U.S. Department of Justice

United States Marshals Service

Office of General Counsel

CG-3, 15th Floor
Washington, DC 20530-0001

January 22, 2021

Austin R. Evers
1030 15th Street NW
Suite B255
Washington, DC 20005
FOIA@AmericanOversight.org

Re: Freedom of Information Act Request No. 2020USMS35553
Subject: Records regarding Operation Legend Officers

Dear Mr. Evers,

The United States Marshals Service (USMS) is responding to your Freedom of Information Act (FOIA) request pertaining to Records sufficient to identify the following information about the officers and/or units that your agency has deployed to American cities as part of Operation Legend, to include, the number of federal employees or contractors who have been deployed to each city; the units or components to which the aforementioned employees or contractors report; the lengths of deployments of aforementioned employees or contractors; and any equipment used by deployed officers or contractors otherwise deployed to assist in law enforcement activities.

Pursuant to your request, the USMS conducted a search and located 529 pages of responsive documentation. These pages are released to you with portions withheld pursuant to Exemptions (b)(6), (b)(7)(C), (b)(7)(E) and (b)(7)(F) of the FOIA, 5 U.S.C. § 552(b).

FOIA Exemption (b)(6) allows an agency to withhold personnel, medical, and similar files, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. Records that apply to or describe a particular individual, including investigative records, qualify as "personnel," "medical," or "similar files" under Exemption 6. FOIA Exemption (b)(7)(C) protects records or information compiled for law enforcement purposes to the extent that the production of such records or information could reasonably be expected to constitute an unwarranted invasion of personal privacy. A discretionary release of such records is not appropriate. See United States Department of Justice (DOJ) v. Reporters Committee for Freedom of the Press, 489 U.S. 749 (1989). Exemption 7(E) of the Freedom of Information Act affords protection to all law enforcement information that "would disclose techniques and procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law.

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Finally, FOIA Exemption (b)(7)(F) protects law enforcement information that "could reasonably be expected to endanger the life or physical safety of any individual." 5 U.S.C. § 552(b)(7)(F) (2006), amended by OPEN Government Act of 2007, Pub. L. No. 110175, 121 Stat. 2524. Courts have routinely upheld the use of Exemption (b)(7)(F) to protect the identities of law enforcement agents, as well as protect the names and identifying information of non-law enforcement federal employees, local law enforcement personnel, and other third persons in connection with particular law enforcement matters. See Rugiero v. DOJ, 257 F.3d 534, 552 (6th Cir. 2001); Johnston v. DOJ, No. 97-2173, 1998 WL 518529, *1 (8th Cir. Aug. 10, 1998).

Accordingly, the personally identifiable information of law enforcement officers and government employees was withheld from the responsive documentation. The disclosure of such sensitive information contained in records compiled for law enforcement purposes to the public could subject law enforcement officers and other government personnel to harassment and unwelcome contact. This could disrupt and impede official agency activity, as well as endanger the safety of law enforcement officials. Additionally, the personally identifiable information of third parties named in the records was withheld. The disclosure of third-party information could constitute an unwarranted invasion of personal privacy and subject the individuals to embarrassment, harassment, and undue public attention. Individuals have a recognized privacy interest in not being publicly associated with law enforcement investigations, not being associated unwarrantedly with alleged criminal activity, and controlling how communications about them are disseminated.

For your information, Congress excluded three discrete categories of law enforcement and national security records from the requirements of the FOIA. See 5 U.S.C. 552(c) (2006 & Supp. IV (2010)). This response is limited to those records that are subject to the requirements of the FOIA. This is a standard notification that is given to all our requesters and should not be taken as an indication that excluded records do, or do not, exist.

If you are not satisfied with the response to this request, you may administratively appeal by writing to the Director, Office of Information Policy (OIP), United States Department of Justice, Suite 11050, 1425 New York Avenue, NW, Washington, DC 20530-0001, or you may submit an appeal through OIP's FOIAonline portal by creating an account on the following web site: https://foiaonline.regulations.gov/foia/action/public/home. Your appeal must be postmarked or electronically transmitted within 90 days of the date of my response to your request. If you submit your appeal by mail, both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal."

You may also contact Charlotte Luckstone or our FOIA Public Liaison at (703) 740-3943 for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, Room 2510, 8601 Adelphi Road, College Park, Maryland

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20740-6001; e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

Sincerely,

Elaine Rivera for

Charlotte Luckstone
Associate General Counsel
FOIA/PA Officer
Office of General Counsel

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U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 25th day of AUGUST, 2020, at Indianapolis, INDIANA
State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

IOD-(b) (7)(E) S/IN
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

101 W. IDA B WELLS, CHICAGO, IL 60105
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 8/19/2020 - 12/31/2020

This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

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

12/31/2020
(b) (6), (b) (7)(C), (b) (7)(F)
Official

(b) (6), (b) (7)(C)
Date: 2020.08.19 12:01:33 -04'00'
Chief, Special Deputation Unit

8/19/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Administering Oath

12/31/2020
Expiration Date

IOD-(b) (7)(E)S/IN
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

101 W. IDA B WELLS, CHICAGO, IL 60105
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A SUITABILITY APPROVAL

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

(b) (6), (b) (7)(C)
Date: 2020.08.19 12:02:50 -04'00'
Chief, Special Deputation Unit

8/19/2020
Authorization Date

12/31/2020
(b) (6), (b) (7)(C), (b) (7)(F)
Federal Official

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

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U.S. Department of Justice
United States Marshals Service

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Subscribed and sworn to me this 25th day of AUGUST, 2020, at Indianapolis (City), INDIANA (State)

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

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Officer Administering Oath

12/31/2020
Expiration Date

IOD-(b) (7)(E)S/IN
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

101 W. IDA B WELLS, CHICAGO, IL 60105
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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(202) 307-9100.

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

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VALID 8/19/2020 - 12/31/2020

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

(b) (6), (b) (7)(C), (b) (7)(F)
Appointee's Signature

(b) (6), (b) (7)(C)
Chief, Special Deputation Unit

8/19/2020
Authorization Date

12/31/2020
(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C), (b) (7)(F)
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: RE: USM-3B Oaths of Office for D/NM Operation Legend
Date: Thursday, September 17, 2020 10:47:20 AM
Attachments: BCSO (3) Operation LGND.pdf

Good Morning,

Please find attached the remaining USM-3Bs (b) (7) for Operation Legend – Bernalillo County Sheriff's Office (BCSO). These are the remaining 3 that were unable to be sworn in last week. They were sworn-in yesterday.

Thank you,

(b) (6), (b) (7)(C), (b) (7)(F)
Investigative Analyst
United States Marshals Service
District of New Mexico
(b) (6), (b) (7)(C), (b) (7)(F)

From: (b) (6), (b) (7)(C), (b) (7)(F)
Sent: Wednesday, September 9, 2020 2:46 PM
To: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: RE: USM-3B Oaths of Office for D/NM Operation Legend

Good afternoon,

The USM-3Bs are in receipt. Thank you for keeping us updated with the remaining (b) (7) TFO's not included.

All the best,

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | (b) (6), (b) (7)(C)
Contractor | Project Support Services, Inc. (PSS) |
(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F)
Sent: Wednesday, September 9, 2020 4:39 PM
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: RE: USM-3B Oaths of Office for D/NM Operation Legend

Good Afternoon,

Please find attached (b) signed USM-3Bs for D/NM – Operation Legend for Bernalillo County Sheriff's Office (BCSO). The remaining (b) will be done at a later time.

Thank you,

(b) (6), (b) (7)(C), (b) (7)(F)
Investigative Analyst
United States Marshals Service
District of New Mexico

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(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F)
Sent: Friday, August 28, 2020 9:45 AM
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: USM-3B Oaths of Office for D/NM Operation Legend

Good morning,

Attached are (b) USM-3B Oaths of Office for D/NM Operation Legend. Please return a copy of the signed forms as soon as possible for recordkeeping.

Thank you,

(b) (6), (b) (7)(C), (b) (7)(F)
Special Deputation Specialist
(b) (7)(E) /Special Deputations Branch
US Marshals Service
(b) (6), (b) (7)(C)

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U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **fter completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 16th day of Sept., 2020 at Albuquerque NM

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

Signature of Appointee

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

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

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

OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

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

Appointee

11/30/2020

(b) (6), (b) (7)(C)

Chief, Special Deputation Unit

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

U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

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U.S. Department of Justice
United States Marshals Service

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Subscribed and sworn to me this 16th day of Sept., 2020, at Albuquerque, NM

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

Signature of Appointee

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

Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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NOT VALID OFF DUTY

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

(b) (6), (b) (7)(C)
Chief, Special Deputation Unit

8/28/2020
Authorization Date

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

Form USM-3B
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(Previously Form USM-3)

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11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

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

11/30/2020

(b) (6), (b) (7)(C)
Date: 2020.08.28 10:46:21 -04'
Chief, Special Deputation Unit

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

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C), (b) (7)(F)
To: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: RE: GLRFTF Indiana USM3B
Date: Tuesday, August 25, 2020 10:32:00 AM

Hello,

Thank you. The USM-3Bs are in receipt.

Best regards,

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | (b) (6), (b) (7)(C)
Contractor | Project Support Services, Inc. (PSS) |
(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F)
Sent: Tuesday, August 25, 2020 10:21 AM
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: GLRFTF Indiana USM3B

Attached are completed 3B's for (b) (6), (b) (7)(C), (b) (7)(F).
(b) (6), (b) (7)(C), (b) (7)(F) and (b) (6), (b) (7)(C), (b) (7)(F) did NOT deploy to Operation Legend for GLRFTF Indianapolis.

Thanks

(b) (6), (b) (7)

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C), (b) (7)(F)
To: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: FW: Scanned from a Xerox Multifunction Printer
Date: Thursday, July 23, 2020 1:37:35 PM
Attachments: Scanned from a Xerox Multifunction Printer.pdf

Fyi - There were some name spelling errors (not sure who filled out the 3A forms - please see the attached for the mass DEA TFO deputation.

Thank you.

-----Original Message-----
From: (b) (6), (b) (7)(C), (b) (7)(F)
Sent: Thursday, July 23, 2020 12:13 PM
To: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: Scanned from a Xerox Multifunction Printer

Please open the attached document. It was sent to you using a Xerox multifunction printer.

Attachment File Type: pdf, Multi-Page

Multifunction Printer Location: (b) (7)(E)
Device Name: (b) (7)(E)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at [redacted] **after completion.**

OATH OF OFFICE

I [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23 day of JULY, 2020, at Kansas City, MISSOURI
City State

[redacted]
Signature of Appointee

[redacted]
Signature of Administering Oath

10/1/2020
Expiration Date

WXKO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR, FAIRVIEW HEIGHTS, IL 62208
Employer's Address

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Court Cargo
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

[redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL CASE UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS

UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

[redacted]
Appointee

10/1/2020
Expiration Date

[redacted]
Chief, Special Deputation Unit

[redacted]
Signature of Approving Official

7/23/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23rd day of JULY, 2020, at Kansas City, MISSOURI
City State

[redacted]
Signature of Appointee

[redacted]
Signature of U.S. Marshal or Official Administering Oath

10 1 2020
Expiration Date

WMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that
[redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL CASE UNDER TITLE 18 USC AUTHORITY

VALID 7 24 2020 - 10 1 2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

[redacted]
Authorization

10 1 2020
Expiration Date

[redacted]

[redacted]

7 23 2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23 day of JULY, 2020, at Kansas City (City) MISSOURI (State)

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

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

10 1 2020
Expiration Date

WMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact United States Marshals Service Comm Center (202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TITLE 18 AUTHORITY

VALID 7 24 2020 - 10 1 2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY

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

10 1 2020
Expiration Date

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

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

7 23 2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23 day of JULY, 2020, at Kansas City (City), MISSOURI (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Witness

10/1/2020
Expiration Date

WMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR, FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact United States Marshals Service Comm Center (202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL FELONY UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

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

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/23/2020
Authorization Date

Form USM-38
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23 day of JULY, 2020, at Kansas City (City), MISSOURI (State)

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

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Designee Administering Oath

10-1-2020
Expiration Date

WDMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL FELONY UNDER TITLE 18 AUTHORITY

VALID 7-24-2020 - 10-1-2020

This deputation has the following limitations:

(b) (6), (b) (7)(C), (b) (7)(F) E IN FEDERAL DRUG INVESTIGATIONS ZED BY DEA OR FBI D OFF DUTY

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

10-1-2020
Expiration Date

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

7-23-2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at [redacted] **after completion.**

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23 day of JULY, 2020, at Kansas City (City), MISSOURI (State)

[redacted]
Signature of Appointee

[redacted]
Signature of U.S. Marshal or Designated Official Administering Oath

10/1/2020
Expiration Date

WAMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR, FAIRVIEW HEIGHTS, IL 62208
Employer's Address

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that

[redacted]

OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL PI UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

VALID OFF DUTY

[redacted]
Appointee

10/1/2020
Expiration Date

[redacted]
Chief, Special Deputation Unit

[redacted]
U.S. Marshal or Designated Federal Official

7/23/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division. **Return this form to the Special Deputation Unit at** (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23 day of JULY, 2020, at Kansas City (City) MISSOURI (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of [illegible] Administering Oath

10/1/2020
Expiration Date

WMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND
has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:
TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER RITE IS AUTHORITY
VALID 7/24/2020 - 10/1/2020
This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
[illegible] OFF DUTY

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

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
[illegible]

7/23/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division. **Return this form to the Special Deputation Unit at** [redacted] **after completion.**

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23 day of JULY, 2020, at Kansas City (City) MISSOURI (State)

[redacted]

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10 1 2020

Expiration Date

WMO

District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION

Appointee's Employer

US MARSHALS SERVICE

Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208

Employer's Address

[redacted]

Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that

[redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 7 24 2020 - 10 1 2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

[redacted] OFF DUTY

[redacted]

Appointee

10 1 2020

Expiration Date

[redacted]

Chief, Special Deputation Unit

U.S. Marshal or Designated Federal Official

7 23 2020

Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23 day of JULY, 2020, at Kansas City (City) MISSOURI (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10 1 2020
Expiration Date

WMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR, FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL CHARGE UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

7/23/2020
Authorization Date

10/1/2020
Expiration Date

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

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C), (b) (7)(F)
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: RE: Oath, Auth and Appointment for (19) Milwaukee PD /GLRFTF E-WI (op legend/relentless pursuit)
Date: Monday, September 21, 2020 12:37:06 PM
Attachments: USM-3b"s.pdf

Please find the attached USM-3b's for the USM-3c deputation.

