 months, having a physical or mental illness that impairs the ability to understand instructions and make informed decisions).
- (d) Working with department members to identify informants who should be referred to prevention or treatment services.
- (e) Addressing jurisdictional issues to ensure proper coordination in the use of informants.
- (f) Working with the Investigations Unit supervisor to manage the informant file system, including establishing guidelines regarding access, review, and disclosure.
- (g) Establishing deactivation procedures.

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- (h) Making any necessary updates to agency procedures.
- (i) Certifying annually to MN POST that the Department has adopted a policy that complies with the requirements of the model policy as required by Minn. Stat. § 626.8476, Subd. 3.



## Attachments

## **Cooperating Individual Continuing Suitability Form.pdf**



**BRIAN MUELLER**  
CHIEF OF POLICE

**NATHAN MEREDITH**  
CAPTAIN

**HUNTER JULIEN**  
CAPTAIN

### Continuing Suitability Report

Activation Date:	CI Control Number:		
Last Name:	First Name:		
Address:			
City:	State:	Zip:	
Employment Status or Occupation:	Employer:		

Employer Address:

### Probation/Parole/Supervised Release

Is the Cooperating Individual on Probation/Parole/Supervised Release? If NO – skip the rest of this section.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
County:	Charge:	
Probation/Parole/Supervised Release Agents Name:	Phone Number:	
The Probation/Parole/Supervised Release officer has been consulted:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Agents notes about the consultation:		

### Additional Required Information

Does the CI have an affiliation with legitimate businesses and illegal or suspicious enterprises	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe:		
Describe the extent to which potential information, associations, or other assistance could benefit a present or future investigation:		
Describe the CI's relationship with the target of the investigation:		
CI's motivation for cooperation:		
Does the CI pose a risk of adversely affecting an existing or future investigation	Yes <input type="checkbox"/>	No <input type="checkbox"/>



**BRIAN MUELLER**  
CHIEF OF POLICE

**NATHAN MEREDITH**  
CAPTAIN

**HUNTER JULIEN**  
CAPTAIN

If yes, describe:	
Describe the extent to which information provided by the CI can be corroborated:	
Does the CI have a prior record as a witness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe:	
Is the CI the subject of a pending investigation, under arrest, or been charged with a crime within the past 6 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe:	
Is the CI a risk to the public or a flight risk?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the CI have a relationship to anyone in Law Enforcement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe:	
Does the CI have prior or current service as a CI with this or another law enforcement organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe:	
<b>Substance Abuse and Safety Considerations</b>	
Primary investigator affirms that there has been consideration and documentation of the individual's diagnosis of mental illness, substance use disorder, traumatic brain injury, or disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary investigator affirms that there has been consideration and documentation of the individual's history of mental illness, substance use disorder, traumatic brain injury, or disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary investigator affirms that there has been consideration of risk of physical harm to the potential CI or their immediate family or relatives for cooperating with law enforcement	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Note: Any prospective or current CI who is known to abuse substances, or is at risk for abusing substances, should be provided referral to prevention or treatment services.</p>	

**BRIAN MUELLER**  
CHIEF OF POLICE



**NATHAN MEREDITH**  
CAPTAIN

**HUNTER JULIEN**  
CAPTAIN

**Signatures**

<hr/> <p>Primary Investigator Printed Name</p>	<hr/> <p>Signature</p>	<hr/> <p>Date</p>
<hr/> <p>Alternate Investigator Printed Name</p>	<hr/> <p>Signature</p>	<hr/> <p>Date</p>
<hr/> <p>First Line Supervisor Printed Name</p>	<hr/> <p>Signature</p>	<hr/> <p>Date</p>
<hr/> <p>Inv. Captain Printed Name</p>	<hr/> <p>Signature</p>	<hr/> <p>Date</p>