(b) (6), (b) (7)(C), (b) (7)(F)
Chief Deputy (A)
United States Marshals Service
E/WI – Milwaukee
(b) (6), (b) (7)(C), (b) (7)(F)

From: (b) (6), (b) (7)(C), (b) (7)(F)
Sent: Monday, September 21, 2020 10:00 AM
To: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: RE: Oath, Auth and Appointment for (b) (7) Milwaukee PD /GLRFTF E-WI (op legend/relentless pursuit)

Thank you so much! We appreciate it!
All the best,

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | (b) (7)(E)
Contractor | Project Support Services, Inc. (PSS) |
(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F)
Sent: Monday, September 21, 2020 10:53 AM
To: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: RE: Oath, Auth and Appointment for (b) (7) Milwaukee PD /GLRFTF E-WI (op legend/relentless pursuit)

The last signature I need is from an Officer on vacation. He is on a staycation so he will come in and sign this morning. I will send everything over once I have his signature.
Thanks,

(b) (6), (b) (7)(C), (b) (7)(F)
Chief Deputy (A)
United States Marshals Service
E/WI – Milwaukee
(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F)
Sent: Friday, September 18, 2020 4:06 PM
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: RE: Oath, Auth and Appointment for (b) (7) Milwaukee PD /GLRFTF E-WI (op legend/relentless pursuit)

Thank you so much for the update. If you could send what you have, even if it is partial, that would

AMERICAN OVERSIGHT

be great! Every so often we receive request for information pertaining to this operation, so we like to be as updated as possible. Thank you, have a great weekend!
All the best,
(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | (b) (7)(E)
Contractor | Project Support Services, Inc. (PSS) |
(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F)
Sent: Friday, September 18, 2020 5:03 PM
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: Re: Oath, Auth and Appointment for (b) (7) Milwaukee PD /GLRFTF E-WI (op legend/relentless pursuit)
All but (b are signed. I have been working around Officers on vacation and Officers being quarantined from COVID exposures. The last two should be back in the office late next week. I am also out of the office next week for training. Would you like me to send what I have as a partial or wait for all of them?
(b) (6), (b) (7)(C), (b) (7)(F)
Chief Deputy (A)
U.S. Marshals Service
E/WI - Milwaukee
(b) (6), (b) (7)(C)

> On Sep 18, 2020, at 3:41 PM, (b) (6), (b) (7)(C), (b) (7)(F) wrote:
>
> (b) (6), (b) (7)(C), (b) (7)(Status?
> Thanks,
> (b) (6), (b) (7)(C), (b) (7)(F)
> (b) (7)(E)
> U.S. Marshals Service
> (b) (6), (b) (7)(C)
>
> **From:** (b) (6), (b) (7)(C), (b) (7)(F)
> **Sent:** Friday, September 18, 2020 3:10 PM
> **To:** (b) (6), (b) (7)(C), (b) (7)(F)
> **Subject:** RE: Oath, Auth and Appointment for (b) (7) Milwaukee PD /GLRFTF E-WI (op legend/relentless pursuit)
> Good afternoon (b) (6), (b) (7)(C)
> Hope all is well! I just wanted to see if you had an updated on these USM-3Bs for Operation legend/ safe passage/ relentless pursuit?
> All the best,

AMERICAN OVERSIGHT

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

Program Analyst – Special Deputations Branch

U.S. Marshals Service | Tactical Operations Division

Contractor | Project Support Services, Inc. (PSS) |

(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F))

Sent: Friday, September 11, 2020 9:34 AM

To: (b) (6), (b) (7)(C), (b) (7)(F)

Subject: Oath, Auth and Appointment for (b) (7) Milwaukee PD /GLRFTF E-WI (op legend/relentless pursuit)

Hello,

In order to ensure compliance with USMS Policy Directive 17.11, please return ALL executed USM-3B's to the Special Deputation Unit at (b) (7)(E) for final processing within 7 days of today's date. Please ensure the date, location, and both appointee and U.S. Marshal or Designated Federal Official signatures are complete.

These are for the group application for Operation Legend/ Relentless Pursuit. If you are having trouble with the compiled pdf, please let me know and I can send them individually.

Thank you,

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

Program Analyst – Special Deputations Branch

U.S. Marshals Service | (b) (7)(E)

Contractor | Project Support Services, Inc. (PSS) |

(b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 21 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

X (b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7)(C)-E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

X (b) (6), (b) (7)(C), (b) (7)(F)
Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit a[redacted] after completion.

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 18 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

[redacted] — Signature of Appointee

[redacted] — Signature of U.S. Marshal or Officer Administering Oath

9/30/2020 — Expiration Date

IOD-[redacted]E/WI — District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT — Appointee's Employer

US MARSHALS SERVICE — Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233 — Employer's Address

[redacted] — Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

[redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted]ITABILITY APPROVAL

[redacted] — Appointee

9/30/2020 — Expiration Date

[redacted] — Chief, Special Deputation Unit

[redacted] — U.S. Marshal or Designated Federal Official

9/10/2020 — Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 16 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD (b) (7)(E) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A (b) (6), (b) (7)(C), (b) (7)(F) LITY APPROVAL

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

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

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

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 15 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD (b) (7)(E) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY ESCORTED ACCESS UNTIL GRANTED A Y APPROVAL

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

9/10/2020
Authorization Date

/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 14 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7)(E)/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

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

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

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

9/10/2020
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Form USM-3B
Rev. 06/11
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Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD (b) (7)(E) E/WI
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SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
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Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
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Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

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District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

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Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

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Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7)(E)E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

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Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
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U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at [redacted] after completion.

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

[redacted]
Signature of Appointee

[redacted]
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-[redacted]E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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SPECIAL DEPUTATION APPOINTMENT

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[redacted]

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted]BILITY APPROVAL

[redacted]
Appointee

9/30/2020
Expiration Date

[redacted]
Chief, Special Deputation Unit

[redacted]
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
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AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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9/30/2020
Expiration Date

IOD-(b) (7)(E)/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

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Appointee

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(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

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Signature of Appointee

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District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
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OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7)(E)E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A (b) (6), (b) (7)(C), (b) (7)(F) APPROVAL

0/2020
Appointee — Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD (b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
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VALID 9/11/2020 - 9/30/2020

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NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [illegible]LITY APPROVAL

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

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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OATH OF OFFICE

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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OPERATION LEGEND

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A TY APPROVAL

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

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD (b) (7)(E) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

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NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

(b) (6), (b) (7)(C), (b) (7)(F) RTED ACCESS UNTIL GRANTED A BILITY APPROVAL

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

9/10/2020
Authorization Date

9/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at [redacted] after completion.

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

[redacted]

[redacted]
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-[redacted]E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

SPECIAL DEPUTATION APPOINTMENT

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

This certifies that
[redacted]
OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted]BILITY APPROVAL

[redacted]
Appointee

9/30/2020
[redacted]

[redacted]
Chief, Special Deputation Unit

9/10/2020
Authorization Date

[redacted]
U.S. Marshal or Designated Federal Official

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD (b) (7)(E) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND

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VALID 9/11/2020 - 9/30/2020

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NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

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

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
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AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee, WISCONSIN

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD(b) (7)(E) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

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(b) (6), (b) (7)(C), (b) (7)(F) [redacted]

OPERATION LEGEND

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A (b) (6), (b) (7)(C), (b) (7)(F) UITABILITY APPROVAL [redacted]

Appointee

9/30/2020

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
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(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7)(E)/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A SUITABILITY APPROVAL

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

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C), (b) (7)(F)
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: Operation LeGend special deputation Kansas City
Date: Tuesday, August 18, 2020 3:01:31 PM
Attachments: DEA LeGend deputation.pdf
USMS.tiff

Please see the attached special deputation form for an additional DEA agent who will be working with the USMS in Kansas City for Operation LeGend.

Thank you

(b) (6), (b) (7)(C), (b) (7)(F)
[redacted]
Supervisory Deputy
U.S. Marshals
Kansas City, MO
(b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Western District of Missouri	(b) (6), (b) (7)(C), (b) (7)(F)	(b) (6), (b) (7)(C), (b) (7)(F)

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b) (7)(C)				

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
Drug Enforcement Administration	(b) (6), (b) (7)(C), (b) (7)(F)	(b) (6), (b) (7)(C), (b) (7)(F)@usdoj.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)(C)	15 Executive Dr., (b) (6), (b) (7)(C)	Fairview Heights	IL	62208

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the Operation LeGend, Midwest Violent Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 8/18/2020 (Month/Day/Year) to 10/01/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 8/18/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: _____ Date: _____

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000043
000043

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

Drug Enforcement Administration

2. Applicant's District (District of Swearing in Location):

Drug Enforcement Administration

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- (b) (6), (b) (7)(C)

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Form USM-3C
Rev. 04/19

MULTI-DOJ-USMS-20-1992-A-000544
000044

August 17, 2020

Chief Deputy US Marshal Scott Seeling
US Marshal Service
400 E. 9th Street
Kansas City, MO 64106

Chief Deputy US Marshal [redacted]

The following Drug Enforcement Administration agent has been assigned to participate in the Department of Justice Operation Legend and specifically assigned to the USMS Task Force. His participation requires he obtain a special deputation.

SA [redacted]

The above listed agent is in good standing with DEA and is currently qualified on all issued firearms. Furthermore, he is not currently under any type of internal investigation, nor is he a subject of any criminal inquiry.

The listed member is granted permission to work with the USMS Task Force, as a Special Deputy US Marshal.

Sincerely,

[redacted]

Special Agent in Charge
Drug Enforcement Administration
St. Louis Division

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C), (b) (7)(F)
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: Spec Dep Request Operation Legend KC
Date: Wednesday, July 22, 2020 4:50:37 PM
Attachments: USMS Memo.pdf
USM3C Operation Legend KC.pdf

Good afternoon,
Attached is a SpecDep request for Operation Legend.
Thank you.

(b) (6), (b) (7)(C), (b) (7)(F)
Chief Deputy U.S. Marshal
Western District of Missouri
(b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

U. S. Department of Justice
Drug Enforcement Administration
(b) (6), (b) (7)(C), (b) (7)(F)
Special Agent in Charge
St. Louis Division Office

www.dea.gov

July 22, 2020

Chief Deputy US Marshal (b) (6), (b) (7)(C), (b) (7)(F)
US Marshal Service
400 E. 9th Street
Kansas City, MO 64106

Chief Deputy US Marshal (b) (6), (b) (7)(C), (b) (7)(F)

The following Drug Enforcement Administration agents have been assigned to participate in the Department of Justice Operation Legend and specifically have been assigned to the USMS Task Force. Their participation requires they obtain a special deputation.

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

The above listed agents are in good standing with DEA and are currently qualified on all issued firearms. Furthermore, they are not currently under any type of internal investigation, nor are they a subject of any criminal inquiry.

The Listed members are granted permission to work with the USMS Task Force, as a Special Deputy US Marshal.

(b) (6), (b) (7)(C), (b) (7)(F)
Special Agent in Charge

AMERICAN OVERSIGHT

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *		
Western District of Missouri	(b) (6), (b) (7)(C), (b) (7)(F) [redacted]			
4. Phone Number: *	**5. District Address - Street: ***	**6. City: ***	**7. State: ***	**8. ZIP Code: ***
(b) (6), (b) (7)(C) [redacted]	400 E 9th Street, (b) (6), (b) (7)(C) [redacted]	Kansas City	MO	64106

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *		
Drug Enforcement Administration	(b) (6), (b) (7)(C), (b) (7)(F) [redacted]			
12. Phone Number: *	**13. Agency Address - Street: ***	**14. City: ***	**15. State: ***	**16. ZIP Code: ***
(b) (6), (b) (7)(C) [redacted]	15 Executive Dr. (b) (6), (b) (7)(C) [redacted]	Fairview Heights	IL	62208

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the Operation LeGend, Midwest Violent Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 07/24/2020 *(Month/Day/Year)* to 10/01/2020 *(Month/Day/Year)*

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signatur[redacted] (b) (6), (b) (7)(C), (b) (7)(F) [redacted] Date: 7-22-20

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☐ Appro[redacted] ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signatur[redacted] Date:

Chief, Special Deputation Branch or Designee

* = Required Field

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-A-000049
000049

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

Drug Enforcement Administration

2. Applicant's District (District of Swearing in Location):

Drug Enforcement Administration

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

[redacted]

(b) (6), (b) (7)(C)

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature

[redacted]

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

Add Additional Rows

* = *Required Field*

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000050
000050

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					

Add Additional Rows

CLICK HERE to submit form (b) (6), (b) (7)(C) *(Attach any supporting documentation)*

* = *Required Field*

Form USM-3C
Rev. 04/19

AMERICAN OVERSIGHT

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000052
000052

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit a[redacted] after completion.

OATH OF OFFICE

I [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23 day of JULY, 2020, at Kansas City, MISSOURI
City State

[redacted]
Signature of Appointee

[redacted]
Signature of Administering Oath

10/1/2020
Expiration Date

WXIO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR, FAIRVIEW HEIGHTS, IL 62208
Employer's Address

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Court Cargo
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

[redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL CASE UNDER THEIR AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS
UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

[redacted]
Appointee

10/1/2020
Expiration Date

[redacted]
Chief, Special Deputation Unit

[redacted]

7/23/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division. **Return this form to the Special Deputation Unit at** (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23rd day of JULY, 2020, at Kansas City (City) MISSOURI (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Official Administering Oath

10/1/2020
Expiration Date

WMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL OFFENSE UNDER TITLE 18 USC AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

VOLUNTARY DUTY

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

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Authorizing Official

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/23/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit a[redacted] after completion.

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23 day of JULY, 2020, at Kansas City (City) MISSOURI (State)

[redacted]

[redacted] Oath

10/1/2020
Expiration Date

WMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate [redacted] the expiration of the term of the Special Deputation.

For verification, contact United States Marshals Service Comm Center (202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

[redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL IT UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

[redacted] NOT VALID OFF DUTY

[redacted]

10/1/2020
Expiration Date

[redacted]

[redacted]

7/23/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23 day of JULY, 2020, at Kansas City (City), MISSOURI (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

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

10/1/2020
Expiration Date

WMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR, FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact United States Marshals Service Comm Center (202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL PROSECUTION UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

VALID OFF DUTY

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/28/2020
Authorization Date

Form USM-38
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23 day of JULY, 2020, at Kansas City (City), MISSOURI (State)

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

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Deputy Administering Oath

10/1/2020
Expiration Date

WDMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL FELONY UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

[redacted] IN FEDERAL DRUG INVESTIGATIONS
[redacted] IZED BY DEA OR FBI
[redacted] D OFF DUTY

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

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Authorizing Official

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

7/23/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23 day of JULY, 2020, at Kansas City (City), MISSOURI (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Designated Official Administering Oath

10/1/2020
Expiration Date

WMIO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR, FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, these authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL FELONY UNDER TITLE 18 AUTHORITY

VALID 7-24-2020 - 10-1-2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS AUTHORIZED BY DEA OR FBI

NOT AUTHORIZED OFF DUTY

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

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7-23-2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division. **Return this form to the Special Deputation Unit at** (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23 day of JULY, 2020, at Kansas City (City) MISSOURI (State)

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of [illegible] Administering Oath

10/1/2020
Expiration Date

WMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER RITE'S AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

(b) (6), (b) (7)(C), (b) (7)(F) [redacted] D OFF DUTY
Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
[illegible] Federal Official

7/23/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division. **Return this form to the Special Deputation Unit at** (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23rd day of JULY, 2020, at Kansas City (City) MISSOURI (State)

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

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

WMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

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

OFF DUTY

Appointee

10/1/2020
Expiration Date

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

Chief, Special Deputation Unit

U.S. Marshal or Designated Federal Official

7/23/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 23 day of JULY, 2020, at Kansas City (City) MISSOURI (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10 1 2020
Expiration Date

WMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR, FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND
has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:
TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL CHARGE UNDER TITLE 18 AUTHORITY
VALID 7/24/2020 - TO 1/2020
This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

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

10 1 2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

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

7/23/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C), (b) (7)(F)
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: RE: Oath, Auth and Appointment for (b) (7) / OP LEGEND (D-NM)
Date: Thursday, September 17, 2020 10:43:47 AM
Attachments: STIU (10) Operation LGND.pdf

Good Morning,

Please find attached the signed USM-3Bs (b) (7) for Operation Legend Special Deputations – NMCD – Probation/Parole Division.