## **Cooperating Individual Signature Exemplar.pdf**



**BRIAN MUELLER**  
CHIEF OF POLICE

**NATHAN MEREDITH**  
CAPTAIN

**HUNTER JULIEN**  
CAPTAIN

**Signature Exemplar**

Date: \_\_\_\_\_

CI Number: \_\_\_\_\_

CI Printed Full Name: \_\_\_\_\_

CI Initials	 <b>X</b> _____
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CI Signature:	 <b>X</b> _____
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\_\_\_\_\_  
Primary Investigator Printed Name      Signature      Date

\_\_\_\_\_  
Witness Printed Name      Signature      Date

## **Cooperating Individual Deactivation Memo.pdf**





## **Cooperating Individual Payment Log.pdf**



## **Cooperating Individual Agreement.pdf**

**BRIAN MUELLER**  
CHIEF OF POLICE



**NATHAN MEREDITH**  
CAPTAIN

**HUNTER JULIEN**  
CAPTAIN

## Cooperating Individual Agreement

During my association with the STILLWATER POLICE as a *Cooperating Individual*, I (the undersigned) do hereby agree to be bound by the following conditions and procedures while so associated:

1. \_\_\_\_\_ I agree that I have no police power under the State of Minnesota or any local government subdivision and have no authority to carry a weapon while performing my activity as a Cooperating Individual.
2. \_\_\_\_\_ I acknowledge that I am associated with the STILLWATER POLICE as a Cooperating Individual on a case or time basis as an independent contractor and that any payment I receive from the STILLWATER POLICE will not be subject to Federal or State Income Tax Withholding or Social Security. All reporting of income is the responsibility of the Cooperating Individual.
3. \_\_\_\_\_ I acknowledge that as a Cooperating Individual and independent contractor, I am not entitled to Worker's compensation or Unemployment Compensation from the STILLWATER POLICE and I shall not hold the STILLWATER POLICE liable for any injuries or damage incurred by reason of my association with the STILLWATER POLICE.
4. \_\_\_\_\_ I agree not to divulge to any person, except the Investigator with whom I am associated, my status as a Cooperating Individual for the STILLWATER POLICE unless required to do so in court and shall not represent myself to others as an employee or representative of the STILLWATER POLICE.
5. \_\_\_\_\_ I agree not to use the STILLWATER POLICE or any of its employees as credit references or employment references unless prior approval is obtained from the Investigator with whom I am associated.
6. \_\_\_\_\_ I agree that my association with the STILLWATER POLICE does not afford me any special privileges.
7. \_\_\_\_\_ I agree that I will submit to a search of my person, belongings or motor vehicle by an Investigator of the STILLWATER POLICE who is utilizing my services to make a controlled purchase of a controlled substance.

**BRIAN MUELLER**  
CHIEF OF POLICE



**NATHAN MEREDITH**  
CAPTAIN

**HUNTER JULIEN**  
CAPTAIN

8. \_\_\_\_\_ I agree that after making a purchase or receiving anything of evidentiary value, I will contact an Investigator as soon as possible for delivery of such evidence to him/her.
9. \_\_\_\_\_ I agree to maintain a strict accounting of all funds provided to me by the STILLWATER POLICE as part of my activity as a Cooperating Individual. I understand that misuse of public funds could be grounds for criminal prosecution against me.
10. \_\_\_\_\_ I agree I will not use the STILLWATER POLICE address or telephone number for my own use (personal or private).
11. \_\_\_\_\_ I agree that violation of any of the above enumerated provisions will be grounds for immediate removal as a Cooperating Individual and the possible filing of criminal charges against me.
12. \_\_\_\_\_ I acknowledge that my association with the STILLWATER POLICE as a Cooperating Individual is a basis to proceed with forfeiture of any property seized by the STILLWATER POLICE as a result of my criminal activity and that this Agreement may be entered as evidence in a forfeiture action to prove my cooperation with the STILLWATER POLICE.
13. \_\_\_\_\_ I am not receiving in-patient or out-patient treatment administered by a licensed service provider for substance abuse.
14. \_\_\_\_\_ I am not participating in a treatment-based drug court program.

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Investigator Printed Name	Signature	Date
_____	_____	_____
Witness Printed Name	Signature	Date

## **Cooperating Individual Information.pdf**



**BRIAN MUELLER**  
CHIEF OF POLICE

**NATHAN MEREDITH**  
CAPTAIN

**HUNTER JULIEN**  
CAPTAIN

### Cooperating Individual Information

Activation Date:		CI Control Number:			FBI Number:	
Last Name:			First Name:		Middle Name:	
Date of Birth:		Sex:	Race:	Height:		Weight:
Hair:	Eyes:	Facial hair:	Marital:	AKA/Nickname:		
Scars/Marks/Tattoos:						
Address:						
City:				State:	Zip:	
Cell Phone:			Home Phone:		Work Phone:	
Driver's License Number				State:	Status:	
Occupation:			Employer:			
Employer Address:						
Pending Criminal Charges:						

### Vehicles

Year:	Make:	Model:	License #:	State:
Year:	Make:	Model:	License #:	State:

### Emergency Contact / Relatives & Associates

Primary Contact:			Relation:	
Address:				
City:			State:	Zip:
Cell Phone:		Home Phone:		Work Phone:





**BRIAN MUELLER**  
CHIEF OF POLICE

**NATHAN MEREDITH**  
CAPTAIN

**HUNTER JULIEN**  
CAPTAIN

Secondary Contact:		Relation:	
Address:			
City:		State:	Zip:
Cell Phone:	Home Phone:	Work Phone:	
<b>Probation/Parole/Supervised Release</b>			
Is the Cooperating Individual on Probation/Parole/Supervised Release? If NO – skip the rest of this section.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
County:	Charge:		
Probation/Parole/Supervised Release Agents Name:	Phone Number:		
The Probation/Parole/Supervised Release officer has been consulted:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Agents notes about the consultation:			
<b>Additional Required Information</b>			
Does the CI have a relationship to anyone in Law Enforcement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, describe:			
Does the CI have prior or current service as a CI with this or another law enforcement organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, describe:			
Does the CI have a prior record as a witness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, describe:			
Motivation for cooperation:			



**BRIAN MUELLER**  
CHIEF OF POLICE

**NATHAN MEREDITH**  
CAPTAIN

**HUNTER JULIEN**  
CAPTAIN

### Substance Abuse and Safety Considerations

<p>If the cooperating individual is known to be a substance abuser, or is at risk for substance abuse, he/she was provided a referral to prevention or treatment services. Use NA for no risk.</p>	<p>Yes <input type="checkbox"/>    No <input type="checkbox"/>    NA <input type="checkbox"/></p>
<p>If the cooperating individual has a physical or mental illness that impairs the ability of the prospective or current CI to understand instructions and make informed decisions he/she was referred to a mental health professional or other appropriate medical professional, or a case manager/social worker from the county social services agency, or other substance abuse and mental health services.</p>	<p>Yes <input type="checkbox"/>    No <input type="checkbox"/>    NA <input type="checkbox"/></p>
<p>Has any physical or mental infirmity or other physical, mental, or emotional dysfunction that impairs the CI's ability to knowingly contract or otherwise protect the informant's self-interest been taken into consideration before the CI signed the agreement?</p>	<p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
<p>Primary investigator affirms that there has been consideration and documentation of the individual's diagnosis of mental illness, substance abuse, or disability; and history of mental illness, substance abuse, or disability</p>	<p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
<p>Primary investigator affirms that there has been a consideration for the risk of physical harm to the potential CI or their immediate family or relatives for cooperating with law enforcement</p>	<p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p>



**BRIAN MUELLER**  
CHIEF OF POLICE

**NATHAN MEREDITH**  
CAPTAIN

**HUNTER JULIEN**  
CAPTAIN

**POLICE DEPARTMENT**

**Signatures**

\_\_\_\_\_  
Primary Investigator Printed  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alternate Investigator Printed  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
First Line Supervisor Printed  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inv. Captain Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Captain Approve Yes

No