Thank you,

(b) (6), (b) (7)(C), (b) (7)(F)
Investigative Analyst
United States Marshals Service
District of New Mexico
(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F)
Sent: Thursday, September 10, 2020 9:49 AM
To: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: Oath, Auth and Appointment for (b) (7) / OP LEGEND (D-NM)

Hello,

In order to ensure compliance with USMS Policy Directive 17.11, please return ALL executed USM-3B's to the Special Deputation Unit at (b) (7)(E) for final processing within 7 days of today's date. Please ensure the date, location, and both appointee and U.S. Marshal or Designated Federal Official signatures are complete. **These are for a group operation for Operation Legend.**

Thank you,

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | (b) (7)(E)
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 16th day of September, 2020, at Albuquerque, NEW MEXICO

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

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

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/10/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted] AL SUITABILITY APPROVAL

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

9/30/2020

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

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

Chief, Special Deputation Unit

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) after completion.

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 16th day of September, 2020, at Albuquerque, NEW MEXICO

[redacted] (b) (6), (b) (7)(C), (b) (7)(F)

Signature of Appointee

[redacted] (b) (6), (b) (7)(C), (b) (7)(F)

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

[redacted] (b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

[redacted] (b) (6), (b) (7)(C), (b) (7)(F)

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/10/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A ITY APPROVAL

[redacted] (b) (6), (b) (7)(C), (b) (7)(F)

Appointee

9/30/2020

[redacted] (b) (6), (b) (7)(C), (b) (7)(F)

Chief, Special Deputation Unit

[redacted] (b) (6), (b) (7)(C), (b) (7)(F)

U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 16th day of September, 2020, at Albuquerque, NEW MEXICO

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/10/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

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

9/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

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AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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OATH OF OFFICE

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[redacted]
Signature of Appointee

[redacted]
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

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OPERATION LEGEND

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VALID 9/10/2020 - 9/30/2020

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[redacted] ED ACCESS UNTIL GRANTED A [redacted] TY APPROVAL

[redacted]
Appointee

9/30/2020

[redacted]
Chief, Special Deputation Unit

9/10/2020
Authorization Date

[redacted]
U.S. Marshal or Designated Federal Official

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 9/10/2020 - 9/30/2020

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(b) (6), (b) (7)(C), (b) (7)(F) ESCORTED ACCESS UNTIL GRANTED A UITABILITY APPROVAL

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

9/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

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

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-A-000067

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

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VALID 9/10/2020 - 9/30/2020

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A (b) (6), (b) (7)(C), (b) (7)(F) TABILITY APPROVAL

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

9/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
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AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Subscribed and sworn to me this 16th day of September, 2020, at Albuquerque, NEW MEXICO

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]

OPERATION LEGEND

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VALID 9/10/2020 - 9/30/2020

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Chief, Special Deputation Unit

9/10/2020
Authorization Date

9/10/2020

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
U.S. Marshal or Designated Federal Official

Form USM-3B
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AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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

9/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

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United States Marshals Service

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Signature of Appointee

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

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

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Sponsoring Agency Contact Name and Phone No. during Special Deputation
(U.S. Marshal or Designated Federal Official)

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

9/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
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9/10/2020
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AMERICAN OVERSIGHT

U.S. Department of Justice
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[redacted]
Signature of Appointee

[redacted]
Signature of U.S. Marshal or Officer Administering Oath

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SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

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Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

[redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/10/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

[redacted]ORTED ACCESS UNTIL GRANTED A [redacted]ABILITY APPROVAL

[redacted]
Appointee

9/30/2020

[redacted]
Chief, Special Deputation Unit

[redacted]
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 20TH day of AUGUST, 2020, at ST. LOUIS, MISSOURI (State)

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

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

111 S. 10TH ST., ST. LOUIS, MO 63102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)

ST. LOUIS METRO FUGITIVE TASK FORCE

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8/18/2020 - 12/31/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A (b) (6), (b) (7)(C), (b) (7)(F) UITABILITY APPROVAL

12/31/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/18/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

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

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

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

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

AMERICAN OVERSIGHT

U.S. Department of Justice
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Signature

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

111 S. 10TH ST., ST. LOUIS, MO 63102
Employer's Address

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

12/31/2020
Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

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

8/18/2020
Authorization Date

Form USM-3B
Rev. 06/11
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AMERICAN OVERSIGHT

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X (b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

111 S. 10TH ST., ST. LOUIS, MO 63102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
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X
Appointee

12/31/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/18/2020
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AMERICAN OVERSIGHT

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United States Marshals Service

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

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(b) (6), (b) (7)(C), (b) (7)(F)
(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

12/31/2020
(b) (6), (b) (7)(C), (b) (7)(F)
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT
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(b) (6), (b) (7)(C), (b) (7)(F)

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AMERICAN OVERSIGHT

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United States Marshals Service

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

111 S. 10TH ST., ST. LOUIS, MO 63102
Employer's Address

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[illegible] ESCORTED ACCESS UNTIL GRANTED A [illegible] ITABILITY APPROVAL

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

12/31/2020
[illegible]

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/18/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

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Signature of Appointee

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Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

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Employer's Address

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Appointee

12/31/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
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Form USM-3B
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Signature of Appointee

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SPONSORING AGENCY INFORMATION

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US MARSHALS SERVICE
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111 S. 10TH ST., ST. LOUIS, MO 63102
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[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation
(U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that
[redacted]
ST. LOUIS METRO FUGITIVE TASK FORCE

has been specially appointed as a Special Deputy U.S. Marshal
to perform the following duties as authorized by law:
TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 8/18/2020 - 12/31/2020
This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted] BILITY APPROVAL

[redacted]
Appointee

12/31/2020
Expiration Date

[redacted]
Chief, Special Deputation Unit

[redacted]
U.S. Marshal or Designated Federal Official

8/18/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-A-000085

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

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

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

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 20TH day of AUGUST, 2020, at ST. LOUIS, MISSOURI
State

X (b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

111 S. 10TH ST., ST. LOUIS, MO 63102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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For verification, contact United States Marshals Service Cooga Center (202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8/18/2020 - 12/31/2020

His deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

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

12/31/2020
Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Designated Federal Official

8/18/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-A-000087

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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Subscribed and sworn to me this 20TH day of AUGUST, 2020, at ST. LOUIS, MISSOURI (State)

X (b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

111 S. 10TH ST., ST. LOUIS, MO 63102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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For verification, contact United States Marshals Service Comm Center (202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

ST. LOUIS METRO FUGITIVE TASK FORCE

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8/18/2020 - 12/31/2020

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

X (b) (6), (b) (7)(C), (b) (7)(F) 12/31/2020
Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

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

8/18/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

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

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

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

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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Subscribed and sworn to me this 20TH day of AUGUST, 2020, at ST. LOUIS (City), MISSOURI (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

111 S. 10TH ST., ST. LOUIS, MO 63102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

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

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NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A SUITABILITY APPROVAL

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

12/31/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/18/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

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

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

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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(City) State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Administering Oath

12/31/2020
Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

111 S. 10TH ST., ST. LOUIS, MO 63102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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(202) 307-9100.

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

(b) (6), (b) (7)(C), (b) (7)(F)
Approving Official

12/31/2020
Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

8/18/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

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

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

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Subscribed and sworn to me this 20TH day of AUGUST, 2020, at ST. LOUIS, MISSOURI (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

111 S. 10TH ST., ST. LOUIS, MO 63102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

X
Appointee

12/31/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/18/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

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

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

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

111 S. 10TH ST., ST. LOUIS, MO 63102
Employer's Address

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

12/31/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/18/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

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

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

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Subscribed and sworn to me this 20TH day of AUGUST, 2020, at ST. LOUIS, MISSOURI
(b) (6), (b) (7)(C), (b) (7)(F) State

X (b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee — Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

111 S. 10TH ST., ST. LOUIS, MO 63102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)

ST. LOUIS METRO FUGITIVE TASK FORCE

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8/18/2020 - 12/31/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A SUITABILITY APPROVAL

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

12/31/2020
Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/18/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

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

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

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, **ROBERTO VALENTIN** *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 20TH day of AUGUST, 2020, at ST. LOUIS, MISSOURI
State

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

X _____
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

111 S. 10TH ST., ST. LOUIS, MO 63102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation
(U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

ST. LOUIS METRO FUGITIVE TASK FORCE

has been specially appointed as a Special Deputy U.S. Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8/18/2020 - 12/31/2020

This deputation has the following limitations:

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

X _____
Appointee
(b) (6), (b) (7)(C), (b) (7)(F)

12/31/2020
E[illegible]

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

Chief, Special Deputation Unit

8/18/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

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

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

AMERICAN OVERSIGHT

From: (b) (7)(F), (b)
To: (b) (6), (b) (7)
Subject: RE: USM-3B Oaths of Office for D/NM Operation Legend
Date: Wednesday, September 9, 2020 4:46:00 PM

Good afternoon,
The USM-3Bs are in receipt. Thank you for keeping us updated with the remaining three TFO's not included.
All the best,

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | (b) (6), (b) (7)(C)
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7)(C) | Office: (b) (6), (b) (7)

From: (b) (6), (b) (7)(C), (b) (7)(F)
Sent: Wednesday, September 9, 2020 4:39 PM
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: RE: USM-3B Oaths of Office for D/NM Operation Legend

Good Afternoon,
Please find attached (b) (7) signed USM-3Bs for D/NM – Operation Legend for Bernalillo County Sheriff's Office (BCSO). The remaining (b) will be done at a later time.
Thank you,

(b) (6), (b) (7)(C), (b)
Investigative Analyst
United States Marshals Service
District of New Mexico
(b) (6), (b) (7)
(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F)
Sent: Friday, August 28, 2020 9:45 AM
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: USM-3B Oaths of Office for D/NM Operation Legend

Good morning,
Attached are (b)) USM-3B Oaths of Office for D/NM Operation Legend. Please return a copy of the signed forms as soon as possible for recordkeeping.
Thank you,

(b) (6), (b) (7)(C), (b)
Special Deputation Specialist
TOD/Special Deputations Branch
US Marshals Service
(b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

(b) (6), (b) (7) mobile

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 16th day of Sept., 2020 at Albuquerque, NM

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

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

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

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F) (b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 16th day of Sept., 2020, at Albuquerque, NM

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

Signature of Appointee

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

Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

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VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS
DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

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

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

Chief, Special Deputation Unit

8/28/2020
Authorization Date

11/30/2020

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

U.S. Marshal or Designated Federal Official

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 16th day of Sept., 2020, at Albuquerque, NM

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8/28/2020 - 11/30/2020

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NOT VALID OFF DUTY

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

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

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

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4th day of September, 2020 at Albuquerque, New Mexico

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

Signature of Appointee

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

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

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VALID OFF DUTY

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

Appointee

11/30/2020

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

Chief, Special Deputation Unit

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

U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-A-000108

U.S. Department of Justice
United States Marshals Service

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I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4th day of September, 2020, at Albuquerque, NM

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
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(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

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

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VALID 8/28/2020 - 11/30/2020

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NOT VALID OFF DUTY

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

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4th day of Sept., 2020, at Albuquerque, NM
ate

(b) (6), (b) (7)(C), (b) (7)(F) 165
Signat

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

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

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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VALID 8/28/2020 - 11/30/2020

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(b) (6), (b) (7)(C), (b) (7)(F) OFF DUTY

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

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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Subscribed and sworn to me this 4th day of Sept., 2020, at Albuquerque, NM
State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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(202) 307-9100.

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VALID 8/28/2020 - 11/30/2020

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NOT VALID OFF DUTY

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

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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Subscribed and sworn to me this 4th day of Sept., 2020, at Albuquerque, NM
City, State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

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(b) (6), (b) (7)(C), (b) (7)(F)
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VALID 8/28/2020 - 11/30/2020

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NOT VALID OFF DUTY

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

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

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

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previous Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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Subscribed and sworn to me this 4th day of Sept., 2020, at Albuquerque, NM

(b) (6), (b) (7)(C), (b) (7)(F) 16C

Signature of Appointee

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

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
VALID OFF DUTY

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

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Date: 2020.08.28 10:53:42 -04'

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

Chief, Special Deputation Unit

U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Forms USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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Subscribed ~~and sworn~~ to me this 4th day of Sept., 2020, at Albuquerque, NM

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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ID OFF DUTY

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

11/30/2020
(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

8/28/2020
Authorization Date

Form USM-3B
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AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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OATH OF OFFICE

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(b) (6), (b) (7)(C), (b) (7)(F) _____ (b) (6), (b) (7)(C), (b) (7)(F) _____ state

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
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NOT VALID OFF DUTY

(b) (6), (b) (7)(C), (b) (7)(F) _____ 11/30/2020 (b) (6), (b) (7)(C), (b) (7)(F) _____

Chief, Special Deputation Unit

U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-A-000116

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Subscribed and sworn to me this 4 day of SEPTEMBER, 2020 at ALBUQUERQUE NM
(b) (6), (b) (7)(C), (b) (7)(F) State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

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

30/2020
(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previous Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4 day of SEPTEMBER, 2020, at ALBUQUERQUE, NEW MEXICO

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

Signature of Appointee

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

Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

OFF DUTY

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

Appointee

11/30/2020

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

Chief, Special Deputation Unit

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

U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previous editions obsolete) (USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4 day of SEPT, 2020, at ALBUQUERQUE, NEW MEXICO

(b) (6), (b) (7)(C), (b) (7)(F) — State

Signature of Appointee

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

Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

VALID OFF DUTY

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

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Date: 2020.08.28 10:08:16 -04'00'

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

Chief, Special Deputation Unit

U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4 day of SEPTEMBER 2020, at ALBUQUERQUE, NEW MEXICO
City, State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

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

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Date: 2020.08.28 10:43:57 -04'00'
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4 day of SEPT, 2020, at ALBUQUERQUE, NEW MEXICO

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

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

11/30/2020
(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 24 day of SEPT., 2020, at ALBUQUERQUE, NEW MEXICO
State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

11/30/2020
Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4th day of September, 2020, at Albuquerque, NM

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
[illegible] OFF DUTY

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

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4th day of Sept., 2020, at Albuquerque, NM
(b) (6), (b) (7)(C), (b) (7)(F) State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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For verification, contact
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(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

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

OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8-28-2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

(b) (6), (b) (7)(C), (b) (7)(F)
(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

11/30/2020
(b) (6), (b) (7)(C), (b) (7)(F)

8/28/2020
Authorization Date

Form USM-38
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4th day of Sept., 2020, at Albuquerque, NM
State

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C) [redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

VALID OFF DUTY

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Appointee

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previous Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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Subscribed and sworn to me this 4th day of Sept., 2020, at Albuquerque, NM
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(b) (6), (b) (7)(C), (b) (7)(F)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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(202) 307-9100.

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VALID 8/28/2020 - 11/30/2020

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OFF DUTY

(b) (6), (b) (7)(C), (b) (7)(F)
(b) (6), (b) (7)(C), (b) (7)(F)
Date: 2020.08.28 10:27:23 -04'00'
Chief, Special Deputation Unit

8/28/2020
Authorization Date

11/30/2020
(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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For verification, contact
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(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

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

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

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

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

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(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND
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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 8/28/2020 - 11/30/2020

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NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
ALID OFF DUTY

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

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
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Subscribed and sworn to me this 4th day of September, 2020, at Albuquerque, NM

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

OFF DUTY

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

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

8/28/2020
Authorization Date

11/30/2020

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

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4th day of Sept., 2020, at Albuquerque, NM

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

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VALID 8/28/2020 - 11/30/2020

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NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS
(b) (6), (b) (7)(C), (b) (7)(F) LESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

11/30/2020
Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

8/28/2020
Authorization Date

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

Form USM-3B
Rev. 06/11
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City State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

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

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

8/28/2020
Authorization Date

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

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Signature of Appointee

11/30/2020
Expiration Date

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D/NM
District or Division

SPONSORING AGENCY INFORMATION

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Appointee's Employer

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Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:
TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

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

11/30/2020
(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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Subscribed and sworn to me this 4th day of Sept., 2020, at Albuquerque, NM
State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

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Appointee

11/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

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U.S. Marshal or Designated Federal Official

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11/30/2020
Expiration Date

D/NM
District or Division

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BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

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NOT VALID OFF DUTY

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(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

11/30/2020
(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

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(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

11/30/2020
(b) (6), (b) (7)(C), (b) (7)(F)

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-A-000135

U.S. Department of Justice
United States Marshals Service

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Official Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

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OFF DUTY

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

11/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

8/28/2020
Authorization Date

Form USM-3B
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AMERICAN OVERSIGHT

U.S. Department of Justice
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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

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Form USM-3B
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Form USM-3B
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AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-AS000538

U.S. Department of Justice
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Chief, Special Deputation Unit

8/28/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
District of New Mexico Bernalillo County Sheriffs Office	(b) (6), (b) (7)(C), (b) (7)(F)	(b) (6), (b) (7)(C), (b) (7)(F)

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b) (7)(C)	[redacted]	Albuquerque	NM	87102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
Albuquerque, NM	(b) (6), (b) (7)(C), [redacted]	[redacted]

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)(C)	400 Roma NW	Albuquerque	NM	87102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the Operation Legend Task Force, Operation, or Mission. *

This Deputation is valid from 08/25/2020 (Month/Day/Year) to 11/30/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attach[redacted] (b) (6), (b) (7)(C), (b) (7)(F) ation and verify that the information submitted by them is true and accurate.

Authorized Signature: [redacted] Date: 08/25/2020

ee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C) (b) (7)(F) Date: 08/28/2020

Chief, Special Deputation Branch or Designee

* = Required Field

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000540
000140

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:
Albuquerque, NM Bernalillo County Sheriffs Office

2. Applicant's District (District of Swearing in Location):
Albuquerque, NM

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]			7/7/2020	(b) (6), (b) (7)(C), (b) (7)(F) [redacted]	
			6/16/2020		
			3/5/2020		
			4/27/2020		
			8/25/2020		
			8/19/2020		

Add Additional Rows

* = Required Field

Form USM-3C
Rev. 04/19

AMERICAN OVERSIGHT

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)	[redacted]	[redacted]	03/03/2020	(b) (6), (b) (7)(C), (b) (7)(F)	[redacted]
[redacted]	[redacted]	[redacted]	08/20/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	07/28/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	08/20/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	04/30/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	05/06/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	07/29/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	05/07/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	08/24/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	03/09/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	05/07/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	04/27/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	05/11/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	08/24/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	07/30/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	08/12/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	05/05/2020	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	08/19/2020	[redacted]	[redacted]

Add Additional Rows

* = Required Field

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000542
000142

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)			08/18/2020	(b) (6), (b) (7)(C), (b) (7)(F)	
			08/11/2020		
			04/20/2020		
			07/07/2020		
			07/03/2020		
			04/08/2020		
			07/07/2020		
			03/05/2020		
			08/24/2020		
			08/19/2020		
			04/21/2020		

CLICK HERE to submit form (b) (6), (b) (7)(C) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = *Required Field*

MULTI-DOJ-USMS-20-1992-A-000143
000143

August 25, 2020

U.S. Marshal: (b) (6), (b) (7)(C), (b) (7)(F)
U.S. Courthouse
333 Lomas Boulevard, N.W.,
Albuquerque, NM 87101
(b) (6), (b) (7)(C)

Dear U.S. Marshal (b) (6), (b) (7)

We appreciate your authorization to deputize several of our deputies and look forward to our continued partnership with the U.S. Marshal's Services. Please find below a list of sworn personnel who are in good standing with the department and do not have an adverse Internal Affairs investigation at this time.

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

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

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

Headquarters
Bernalillo County Sheriff's Department
(b) (6), (b) (7)(C)

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-A-000544
000144

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *		
District of New Mexico Bernalillo County Sheriffs Office	(b) (6), (b) (7)(C), (b) (7)(F)	(b) (6), (b) (7)(C), (b) (7)(F)		
4. Phone Number: *	**5. District Address - Street: ***	**6. City: ***	**7. State: ***	**8. ZIP Code: ***
(b) (6), (b) (7)	(b) (6), (b) (7)(C)	Albuquerque	NM	87102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *		
Albuquerque, NM	(b) (6), (b) (7)(C) (b) (7)(F)	(b) (6), (b) (7)(C)		
12. Phone Number: *	**13. Agency Address - Street: ***	**14. City: ***	**15. State: ***	**16. ZIP Code: ***
(b) (6), (b) (7)(C)	400 Roma NW	Albuquerque	NM	87102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the Operation Legend Task Force, Operation, or Mission. *

This Deputation is valid from 08/25/2020 (Month/Day/Year) to 11/30/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attach(b) (6), (b) (7)(C), (b) (7)(F) ation and verify that the information submitted by them is true and accurate.

Authorized Signature: [redacted] Date: 08/25/2020

ee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C) Date: 08/28/2020

Chief, Special Deputation Branch or Designee

* = Required Field

Form USM-3C
Rev. 04/19

AMERICAN OVERSIGHT

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:
Albuquerque, NM Bernalillo County Sheriff's Office

2. Applicant's District (District of Swearing in Location):
Albuquerque, NM

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)			7/7/2020		(b) (6), (b) (7)(C), (b) (7)(F)
			6/16/2020		
			3/5/2020		
			4/27/2020		
			8/25/2020		
			8/19/2020		

Add Additional Rows

* = Required Field

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1922-A-000146
000146

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)	[redacted]	[redacted]	03/03/2020	[redacted]	(b) (6), (b) (7)(C)
			08/20/2020		
			07/28/2020		
			08/20/2020		
			04/30/2020		
			05/06/2020		
			07/29/2020		
			05/07/2020		
			08/24/2020		
			03/09/2020		
			05/07/2020		
			04/27/2020		
			05/11/2020		
			08/24/2020		
			07/30/2020		
			08/12/2020		
			05/05/2020		
			08/19/2020		

Add Additional Rows

* = *Required Field*

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000547
000147

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)	[redacted]	[redacted]	08/18/2020	[redacted]	(b) (6), (b) (7)(C), (b) (7)(F)
			08/11/2020		
			04/20/2020		
			07/07/2020		
			07/03/2020		
			04/08/2020		
			07/07/2020		
			03/05/2020		
			08/24/2020		
			08/19/2020		
			04/21/2020		

CLICK HERE to submit form [redacted]@usdoj.gov *(Attach any supporting documentation)*

* = *Required Field*

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000148
000148

BERNALILLO COUNTY
SHERIFF'S OFFICE

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

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

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

August 25, 2020

U.S. Marshal:
U.S. Courthouse
333 Lomas Boulevard, N.W.,
Albuquerque, NM 87101
(b) (6), (b) (7)(C)

Dear U.S. Marshal (b) (6), (b) (7)

We appreciate your authorization to deputize several of our deputies and look forward to our continued partnership with the U.S. Marshal's Services. Please find below a list of sworn personnel who are in good standing with the department and do not have an adverse Internal Affairs investigation at this time.

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C), (b) (7)(F)
Headquarters
Bernalillo County Sheriff's Department
(b) (6), (b) (7)(C)

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-A-000549
000149

From: (b) (6), (b) (7)
To: (b) (6), (b) (7)
Cc: (b) (6), (b) (7)(C),
Subject: FW: USM-3C BCSO - Operation Legend (LGND)
Date: Thursday, August 27, 2020 4:48:26 PM

Hello (b) (6),
Please be advised that this is for Operation Legend. Please expedite.
Thank you,

(b) (6), (b) (7)(C), (b) (7)
Investigative Analyst
United States Marshals Service
District of New Mexico
(b) (6), (b) (7)
(b) (6), (b) (7)(C), (b) (7)

From: (b) (6), (b) (7)(C), (b) (7) @usms.doj.gov>
Sent: Thursday, August 27, 2020 2:46 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: RE: USM-3C BCSO - Operation Legend (LGND)

Hello,
The Special Deputation Branch (SDB) is in receipt of the application.
Due to the high volume of applications received by SDB, processing time is **approximately 30-45 days** from the date the completed application is received.
All applications are reviewed for accuracy and compliance with SDB's policies.
Applications returned for correction(s) MUST be received within 30 days of the correction request date, or the application will not be processed. The application will be returned to the sender and corrected application must be resubmitted with **"RESUBMISSION"** written on the top of the USM-3C form.
Thank you for your patience,

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) usdoj.gov | *Office:* (b) (6), (b) (7)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, August 27, 2020 4:30 PM
To: (b) (6), (b) (7)(C), (b) (7) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: USM-3C BCSO - Operation Legend (LGND)

Please find attached the USM-3C for the Bernalillo County S.O. This is for Operation Legend.
Please let me know if I need to send this to a different recipient.
Thank you,

(b) (6), (b) (7)(C), (b) (7)
Investigative Analyst
United States Marshals Service
District of New Mexico

AMERICAN OVERSIGHT

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

AMERICAN OVERSIGHT

NEW MEXICO
CORRECTIONS DEPARTMENT

Cabinet Secretary
(b) (6), (b) (7)(C)

4337 State Road 14, Santa Fe, NM 87508 - PO Box 27116, Santa Fe, NM 87502-0116
Phone: (b) (6), (b) (7)(C) cd.nm.gov

September 9, 2020

Ref: Application for Temporary Special Deputation
United States Marshals Service (USMS) Southwest Investigative Fugitive Task Force (SWIFT)

(b) (6), (b) (7)(C)
Taskforce Supervisor
U.S. Marshals Service
District of New Mexico, Albuquerque
Southwest Investigative Fugitive Team

Dear (b) (6), (b) (7)(C)

This letter is to confirm that the New Mexico Corrections Department Security Threat Intelligence Unit (STIU) is in support of the United States Marshals Service Southwest Investigative Fugitive Task Force. We understand the participants will be issued temporary deputation from the USMS for the remainder of September 2020. We are submitting the following names and confirm they are not involved in any current internal investigations or facing any disciplinary actions. All are in good standing with the New Mexico Corrections Department.

(b) (6), (b) (7)(C)

Respectfully,

(b) (6), (b) (7)(C)
Deputy Director
Security Threat Intelligence Unit (STIU)
New Mexico Corrections Department

AMERICAN OVERSIGHT

From: Dep. Spec (USMS)
To: (b) (6), (b) (7)
Cc: (b) (6), (b) (7)(C),
Subject: RE: USM-3C NMCD - STIU - Operation Legend (LGND)
Date: Wednesday, September 9, 2020 4:41:00 PM

Good afternoon,

The USM-3C is in receipt. We will be prioritizing this application, however, we still require an employment authorization letter to completely process group applications. Please submit an employment letter at your earliest convenience.

Additionally, I see the application requests the valid dates beginning 9/4/2020, however, we cannot backdate authorizations. I just wanted to confirm that their participation on the task force will only become valid once the TFO's are sworn in on the USM-3B.

All the best,

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
(b) (6), (b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F)
Sent: Wednesday, September 9, 2020 4:33 PM
To: (b) (6), (b) (7)(C)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: USM-3C NMCD - STIU - Operation Legend (LGND)

Please find attached the USM-3C for the New Mexico State Corrections Department - Probation/Parole Division – Security Threat Intelligence Unit (STIU). This is for Operation LGND. Please expedite. USMS is the sponsoring agency.

Thank you,

(b) (6), (b) (7)(C), (b) (7)(C)
Investigative Analyst
United States Marshals Service
District of New Mexico
(b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 16th day of September, 2020, at Albuquerque, NEW MEXICO

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

Signature

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

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/10/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted] SUITABILITY APPROVAL

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

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

Chief, Special Deputation Unit

9/10/2020
Authorization Date

9/30/2020

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

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 16th day of September, 2020, at Albuquerque, NEW MEXICO

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

(b) (6), (b) (7)(C), (b) (7) [redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/10/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted] ITY APPROVAL

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Appointee

9/30/2020

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 16th day of September, 2020, at Albuquerque, NEW MEXICO

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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VALID 9/10/2020 - 9/30/2020

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

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

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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For verification, contact
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(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

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VALID 9/10/2020 - 9/30/2020

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NOT VALID OFF DUTY. ESCORTED ACCESS UNTIL GRANTED A [illegible] TY APPROVAL

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

9/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-A-000157

U.S. Department of Justice
United States Marshals Service

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

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VALID 9/10/2020 - 9/30/2020

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ESCORTED ACCESS UNTIL GRANTED A SUITABILITY APPROVAL

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

9/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

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

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-A-000158

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at [redacted] **after completion.**

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 16th day of September, 2020, at Albuquerque, NEW MEXICO

[redacted]
Signature of Appointee

[redacted]
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

[redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 9/10/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted] TABILITY APPROVAL

[redacted]
Appointee

9/30/2020

[redacted]
Chief, Special Deputation Unit

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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Subscribed and sworn to me this 16th day of September, 2020, at Albuquerque, NEW MEXICO

[redacted]
Signature of Appointee

[redacted]
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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SPECIAL DEPUTATION APPOINTMENT

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[redacted]

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

[redacted]
Appointee

9/10/2020

[redacted]
Chief, Special Deputation Unit

9/10/2020
Authorization Date

[redacted]
U.S. Marshal or Designated Federal Official

Form USM-3B
Rev. 06/11
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AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

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(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

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

9/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
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District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

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Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

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Appointee

9/30/2020

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Chief, Special Deputation Unit

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AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 16th day of September, 2020, at Albuquerque, NEW MEXICO

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/10/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

[illegible] ESCORTED ACCESS UNTIL GRANTED A [illegible] ABILITY APPROVAL

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

9/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-A-000163

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *		
District of New Mexico	(b) (6), (b) (7)(C), (b) (7)(F)	(b) (6), (b) (7)(C) (b) (7)(F) @usdoj.gov		
4. Phone Number: *	**5. District Address - Street: ***	**6. City: ***	**7. State: ***	**8. ZIP Code: ***
(b) (6), (b) (7)(C)	333 Lomas Blvd. NW Suite 180	Albuquerque	NM	87102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *		
New Mexico Corrections Department - Secruity Threat Intellience Unit	(b) (6), (b) (7)(C) (b) - Fugitive Enforcement Manager	(b) (6), (b) @state.nm.us		
12. Phone Number: *	**13. Agency Address - Street: ***	**14. City: ***	**15. State: ***	**16. ZIP Code: ***
(b) (6), (b) (7)(C)	615 1st St. NW	Albuquerque	NM	87102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the Operation Legend Task Force, Operation, or Mission. *

This Deputation is valid from 09/04/2020 *(Month/Day/Year)* to 09/30/2020 *(Month/Day/Year)*.

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicant for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 9/9/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☑ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date:

Chief, Special Deputation Branch or Designee

* = Required Field

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-A-000164
000164

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

New Mexico Corrections Department - Secruity Threat Intellience Unit

2. Applicant's District (District of Swearing in Location):

New Mexico Corrections Department - Secruity Threat Intellience Unit

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)			9/8/2020	Glock 22 .40 cal	(b) (6), (b) (7)(C), (b) (7)(F)
			9/8/2020	Glock 22 .40 cal	
			9/8/2020	Glock 22 .40 cal	
			9/8/2020	Glock 22 .40 cal	
			9/8/2020	Glock 22 .40 cal	
			9/8/2020	Glock 22 .40 cal	

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000165
000165

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)			9/8/2020	Glock 22 .40 cal	(b) (6), (b) (7)(C), (b) (7)(F)
			9/8/2020	Glock 22 .40 cal	
			9/8/2020	Glock 22 .40 cal	
			9/8/2020	Glock 22 .40 cal	

Add Additional Rows

CLICK HERE to submit form to Spec.Dep@usdoj.gov *(Attach any supporting documentation)*

* = Required Field

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-A-000166
000166

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , MISSOURI
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

W/MO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

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

U S Marshal or Designated Federal Official

7/23/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000568
000168

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , MISSOURI
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

W/MO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING
A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS
UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

7/23/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000559
000169

From: (b) (6), (b) (7)(C), (b) (7)(F)
To:
Cc:
Subject:
Date: Friday, July 24, 2020 3:14:19 PM

Thank you.
Regards,
(b) (6), (b) (7)(C), (b) (7)(F)
Chief Inspector
(b) (7)(E) -Special Deputations
(b) (6), (b) (7)(C) Office
(b) (6), (b) (7)(C) Mobile

NOTICE: This email (including any attachments) is intended for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, or otherwise protected by applicable law. If you are not the intended recipient (or the recipient's agent), you are hereby notified that any dissemination, distribution, copying, or use of this email or its contents is strictly prohibited. If you received this email in error, please notify the sender immediately and destroy all copies.

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Friday, July 24, 2020 3:09 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: Re: Deputations for Operation Safe Passage / Legend
We are working on it. Agency is getting it.

> On Jul 24, 2020, at 2:07 PM, (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov> wrote:
>
> ---
>
> **From:** (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
> **Sent:** Friday, July 24, 2020 2:46 PM
> **To:** (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
> **Cc:** (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
> **Subject:** RE: Deputations for Operation Safe Passage / Legend
> Good afternoon,
> I am writing to follow up on my below email pertaining to the group you submitted for Operation Legend. Do you have a status update on the requested letter? Please send it at your earliest convenience so we can continue processing this group. Thank you!
> Best regards,
> (b) (6), (b) (7)(C), (b) (7)(E)
> *Program Analyst – Special Deputations Branch*
> U.S. Marshals Service | (b) (7)(E)
> Contractor | Project Support Services, Inc. (PSS) |
> Email (b) (6), (b) (7)(C) @usdoj.gov | Office: (b) (6), (b) (7)(C)
>
> ---
>
> **From:** (b) (6), (b) (7)(C), (b) (7)(E) (USMS)

AMERICAN OVERSIGHT

Sent: Friday, July 24, 2020 9:02 AM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: RE: Deputations for Operation Safe Passage / Legend
Importance: High

Good morning,

We require additional documentation for this group. None of the applicants' firearms qualification dates are from within the past 6 months. Because of this, we require a letter from Cook County Sheriff's Department, on agency letterhead, explaining why none of them have qualified in the past 6 months. Please send it at your earliest convenience so I can continue processing. Thank you!

Best regards,

(b) (6), (b) (7)(C), (b) (7)(E)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | (b) (7)(E)
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)

From: Dep, Spec (USMS)
Sent: Friday, July 24, 2020 8:24 AM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: RE: Deputations for Operation Safe Passage / Legend

Good morning,

Thank you, we are in receipt of the application.

Best regards,

(b) (6), (b) (7)(C), (b) (7)(E)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, July 23, 2020 9:04 PM
To: Dep, Spec (USMS) (b) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: Deputations for Operation Safe Passage / Legend

Attached is a group deputation request and agency letter. We had to obtain physical signatures so if that is a problem, please let us know as soon a possible. I know you all have many of these request coming in and don't work over the weekend but the sooner we can get this back the better. The operation started Wed. Thank you in advance for any assistance you can provide.

Thank you,

(b) (6), (b) (7)(C), (b)
Great Lakes Regional Fugitive Task Force
U.S. Marshals Service
(b) (6), (b) (7) (desk)
(b) (6), (b) (7) (cell)

AMERICAN OVERSIGHT

(b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit a[redacted] after completion.

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-[redacted]E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

[redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted]
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000153
000178

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (6), (b) (7) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000354
000174

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (6), (b) (b) (7) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ (City) , ILLINOIS (State)

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) -N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

7/24/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000565
000175

Operation Legend

W/MO Drug Enforcement Administration

(b) (7) (E) TFOs)

AMERICAN OVERSIGHT

Operation Legend

D/NM Bernalillo County Sheriff's Office

(b) (7) (E) TFOs)

AMERICAN OVERSIGHT

Operation Legend

D/NM New Mexico Corrections Dept. - STIU

(b) (7) (E) TFOs)

AMERICAN OVERSIGHT

Operation Legend

E/MO US Immigration & Customs Enforcement

((b)(7)(E) TFOs applied; (b)(7)(E) confirmed sworn-in. Waiting for verification of last TFO)

AMERICAN OVERSIGHT

Operation Legend

GLRFTF E/WI

Milwaukee Police Department

((b)(7)(E) TFOs)

AMERICAN OVERSIGHT

Operation Legend

GLRFTF N/IL

Cook County Sheriff's Office

((b)(7)(E) TFOs)

AMERICAN OVERSIGHT

Operation Legend

GLRFTF S/IN

US Immigration & Customs Enforcement

(b)(7)(E) TFOs applied. (b)(7) removed from operation; (b)(7) sworn-in.)

AMERICAN OVERSIGHT

Operation Legend

W/MO Drug Enforcement Administration

(b) (7) TFO)

AMERICAN OVERSIGHT

Operation Legend

W/MO Drug Enforcement Administration

(b)(7) TFO's)

AMERICAN OVERSIGHT

Operation Legend

D/NM Bernalillo County Sheriff's Office

(b) (6), (b) (7) TFOs)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (6), (b) (b) (7) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7) (b) (b) (7)(E) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-GLRFTF-E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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(202) 307-9100.

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

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VALID 9/11/2020 - 9/30/2020

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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I, (b) (6), (b) (7)(C), (b) (7)(E) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ (City) , WISCONSIN (State)

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD(b) (7)E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

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VALID 9/11/2020 - 9/30/2020

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , ILLINOIS
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) -N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

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

U S Marshal or Designated Federal Official

7/24/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000589
000189

From: (b) (6), (b) (7)
To: Dep, Spec (USMS)
Subject: RE: USM-3C NMCD - STIU - Operation Legend (LGND)
Date: Wednesday, September 9, 2020 4:59:30 PM

Thank you so much. We really appreciate all of the hard work that you guys do. Please let me know if you need additional information from us.
Thank you,

(b) (6), (b) (7)(C), (b) (7)
Investigative Analyst
United States Marshals Service
District of New Mexico
(b) (6), (b) (7)
(b) (6), (b) (7)(C), (b) (7)

From: Dep, Spec (USMS) (b) (6) @usms.doj.gov>
Sent: Wednesday, September 9, 2020 2:52 PM
To (b) @usms.doj.gov>
Subject: RE: USM-3C NMCD - STIU - Operation Legend (LGND)
Thank you! We will process this group as soon as possible. If for some reason the USM-3Bs are not ready tomorrow, I will reach out with another update.
All the best,

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email (b) (6), (b) (7)(C), (b) usdoj.gov | Office: (b) (6), (b) (7)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Wednesday, September 9, 2020 4:47 PM
To: Dep, Spec (USMS) (b) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: RE: USM-3C NMCD - STIU - Operation Legend (LGND)
Good Afternoon,
I'm so sorry that I forgot to e-mail the employment letter in the earlier e-mail. Please find it attached to this e-mail.
We understand that the authorizations cannot be backdated. This organization has not been participating in any operational plans thus far, and will not until they are sworn in on the USM-3B. Thank you for your diligence.
Best,

(b) (6), (b) (7)(C), (b) (7)
Investigative Analyst
United States Marshals Service
District of New Mexico
(b) (6), (b) (7)
(b) (6), (b) (7)(C), (b) (7)

AMERICAN OVERSIGHT

From: Dep, Spec (USMS) (b) (6) @usms.doj.gov>
Sent: Wednesday, September 9, 2020 2:41 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: RE: USM-3C NMCD - STIU - Operation Legend (LGND)

Good afternoon,

The USM-3C is in receipt. We will be prioritizing this application, however, we still require an employment authorization letter to completely process group applications. Please submit an employment letter at your earliest convenience.

Additionally, I see the application requests the valid dates beginning 9/4/2020, however, we cannot backdate authorizations. I just wanted to confirm that their participation on the task force will only become valid once the TFO's are sworn in on the USM-3B.

All the best,

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Wednesday, September 9, 2020 4:33 PM
To: Dep, Spec (USMS) (b) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: USM-3C NMCD - STIU - Operation Legend (LGND)

Please find attached the USM-3C for the New Mexico State Corrections Department - Probation/Parole Division – Security Threat Intelligence Unit (STIU). This is for Operation LGND. Please expedite. USMS is the sponsoring agency.

Thank you,

(b) (6), (b) (7)(C), (b)
Investigative Analyst
United States Marshals Service
District of New Mexico
(b) (6), (b) (7)(C), (b) (7)(F)
(b) (6), (b) (7)(C), (b) @usdoj.gov

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)
To: (b) (6), (b) (7)
Subject: RE: Group Deputation Operation Legend
Date: Monday, August 17, 2020 1:10:40 PM

Hello

1. I will contact ICE and get you the letter
2. Yes this is part of the GLRFTF the district is S/IN Indianapolis (028)
3. These deputations are only for Operation Legend, GLRFTF

Thanks

(b) (6)

From: Dep, Spec (USMS) (b) (6) @usms.doj.gov>
Sent: Monday, August 17, 2020 12:55 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: RE: Group Deputation Operation Legend

Good afternoon,

The USM-3C is in receipt. However, I have a few clarifying questions.

1. There was **no employment authorization letter** attached. We will require an employment letter before processing the application for the five ICE applicants.
2. For clarification regarding the **swearing in district** – the application lists "IOD". Is this part of the Great Lakes RFTF? In which case, which specific district in GLRFTF? This will impact whom we send the USM-3Bs too. Both Chicago and Indianapolis are mentioned on the application.
3. For clarification regarding the **task force** – both "Federal Fugitive Task Force" and "Operation Legend" are included (also if this is GLRFTF, that is a third option). Which task force would you like to be written on the USM-3B?

Please let me know at your earliest convenience so we can continue to process the application. As this is for Operation Legend, we will be prioritizing it once we receive all the information.

All the best,

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Monday, August 17, 2020 12:42 PM
To: Dep, Spec (USMS) (b) (6), (b) (7) @usms.doj.gov>
Subject: Group Deputation Operation Legend

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of _____ , 2020 , at _____ , _____
City State

_____ _____
Signature of Appointee Signature of U.S. Marshal or Officer Administering Oath

11/30/2020 D/NM
Expiration Date District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

_____ 11/30/2020
Appointee Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit U S Marshal or Designated Federal Official

8/28/2020
Authorization Date

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Appointee's Employer

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Appointee Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit U S Marshal or Designated Federal Official

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District or Division

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Appointee's Employer

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Appointee

11/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

8/28/2020
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11/30/2020
Expiration Date

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District or Division

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BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
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11/30/2020
Expiration Date

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Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

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District or Division

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Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

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Appointee

11/30/2020
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[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

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AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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City State

_____ _____
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11/30/2020 D/NM
Expiration Date District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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Chief, Special Deputation Unit U S Marshal or Designated Federal Official

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MULTI-DOJ-USMS-20-1992-A-000200

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US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

_____
Appointee

11/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

_____
U S Marshal or Designated Federal Official

8/28/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000253
000201

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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Subscribed and sworn to me this _____ day of _____ , 2020 , at _____ , _____
City State

_____ _____
Signature of Appointee Signature of U.S. Marshal or Officer Administering Oath

11/30/2020 D/NM
Expiration Date District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
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_____ 11/30/2020
Appointee Expiration Date

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Chief, Special Deputation Unit U S Marshal or Designated Federal Official

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Appointee's Employer

US MARSHALS SERVICE
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US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
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Expiration Date

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Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

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Expiration Date

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District or Division

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BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
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11/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

8/28/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000205
000204

U.S. Department of Justice
United States Marshals Service

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City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

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D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

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BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
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[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

8/28/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

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Subscribed and sworn to me this _____ day of _____ , 2020 , at _____ , _____
City State

_____ _____
Signature of Appointee Signature of U.S. Marshal or Officer Administering Oath

11/30/2020 D/NM
Expiration Date District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

_____ 11/30/2020
Appointee Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit U S Marshal or Designated Federal Official

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City State

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Signature of U.S. Marshal or Officer Administering Oath

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Appointee's Employer

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BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

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Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

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U.S. Department of Justice
United States Marshals Service

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Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

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D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

_____ 11/30/2020
Appointee Expiration Date

[redacted] (b) (6), (b) (7)(C) (b) _____
Chief, Special Deputation Unit U S Marshal or Designated Federal Official

8/28/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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Subscribed and sworn to me this _____ day of _____ , 2020 , at _____ , _____
City State

_____ _____
Signature of Appointee Signature of U.S. Marshal or Officer Administering Oath

11/30/2020 D/NM
Expiration Date District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

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Appointee's Employer

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District or Division

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Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

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U S Marshal or Designated Federal Official

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City State

Signature of Appointee

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Expiration Date

D/NM
District or Division

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BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
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11/30/2020
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Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

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AMERICAN OVERSIGHT

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Subscribed and sworn to me this _____ day of _____, 2020, at _____ (City), _____ (State)

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
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11/30/2020
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(b) (6), (b) (7)(C), (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

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SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

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U S Marshal or Designated Federal Official

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AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000264
000228

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BERNALILLO COUNTY SHERIFF'S OFFICE | US MARSHALS SERVICE
Appointee's Employer | Sponsoring Agency

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United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of _____ , 2020 , at _____ , _____
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

Appointee

11/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

8/28/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of _____ , 2020 , at _____ , _____
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

11/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

BERNALILLO COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

400 ROMA NW, ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 8/28/2020 - 11/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

Appointee

11/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

8/28/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000228
000227

Enforcement and Removal Operations
Chicago Field Office

U.S. Department of Homeland Security
101 Ida B. Wells Drive, Suite 4000
Chicago, IL 60605-1074

U.S. Immigration and Customs Enforcement

August 17, 2020

United States Marshal Service
46 E. Ohio Street
Indianapolis, IN 46204

Re: Deputation Authorization for Operation Legend

To whom it may concern:

Please find this letter authorizing the below listed Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations (ERO) Deportation Officers (DOs) to be deputized for Operation Legend. The listed DOs are not under any internal investigations.

1.) DO (b) (6), (b) (7)(C), (b) (7)(F)
2.) DO
3.) DO
4.) DO
5.) DO

ICE ERO values the spirit of continued collaboration with our fellow law enforcement agencies. Should you have any additional questions or need additional information, please do not hesitate to contact me at (b) (6), (b) (7)(C) @ice.dhs.gov; or Assistant Field Office Director (b) (6), (b) (7)(C) @ice.dhs.gov.

Sincerely,

(b) (6), (b) (7)(C)

Field Office Director
Chicago, Illinois

AMERICAN OVERSIGHT

Milwaukee Police Department
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
http://www.milwaukee.gov/police

(b) (6), (b) (7)(C), (b) (7)(F)
Acting Chief of Police

(b) (6), (b) (7)(C)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Officer (b) (6), (b) (7)(C), (b) (7)(F)

Dear Mr. (b) (6), (b) (7)(C), (b) (7)(F)

This letter serves to inform you that Police Officer (b) (6), (b) (7)(C), (b) (7)(F) is a member in good standing with the Milwaukee Police Department. Officer (b) (6), (b) (7)(C), (b) is currently assigned to the Special Investigations Division and has no pending internal investigations.

Officer (b) (6), (b) (7)(C), (b) has met hiring and retention requirements of this department, including, but not limited to our drug free workplace policy. This policy is enforced through random drug testing. His work performance has been consistently rated exceptional.

He is a valuable member of this department. He will be a valuable asset to the Task Force. If I may be of further assistance, please contact this office at (b) (6), (b) (7)(C), (b) (6), (b) (7)(C)

Sincerely,

(b) (6), (b) (7)(C), (b) (7)(F)
Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

Milwaukee Police Department
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
http://www.milwaukee.gov/police

(b) (6), (b) (7)(C), (b) (7)(E)
Acting Chief of Police

(b) (6), (b) (7)(C)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(E)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Officer (b) (6), (b) (7)(C), (b) (7)(F)

Dear Mr. (b) (6), (b) (7)(C), (b) (7)

This letter serves to inform you that Police Officer (b) (6), (b) (7)(C), (b) (7)(E) is a member in good standing with the Milwaukee Police Department. Officer (b) (6), (b) (7)(C), (b) is currently assigned to the Special Investigations Division and has no pending internal investigations.

Officer (b) (6), (b) (7)(C), (b) (7) has met hiring and retention requirements of this department, including, but not limited to our drug free workplace policy. This policy is enforced through random drug testing. His work performance has been consistently rated exceptional.

He is a valuable member of this department. He will be a valuable asset to the Task Force. If I may be of further assistance, please contact this office at (b) (6), (b) (7)(C), (b) (6)

Sincerely,

(b) (6), (b) (7)(C), (b) (7)(F)
Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

Milwaukee Police Department
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
http://www.milwaukee.gov/police

(b) (6), (b) (7)(C), (b) (7)(F)
Acting Chief of Police

(b) (6), (b) (7)(C)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Sergeant (b) (6), (b) (7)(C), (b) (7)(F)

Dear Mr. (b) (6), (b) (7)(C) (b) (7)(F)

This letter serves to inform you that Police Sergeant (b) (6), (b) (7)(C), (b) (7)(F) is a member in good standing with the Milwaukee Police Department. Sergeant (b) (6), (b) (7) is currently assigned to the Special Investigations Division and has no pending internal investigations.

Sergeant (b) (6), (b) (7) has met hiring and retention requirements of this department, including, but not limited to our drug free workplace policy. This policy is enforced through random drug testing. His work performance has been consistently rated exceptional.

He is a valuable member of this department. He will be a valuable asset to the Task Force. If I may be of further assistance, please contact this office at (b) (6), (b) (6), (b) (7)(C)

Sincerely,

(b) (6), (b) (7)(C), (b) (7)(F)
Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

Milwaukee Police Department
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
http://www.milwaukee.gov/police

(b) (6), (b) (7)(C), (b) (7)(F)
Acting Chief of Police

(b) (6), (b) (7)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Sergeant (b) (6), (b) (7)(C), (b) (7)(F)

Dear Mr. (b) (6), (b) (7)(C), (b) (7)(F)

This letter serves to inform you that Police Sergeant (b) (6), (b) (7)(C), (b) (7)(F) is a member in good standing with the Milwaukee Police Department. Sergeant (b) (6), (b) (7)(C), (b) is currently assigned to the Special Investigations Division and has no pending internal investigations.

Sergeant (b) (6), (b) (7)(C), (b) has met hiring and retention requirements of this department, including, but not limited to our drug free workplace policy. This policy is enforced through random drug testing. Her work performance has been consistently rated exceptional.

He is a valuable member of this department. She will be a valuable asset to the Task Force. If I may be of further assistance, please contact this office at (b) (6), (b) (7)(C).

Sincerely,

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

Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

Milwaukee Police Department
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
http://www.milwaukee.gov/police

(b) (6), (b) (7)(C)
Acting Chief of Police
(b) (6), (b) (7)(C)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Officer (b) (6), (b) (7)(C), (b) (7)(F)

Dear Mr. (b) (6), (b) (7)(C), (b) (7)

This letter serves to inform you that Police Officer (b) (6), (b) (7)(C), (b) (7)(F) is a member in good standing with the Milwaukee Police Department. Officer (b) (6), (b) (7)(C), (b) (7) is currently assigned to the Special Investigations Division and has no pending internal investigations.

Officer (b) (6), (b) (7)(C), (b) has met hiring and retention requirements of this department, including, but not limited to our drug free workplace policy. This policy is enforced through random drug testing. His work performance has been consistently rated exceptional.

He is a valuable member of this department. He will be a valuable asset to the Task Force. If I may be of further assistance, please contact this office at (b) (6), (b) (7)(C)

Sincerely,

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

Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

Milwaukee Police Department
Police Administration Building
749 West State Street
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(b) (6), (b) (7)(C), (b) (7)(F)
Acting Chief of Police

(b) (6), (b) (7)(C)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Officer (b) (6), (b) (7)(C), (b) (7)(F)

Dear Mr. (b) (6), (b) (7)(C) (b) (7)(F)

This letter serves to inform you that Police Officer (b) (6), (b) (7)(C), (b) (7)(F) is a member in good standing with the Milwaukee Police Department. Officer (b) (6), (b) (7)(C), (b) is currently assigned to the Special Investigations Division and has no pending internal investigations.

Officer (b) (6), (b) (7)(C), (b) has met hiring and retention requirements of this department, including, but not limited to our drug free workplace policy. This policy is enforced through random drug testing. His work performance has been consistently rated exceptional.

He is a valuable member of this department. He will be a valuable asset to the Task Force. If I may be of further assistance, please contact this office at (b) (6), (b) (7)(C)

Sincerely,

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

Captain of Police
Internal Affairs Division
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AMERICAN OVERSIGHT

Milwaukee Police Department
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http://www.milwaukee.gov/police

(b) (6), (b) (7)(C), (b) (7)(F)
Acting Chief of Police

(b) (6), (b) (7)(C)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Officer (b) (6), (b) (7)(C), (b) (7)(F)

Dear Mr (b) (6), (b) (7)(C), (b) (7)(F)

This letter serves to inform you that Police Officer (b) (6), (b) (7)(C), (b) (7)(F) is a member in good standing with the Milwaukee Police Department. Officer (b) (6), (b) (7)(C), (b) (7)(F) is currently assigned to the Special Investigations Division and has no pending internal investigations.

Officer (b) (6), (b) (7)(C), (b) (7)(F) has met hiring and retention requirements of this department, including, but not limited to our drug free workplace policy. This policy is enforced through random drug testing. His work performance has been consistently rated exceptional.

He is a valuable member of this department. He will be a valuable asset to the Task Force. If I may be of further assistance, please contact this office at (b) (6), (b) (7)(C), (b) (7)

Sincerely,

(b) (6), (b) (7)(C), (b) (7)(F)
Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

Milwaukee Police Department
Police Administration Building
749 West State Street
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http://www.milwaukee.gov/police

(b) (6), (b) (7)(C), (b) (7)(F)
Acting Chief of Police

(b) (6), (b) (7)(C)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Officer (b) (6), (b) (7)(C), (b) (7)(F)

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

This letter serves to inform you that Police Officer (b) (6), (b) (7)(C), (b) (7)(F) is a member in good standing with the Milwaukee Police Department. Officer (b) (6), (b) (7)(C), (b) is currently assigned to the Special Investigations Division and has no pending internal investigations.

Officer (b) (6), (b) (7) has met hiring and retention requirements of this department, including, but not limited to our drug free workplace policy. This policy is enforced through random drug testing. Her work performance has been consistently rated exceptional.

He is a valuable member of this department. She will be a valuable asset to the Task Force. If I may be of further assistance, please contact this office at (b) (6), (b) (7), (b) (6), (b) (7)(C)

Sincerely,

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

Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

Milwaukee Police Department
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
http://www.milwaukee.gov/police

(b) (6), (b) (7)(C), (b) (7)(F)
Acting Chief of Police
(b) (6), (b) (7)(C)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Sergeant (b) (6), (b) (7)(C), (b) (7)(F)

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

This letter serves to inform you that Police Sergeant (b) (6), (b) (7)(C), (b) (7)(F) is a member in good standing with the Milwaukee Police Department. Sergeant (b) (6), (b) (7)(C), (b) (7)(F) is currently assigned to the Special Investigations Division and has no pending internal investigations.

Sergeant (b) (6), (b) (7)(C), (b) (7)(F) has met hiring and retention requirements of this department, including, but not limited to our drug free workplace policy. This policy is enforced through random drug testing. His work performance has been consistently rated exceptional.

He is a valuable member of this department. He will be a valuable asset to the Task Force. If I may be of further assistance, please contact this office at (b) (6), (b) (7)(C)

Sincerely,

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

Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

Milwaukee Police Department
Police Administration Building
749 West State Street
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http://www.milwaukee.gov/police

(b) (6), (b) (7)(C),
Acting Chief of Police
(b) (6), (b) (7)(C)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Sergeant (b) (6), (b) (7)(C), (b) (7)(F)

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

This letter serves to inform you that Police Sergeant (b) (6), (b) (7)(C), (b) (7)(F) is a member in good standing with the Milwaukee Police Department. Sergeant (b) (6), (b) (7)(C), (b) (7)(F) is currently assigned to the Special Investigations Division and has no pending internal investigations.

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He is a valuable member of this department. He will be a valuable asset to the Task Force. If I may be of further assistance, please contact this office at (b) (6), (b) (7)(C), (b) (6), (b) (7)

Sincerely,

(b) (6), (b) (7)(C), (b) (7)(F)
Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

Milwaukee Police Department
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
http://www.milwaukee.gov/police

(b) (6), (b) (7)(C), (b) (7)(F)
Acting Chief of Police

(b) (6), (b) (7)(C)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Officer (b) (6), (b) (7)(C), (b) (7)(F)

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

This letter serves to inform you that Police Officer (b) (6), (b) (7)(C), (b) (7)(F) is a member in good standing with the Milwaukee Police Department. Officer (b) (6), (b) (7)(C) is currently assigned to the Special Investigations Division and has no pending internal investigations.

Officer (b) (6), (b) (7)(C) has met hiring and retention requirements of this department, including, but not limited to our drug free workplace policy. This policy is enforced through random drug testing. His work performance has been consistently rated exceptional.

He is a valuable member of this department. He will be a valuable asset to the Task Force. If I may be of further assistance, please contact this office at (b) (6), (b) (7)(C)

Sincerely,

(b) (6), (b) (7)(C), (b) (7)(F)
Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

Milwaukee Police Department
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
http://www.milwaukee.gov/police

(b) (6), (b) (7)(C),
Acting Chief of Police

(b) (6), (b) (7)(C)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Officer (b) (6), (b) (7)(C), (b) (7)(F)

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

This letter serves to inform you that Police Officer (b) (6), (b) (7)(C), (b) (7)(F) is a member in good standing with the Milwaukee Police Department. Officer (b) (6), (b) (7)(C), (b) is currently assigned to the Special Investigations Division and has no pending internal investigations.

Officer (b) (6), (b) (7)(C), (b) has met hiring and retention requirements of this department, including, but not limited to our drug free workplace policy. This policy is enforced through random drug testing. His work performance has been consistently rated exceptional.

He is a valuable member of this department. He will be a valuable asset to the Task Force. If I may be of further assistance, please contact this office at (b) (6), (b) (6), (b) (7)(C)

Sincerely,

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

Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

Milwaukee Police Department
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
http://www.milwaukee.gov/police

(b) (6), (b) (7)(C), (b) (7)(F)
Acting Chief of Police

(b) (6), (b) (7)(C)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Sergeant (b) (6), (b) (7)(C), (b) (7)(F)

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

This letter serves to inform you that Police Sergeant (b) (6), (b) (7)(C), (b) (7)(F) is a member in good standing with the Milwaukee Police Department. Sergeant (b) (6), (b) (7)(C), (b) (7)(F) is currently assigned to the Special Investigations Division and has no pending internal investigations.

Sergeant (b) (6), (b) (7)(C), (b) (7)(F) has met hiring and retention requirements of this department, including, but not limited to our drug free workplace policy. This policy is enforced through random drug testing. His work performance has been consistently rated exceptional.

He is a valuable member of this department. He will be a valuable asset to the Task Force. If I may be of further assistance, please contact this office at (b) (6), (b) (7)(C)

Sincerely,

(b) (6), (b) (7)(C), (b) (7)(F)
Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

Milwaukee Police Department
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
http://www.milwaukee.gov/police

(b) (6), (b) (7)(C),
Acting Chief of Police

(b) (6), (b) (7)(C)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Officer (b) (6), (b) (7)(C), (b) (7)(F)

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

This letter serves to inform you that Police Officer (b) (6), (b) (7)(C), (b) (7)(F) is a member in good standing with the Milwaukee Police Department. Officer (b) (6), (b) (7)(C), (b) (7)(F) is currently assigned to the Special Investigations Division and has no pending internal investigations.

Officer (b) (6), (b) (7)(C), has met hiring and retention requirements of this department, including, but not limited to our drug free workplace policy. This policy is enforced through random drug testing. Her work performance has been consistently rated exceptional.

He is a valuable member of this department. She will be a valuable asset to the Task Force. If I may be of further assistance, please contact this office at (b) (6), (b) (7)(C)

Sincerely,

(b) (6), (b) (7)(C), (b) (7)(F)
Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

Milwaukee Police Department
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
http://www.milwaukee.gov/police

(b) (6), (b) (7)(C),
Acting Chief of Police

(b) (6), (b) (7)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Officer (b) (6), (b) (7)(C), (b) (7)(F)

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

This letter serves to inform you that Police Officer (b) (6), (b) (7)(C), (b) (7)(F) is a member in good standing with the Milwaukee Police Department. Officer (b) (6), (b) (7)(C), (b) is currently assigned to the Special Investigations Division and has no pending internal investigations.

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He is a valuable member of this department. He will be a valuable asset to the Task Force. If I may be of further assistance, please contact this office at (b) (6), (b) (7)(C)

Sincerely,

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

Captain of Police
Internal Affairs Division
Milwaukee Police Department

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August 19, 2020

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Sincerely,

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

Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

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(b) (6), (b) (7)(C),
Acting Chief of Police

(b) (6), (b) (7)(C)

August 19, 2020

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Sincerely,

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

Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

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Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
http://www.milwaukee.gov/police

(b) (6), (b) (7)(C),
Acting Chief of Police
(b) (6), (b) (7)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

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Sincerely,

(b) (6), (b) (7)(C), (b) (7)(F)
Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

Milwaukee Police Department
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
http://www.milwaukee.gov/police

(b) (6), (b) (7)(C),
Acting Chief of Police
(b) (6), (b) (7)

August 19, 2020

United States Marshals Service
Attn: Supervisory Deputy U.S. Marshal (b) (6), (b) (7)(C), (b) (7)(F)
801 West Michigan Street
Milwaukee, WI 53233

Re: Police Officer (b) (6), (b) (7)(C), (b) (7)(F)

Dear (b) (6), (b) (7)(C),

This letter serves to inform you that Police Officer (b) (6), (b) (7)(C), is a member in good standing with the Milwaukee Police Department. Officer (b) (6), (b) (7)(C), (b) is currently assigned to the Special Investigations Division and has no pending internal investigations.

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Sincerely,

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

Captain of Police
Internal Affairs Division
Milwaukee Police Department

AMERICAN OVERSIGHT

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

COOK COUNTY SHERIFF'S POLICE DEPARTMENT

1401 SOUTH MAYBROOK DRIVE
MAYWOOD, ILLINOIS 60153
TELEPHONE (708) 865-4700

July 22, 2020

U.S. Marshals Service
Great Lakes Regional Fugitive Task Force
700 N. Sacramento Blvd. (b) (6), (b) (7)(C)
Chicago, IL 60612

REFERENCE: Cook County Sheriff's Office-U.S. Marshals Service Special Deputy Special Operation: "Operation Safe Passage"

The following listed Cook County Sheriff's Office personnel are current members of the CCSO Fugitive Investigations & Apprehension Unit (E.M. Fugitive). These department members are sworn "Peace Officers" as defined by the Illinois Compiled Statues and the Illinois Law Enforcement Training and Standards Board and have the authority to enforce laws, make arrests and serve warrants within the State of Illinois. These department members are authorized to be deputized as a U.S. Marshals Service Special Deputy for Operation Safe Passage.

- (b) (6), (b) (7)(C), (b) (7)(F)
  Firearm Qualification Date: October 17, 2019
- (b) (6), (b) (7)(C), (b) (7)(F)
  Firearm Qualification Date: December 26, 2019
- (b) (6), (b) (7)(C), (b) (7)(F)
  Firearm Qualification Date: January 30, 2020
- (b) (6), (b) (7)(C), (b) (7)(F)
  Firearm Qualification Date: January 9, 2020
- (b) (6), (b) (7)(C), (b) (7)(F)
  Firearm Qualification Date: April 18, 2019** VALID

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000249
000248

- (b) (6), (b) (7)(C), (b) (7)(F) [redacted]
  Firearm Qualification Date: January 9, 2020
- (b) (6), (b) (7)(C), (b) (7)(F) [redacted]
  Firearm Qualification Date: February 20, 2020
- (b) (6), (b) (7)(C), (b) (7)(F) [redacted]
  Firearm Qualification Date: January 9, 2020
- (b) (6), (b) (7)(C), (b) (7)(F) [redacted]
  Firearm Qualification Date: January 9, 2020
- (b) (6), (b) (7)(C), (b) (7)(F) [redacted]
  Firearm Qualification Date: December 11, 2019
- (b) (6), (b) (7)(C), (b) (7)(F) [redacted]
  Firearm Qualification Date: April 18, 2019** VALID
- (b) (6), (b) (7)(C), (b) (7)(F) [redacted]
  Firearm Qualification Date: April 11, 2019** VALID

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]

Cook County Sheriff's Office
Bureau of Strategic Operations
Strategic Command & Compliance Unit
CCSO Fugitive Investigations & Apprehension Unit

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000250
000249

U. S. Department of Justice
Drug Enforcement Administration
(b) (6), (b) (7)(C),
Special Agent in Charge
St. Louis Division Office

www.dea.gov

September 2, 2020

Chief Deputy US Marshal (b) (6), (b) (7)
US Marshal Service
400 E. 9th Street
Kansas City, MO 64106

Chief Deputy US Marshal (b) (6),,

The following Drug Enforcement Administration agents have been assigned to participate in the Department of Justice Operation Legend and specifically assigned to the USMS Task Force. Their participation requires they obtain a special deputation.

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

The above listed agents are in good standing with DEA and are currently qualified on all issued firearms. Furthermore, they are not currently under any type of internal investigation, nor are they the subject of any criminal inquiry.

The listed members are granted permission to work with the USMS Task Force, as a Special Deputy US Marshal.

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

Special Agent in Charge
St. Louis Division

AMERICAN OVERSIGHT

U. S. Department of Justice
Drug Enforcement Administration
(b) (6), (b) (7)(C), (b) (7)(E)
Special Agent in Charge
St. Louis Division Office

www.dea.gov

July 22, 2020

Chief Deputy US Marshal (b) (6), (b) (7)(C) (b) (7)(F)
US Marshal Service
400 E. 9th Street
Kansas City, MO 64106

Chief Deputy US Marshal (b) (6), (b) (7)(C)

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(b) (6), (b) (7)(C), (b) (7)(F)
Special Agent in Charge

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)
To: Dep, Spec (USMS)
Subject: RE: Group Deputation Operation Legend
Date: Wednesday, August 19, 2020 10:49:40 AM
Attachments: Deputation Authorization - Operation Legend -Indianapolis IN.pdf

---

Attached is the agency letter from ICE.
Thanks

From: Dep, Spec (USMS) (b) (6) @usms.doj.gov>
Sent: Monday, August 17, 2020 12:55 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: RE: Group Deputation Operation Legend

Good afternoon,

The USM-3C is in receipt. However, I have a few clarifying questions.

1. There was **no employment authorization letter** attached. We will require an employment letter before processing the application for the five ICE applicants.
2. For clarification regarding the **swearing in district** – the application lists "IOD". Is this part of the Great Lakes RFTF? In which case, which specific district in GLRFTF? This will impact whom we send the USM-3Bs too. Both Chicago and Indianapolis are mentioned on the application.
3. For clarification regarding the **task force** – both "Federal Fugitive Task Force" and "Operation Legend" are included (also if this is GLRFTF, that is a third option). Which task force would you like to be written on the USM-3B?

Please let me know at your earliest convenience so we can continue to process the application. As this is for Operation Legend, we will be prioritizing it once we receive all the information.

All the best,

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Monday, August 17, 2020 12:42 PM
To: Dep, Spec (USMS) (b) (6) @usms.doj.gov>
Subject: Group Deputation Operation Legend

AMERICAN OVERSIGHT

Enforcement and Removal Operations
Chicago Field Office

U.S. Department of Homeland Security
101 Ida B. Wells Drive, (b) (6),
Chicago, IL 60605-1074

U.S. Immigration and Customs Enforcement

August 17, 2020

United States Marshal Service
46 E. Ohio Street
Indianapolis, IN 46204

Re: Deputation Authorization for Operation Legend

To whom it may concern:

Please find this letter authorizing the below listed Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations (ERO) Deportation Officers (DOs) to be deputized for Operation Legend. The listed DOs are not under any internal investigations.

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

ICE ERO values the spirit of continued collaboration with our fellow law enforcement agencies. Should you have any additional questions or need additional information, please do not hesitate to contact me at (b) (6), (b) (7)(C), @ice.dhs.gov; or Assistant Field Office Director (b) (6), (b) (7)(C), (b) (7)(F) @ice.dhs.gov.

Sincerely,

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

Field Office Director
Chicago, Illinois

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C),
To: Dep, Spec (USMS)
Subject: Re: Signed USM-3B Op LeGend_sep_signed.pdf
Date: Wednesday, September 2, 2020 3:31:17 PM

Yes I meant to save that email as a draft while waiting on the letter. I should have it today.

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshals
Kansas City, MO
(b) (6), (b) (7)(C) (b) (7)(F)

> On Sep 2, 2020, at 8:44 AM, Dep, Spec (USMS) (b) (6), (b) (7)@usms.doj.gov> wrote:
>
> Good morning,
> I am missing the employer letter—please send that over for processing of these applications.
> Best,
> (b) (6), (b) (7)(C), (b) (7)(F)
> Program Analyst – Special Deputations Branch
> U.S. Marshals Service | Tactical Operations Division
> Contractor | Project Support Services, Inc. (PSS) |
> *Email:* (b) (6), (b) (7)(C) *@usdoj.gov | Office:* (b) (6), (b) (7)(C) (b) (7)(F)
>
> **From:** (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
> **Sent:** Tuesday, September 1, 2020 7:24 PM
> **To:** Dep, Spec (USMS) (b) (6) @usms.doj.gov>
> **Subject:** Signed USM-3B Op LeGend_sep_signed.pdf
> Greetings,
> A couple of our DEA agents detailed to Kansas City for Operation LeGend had to depart due to the hurricane so they are shifting some other detailed agencies to work with our fugitive TF. They are both currently deputized for Title 18 through the FBI in St. Louis but we will need to give them a short term deputation for the USMS since they are working on our TF for the next few weeks until the surge of resources concludes at the end of this month.

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C),
To: Dep. Spec (USMS)
Subject: Re: Signed USM-3B Op LeGend_sep_signed.pdf
Date: Wednesday, September 2, 2020 5:09:08 PM
Attachments: Marshal memo4.pdf
ATT00001.htm

AMERICAN OVERSIGHT

U. S. Department of Justice
Drug Enforcement Administration
(b) (6), (b) (7)(C),
Special Agent in Charge
St. Louis Division Office

www.dea.gov

September 2, 2020

Chief Deputy US Marshal (b) (6), (b) (7)
US Marshal Service
400 E. 9th Street
Kansas City, MO 64106

Chief Deputy US Marshal (b) (6),

The following Drug Enforcement Administration agents have been assigned to participate in the Department of Justice Operation Legend and specifically assigned to the USMS Task Force. Their participation requires they obtain a special deputation.

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The above listed agents are in good standing with DEA and are currently qualified on all issued firearms. Furthermore, they are not currently under any type of internal investigation, nor are they the subject of any criminal inquiry.

The listed members are granted permission to work with the USMS Task Force, as a Special Deputy US Marshal.

Sincerely,

(b) (6), (b) (7)(C), (b) (7)
Special Agent in Charge
St. Louis Division

AMERICAN OVERSIGHT

Attached.

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshals
Kansas City, MO
(b) (6), (b) (7)(C), (b) (7)(F)

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U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), *@usdoj.gov | Office:* (b) (6), (b) (7)

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Subject: Signed USM-5B Op LeGend_sep_signed.pdf

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AMERICAN OVERSIGHT

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Subject: RE: Group Deputation Operation Legend

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Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)(C), (b) (7)(F)

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Subject: Group Deputation Operation Legend

AMERICAN OVERSIGHT

Enforcement and Removal Operations
Chicago Field Office

U.S. Department of Homeland Security
101 Ida B. Wells Drive, (b) (6),
Chicago, IL 60605-1074

U.S. Immigration and Customs Enforcement

August 17, 2020

United States Marshal Service
46 E. Ohio Street
Indianapolis, IN 46204

Re: Deputation Authorization for Operation Legend

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Please find this letter authorizing the below listed Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations (ERO) Deportation Officers (DOs) to be deputized for Operation Legend. The listed DOs are not under any internal investigations.

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Sincerely,

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

Field Office Director
Chicago, Illinois

AMERICAN OVERSIGHT

U. S. Department of Justice
Drug Enforcement Administration
(b) (6), (b) (7)(C)
Special Agent in Charge
St. Louis Division Office

www.dea.gov

August 17, 2020

Chief Deputy US Marshal (b) (6), (b) (7)(C), (b) (7)(F)
US Marshal Service
400 E. 9th Street
Kansas City, MO 64106

Chief Deputy US Marshal (b) (6), (b) (7)

The following Drug Enforcement Administration agent has been assigned to participate in the Department of Justice Operation Legend and specifically assigned to the USMS Task Force. His participation requires he obtain a special deputation.

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

The above listed agent is in good standing with DEA and is currently qualified on all issued firearms. Furthermore, he is not currently under any type of internal investigation, nor is he a subject of any criminal inquiry.

The listed member is granted permission to work with the USMS Task Force, as a Special Deputy US Marshal.

Sincerely,

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

Special Agent in Charge
Drug Enforcement Administration
St. Louis Division

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , ILLINOIS
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) -N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

_____ 10/1/2020
Appointee Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

_____
U S Marshal or Designated Federal Official

7/24/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , MISSOURI
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

W/MO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING
A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS
UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

7/23/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000264
000263

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(E) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000263

From: (b) (6), (b) (7)(C),
To: Dep. Spec (USMS)
Subject: (b) (6), (b)
Date: Friday, September 4, 2020 10:32:24 AM
Attachments: 2020_09_04_09_10_02.pdf

For Operation Legend - thank you!

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4 day of September, 2020, at Kansas City (City) MO (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10 1 2020
Expiration Date

W MO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9 3 2020 - 10 1 2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

OT VALID OFF DUTY

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

10 1 2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9 3 2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previous Edition USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at [redacted] **after completion.**

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4 day of September, 2020, at Kansas City (City), MO (State)

[redacted]

Signature of Appointee

[redacted]

Signature of U.S. Marshal or Officer Administering Oath

10 1 2020

Expiration Date

WMO

District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION

Appointee's Employer

US MARSHALS SERVICE

Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208

Employer's Address

[redacted]

Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification contact:
United States Marshals Service Communications Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that

[redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9 3 2020 - 10 1 2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

[redacted] VALID OFF DUTY

[redacted]

Appointee

10 1 2020

Expiration Date

[redacted]

Chief, Special Deputation Unit

[redacted]

U.S. Marshal or Designated Federal Official

9 3 2020

Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C),
To: Dep, Spec (USMS)
Cc: (b) (6), (b) (7)(C), (b)
Subject: Cook County Sheriff"s Office 3B"s.
Date: Thursday, July 30, 2020 10:34:20 AM
Attachments: CookCountyheriffsOffice-12SpecDep-signed.pdf

Attached are 12 3B's for Operation Legend. Let me know if you need anything else. Thanks, Diego

(b) (6), (b) (7)(C), (b) (7)(F)
Commander
U.S. Marshals Service
Great Lakes Regional Fugitive Task Force
(b) (6), (b) (7)(C),
(b) (7)(F)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at [redacted] **after completion.**

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago, ILLINOIS
State

[redacted]
Signature of Appointee

[redacted]
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-GLRFTF-N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation
(U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
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(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

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[redacted]

OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

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NOT VALID OFF DUTY

[redacted]
Appointee

10/1/2020
[redacted]

[redacted]
Chief, Special Deputation Unit

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020 at Chicago, ILLINOIS

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD (b) (7) N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

OFF DUTY

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

10/1/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

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

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago, ILLINOIS
State

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

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-GLRFTF-N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

OFF DUTY

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

10/1/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago, ILLINOIS
State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-GLRFTF-N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY

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

10/1/2020

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

(b) (6), (b) (7)(C), (b) (7)(F)
Special Deputation Unit

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020 at Chicago, ILLINOIS
State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-GLRFTF-N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation
(U.S. Marshal or Designated Federal Official)

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(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL IF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY

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

10/1/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago, ILLINOIS
State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-GLRFTF-N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

OPERATION LEGEND

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY

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

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at [redacted] after completion.

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago, ILLINOIS

[redacted]
Signature of Appointee

[redacted] State
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-GLRFTF-N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

[redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS [redacted] D BY DEA OR FBI.
[redacted] FF DUTY

[redacted]
Appointee

10/1/2020
Expiration Date

[redacted]
Chief, Special Deputation Unit

[redacted]
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago, ILLINOIS
(City) (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD (b) (7) N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY

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

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago, ILLINOIS
State

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

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7)(F) N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

FF DUTY

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

10/1/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago, ILLINOIS
State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Applicant

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD (b) (7) N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
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SPECIAL DEPUTATION APPOINTMENT

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NOT VALID OFF DUTY

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

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
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AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

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State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD (b) (7) N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND

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NOT VALID OFF DUTY

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

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago (City), ILLINOIS (State)

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

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD (b) (7) N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY

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

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Replaces Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at [redacted] **after completion.**

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4 day of September, 2020, at Kansas City (City) MO (State)

[redacted]
Signature of Appointee

[redacted]
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

WMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that
[redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/3/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

[redacted]
Appointee

10/1/2020
Expiration Date

[redacted]
Chief, Special Deputation Unit

[redacted]
U.S. Marshal or Designated Federal Official

9/3/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Supersedes Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 4 day of September, 2020, at Kansas City (City), MO (State)

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

Signature of Appointee

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

Signature of U.S. Marshal or Officer Administering Oath

10 1 2020

Expiration Date

WMO

District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION

Appointee's Employer

US MARSHALS SERVICE

Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208

Employer's Address

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

Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification contact:
United States Marshals Service Communications Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9 3 2020 - 10 1 2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

VALID OFF DUTY

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

Appointee

10 1 2020

Expiration Date

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

Chief, Special Deputation Unit

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

U.S. Marshal or Designated Federal Official

9 3 2020

Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: Dep. Spec (USMS); (b) (6), (b) (7)
Subject: FW: ICE USM 3c"s - E/MO
Date: Friday, August 14, 2020 3:31:52 PM
Attachments: ICE USM 3C (b) (6), (b) (7)(C), (b) (7)(F)
ICE USM 3C
ICE USM 3C
ICE USM 3C
ICE USM 3C
ICE USM 3C
ICE USM 3C
HSI USM 3C
ICE USM 3C
ICE USM 3C
ICE USM 3C

Hi (b) (6) in receipt. We will have the 3B-Oath's of Office ready to go. Once we receive the agency letter, we will send them off to you.

(b) (6), please proceed with drafting the 3B's as discussed.

(b) (6), (b) (7)(C), (b)
Special Deputation Specialist
TOD/Special Deputations Branch
US Marshals Service
(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Friday, August 14, 2020 3:27 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: ICE USM 3c's - E/MO

(b) (6), (b) (7)(C), (b) (7)
Supervisory Deputy U.S. Marshal
Eastern District of MO – St. Louis
111 South 10th Street, St. Louis MO 63102
(b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) [redacted] Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: _____ Date: _____

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]					

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b) (6), (b)	(b) (6), (b)	06/08/2020	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000287

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: _____ Date: _____

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b) (6)	(b) (6), (b) (7)(C) (b)	10/18/2019	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]					

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000291

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7)(C) (b) (7)(F) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)		St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: _____ Date: _____

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000294
000293

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b) (6), (b) (7)(C) (b)	(b) (6), (b) (7)	07/20/20	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000295

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7)(C) (b) (7)(F) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: _____ Date: _____

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]					

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)	(b) (6), (b) (7)(C) (b)	(b) (6), (b) (7)(C) (b)	02/20/2020	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000298

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000299

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: _____ Date: _____

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]					

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b) (6), (b) (7)(C) (b)	(b) (6), (b) (7)(C) (b)	06/18/2020	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

CLICK HERE to submit form to (b) (6), @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000363
000302

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000303

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: _____ Date: _____

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b) (6)	(b) (6), (b) (7)(C) (b)	07/30/2020	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]					

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000367
000306

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000368
000307

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: _____ Date: _____

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b) (6), (b)	(b) (6),	07/17/20	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000351 000310

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000352
000311

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	1222 Spruce St Rm (b) (7)	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: _____ Date: _____

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b)	(b) (6), (b)	03/16/2020	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]					

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

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AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000315

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: _____ Date: _____

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b)	(b) (6), (b)	07/10/2020	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]					

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

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This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

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AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000320
000319

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
HSI	(b) (6), (b) (7)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b)	1222 Spruce Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: _____ Date: _____

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

HSI

2. Applicant's District (District of Swearing in Location):

HSI

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)	(b)	(b) (6), (b)	07/24/20	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000322

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000324
000323

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: _____ Date: _____

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]					

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b) (6), (b)	(b) (6), (b)	8/6/2020	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000327
000326

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

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AMERICAN OVERSIGHT

* = Required Field

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , MISSOURI
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

W/MO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING
A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS
UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

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

U S Marshal or Designated Federal Official

7/23/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000529
000528

Homeland Security Investigations
Office of the Resident Agent in Charge

U.S. Department of Homeland Security
1222 Spruce Street, Room 7.303A
St. Louis, MO 63103

U.S. Immigration and Customs Enforcement

August 17, 2020

To: Supervisory Deputy U.S. Marshal [redacted]

This letter is to confirm I authorize Homeland Security Investigations Special Agent (SA) [redacted] to participate with the U.S Marshals Service as a Task Force Officer. SA [redacted] is an employee of Homeland Security Investigations and is in good standing.

SA [redacted] has no pending internal investigations.

Please do not hesitate to contact me should you have any additional questions or needs.

Sincerely,

[redacted]

Resident Agent in Charge
Homeland Security Investigations
St. Louis Field Office
1222 Spruce Street, Rm [redacted]
St. Louis, Missouri 63103

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 17 day of August 2020 at Kansas City (City) MISSOURI (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10 1 2020
Expiration Date

WMO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL PROSECUTION UNDER TITLE 18 AUTHORITY

VALID 7-24-2020 - 10-1-2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

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

10-1-2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
[redacted] Official

7-23-2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
HSI	(b) (6), (b) (7)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b)	1222 Spruce Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/18/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

HSI

2. Applicant's District (District of Swearing in Location):

HSI

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)	[redacted]	[redacted]	07/24/20	(b) (6), (b) (7)(C), (b) (7)(F)	[redacted]

[redacted]

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

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This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

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AMERICAN OVERSIGHT

** = Required Field*

Enforcement and Removal Operations
Chicago Field Office

U.S. Department of Homeland Security
101 W. Ide B. Wells Drive, Suite 4000
Chicago, IL 60605

U.S. Immigration and Customs Enforcement

August 17, 2020

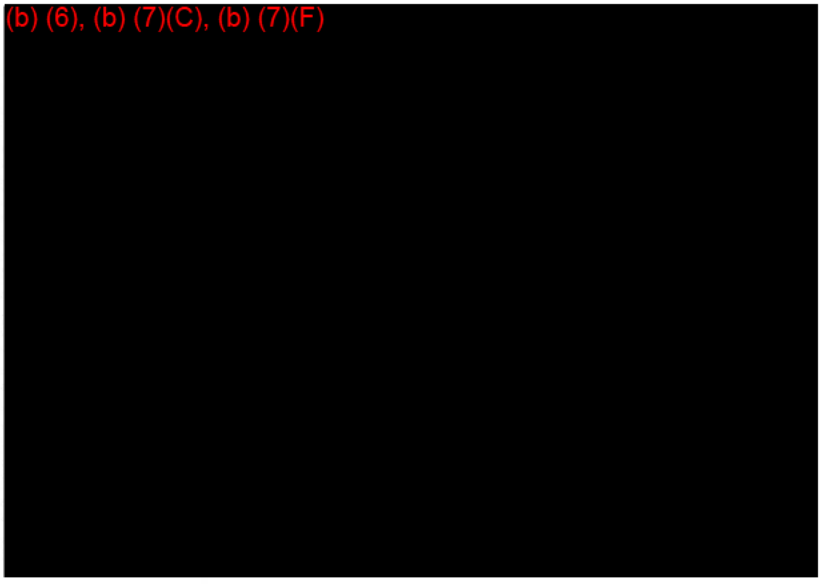
United States Marshal Service
Eastern District of MO – St. Louis
111 South 10th Street
St. Louis, MO 63102

RE: ICE ERO Participation on the USMS Task Force

Dear USMS:

The purpose of this letter is to confirm participation of the Department of Homeland Security, Immigration and Customs Enforcement, Enforcement and Removal Operations, of the following personnel on the U.S. Marshals Service Fugitive Task Force, which includes being deputized as a Special Deputy U.S. Marshal.

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



AMERICAN OVERSIGHT

This will also confirm that these Deportation Officers are not the subject of an internal investigation or pending disciplinary action.

Sincerely,

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

Field Office Director

AMERICAN OVERSIGHT

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/18/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b)	(b) (6), (b)	07/10/2020	(b) (6), (b) (7)(C)	

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]					

Add Additional Rows

CLICK HERE to submit form to (b) (6), @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000340

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	1222 Spruce St Rm 1.102	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/18/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b)	(b) (6), (b)	03/16/2020	(b) (6), (b) (7)(C)	

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]					

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

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This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

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AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000345
000344

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/18/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b) (6), (b)	(b) (6),	07/17/20	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000348
000347

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

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AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000348

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	1222 Spruce St	St. Louis	MO	63103

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/17/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/18/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

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- I have successfully completed the basic law enforcement training program approved by my employer.
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- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)	[redacted]	[redacted]	10/28/2019	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature

Add Additional Rows

CLICK HERE to submit form to (b) (6), @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000352
000351

INSTRUCTIONS TO COMPLETE THIS FORM

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2. Complete all fields. Type or print legibly in blue or black ink.

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6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000353
000352

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street		MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	1222 Spruce St	(b) (6), (b)	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the MFTF - Operation LeGend Task Force, Operation, or Mission. *

This Deputation is valid from 08/17/2020 (Month/Day/Year) to 09/30/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/17/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: _____ Date: _____

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)	[redacted]	[redacted]	07/09/2020	(b) (6), (b) (7)(C), (b) (7)(F) [redacted]	

Add Additional Rows

CLICK HERE to submit form to (b) (6), [redacted]@usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000355

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/18/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]					

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b) (6), (b)		06/08/2020	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

CLICK HERE to submit form to (b) (6), @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

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This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

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AMERICAN OVERSIGHT

** = Required Field*

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	1222 Spruce St Rm 1.102	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/17/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/18/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b)	[redacted]	[redacted]	10/18/2019	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

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This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

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AMERICAN OVERSIGHT

** = Required Field*

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7)(C) (b) (7)(F) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	1222 Spruce St (b) (6), (b) (7)(C)	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/17/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/18/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)	[redacted]	[redacted]	03/03/2020	(b) (6), (b) (7)(C), (b) (7)(F) [redacted]	

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000368
000367

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7)(C) (b) (7)(F) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/18/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b) (6)	[redacted]	10/18/2019	(b) (6), (b) (7)(C), (b) (7)(F) [redacted]	

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

* = Required Field

AMERICAN OVERSIGHT

INSTRUCTIONS TO COMPLETE THIS FORM

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2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

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This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

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AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000372
000371

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7)(C) (b) (7)(F) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)		St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/18/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]					

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b) (6), (b) (7)(C) (b)	[redacted]	07/20/20	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

INSTRUCTIONS TO COMPLETE THIS FORM

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AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000375

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7)(C) (b) (7)(F) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) [redacted] Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☐ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: _____ Date: _____

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000378
000377

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b) (6), (b)		02/27/2020	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

INSTRUCTIONS TO COMPLETE THIS FORM

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2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

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AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000380
000379

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7)(C) (b) (7)(F) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/18/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)	(b) (6), (b) (7)(C) (b)	[redacted]	02/20/2020	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000382 000382

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

** = Required Field*

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7)(C) (b) (7)(F) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/18/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]					

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b) (6), (b) (7)(C) (b)		06/18/2020	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000387
000386

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

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AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000368
000387

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7)(C) (b) (7)(F) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/18/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b) (6)		07/30/2020	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]					

Add Additional Rows

CLICK HERE to submit form to (b) (6), @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

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This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

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AMERICAN OVERSIGHT

** = Required Field*

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Investigative Operations Division GLRFTF S-IN	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b) (7)	46 E. Ohio Street	Indianapolis	IN	46204

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)(F)	(b) (6), (b) (7)(C) (b) (7)(F) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	101 W. Ida B Wells	Chicago	IL	60105

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the Operation Legend Task Force, Operation, or Mission. *

This Deputation is valid from 08/19/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/17/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/19/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]			08/14/2020	(b) (6), (b) (7)(C), (b) (7)(F) [redacted]	
			01/17/2020		
			08/17/2020		
			07/21/2020		
			06/18/2020		

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature

Add Additional Rows

CLICK HERE to submit form to [redacted]@usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000394

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

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This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

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AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000396
000395

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Eastern District of Missouri	(b) (6), (b)	(b) (6), (b) @usdoj.gov

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	111 South 10th Street	St. Louis	MO	63102

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
ICE	(b) (6), (b) (7)(C) (b) (7)	(b) (6), (b) (7)(C) (b) (7)(F) @ice.dhs.gov

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)	111 South 10th Street	St. Louis	MO	63102

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the St. Louis Metro Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 08/10/2020 (Month/Day/Year) to 12/31/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/14/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 08/18/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

ICE

2. Applicant's District (District of Swearing in Location):

ICE

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000397

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)					
	(b) (6), (b)	[redacted]	8/6/2020	(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7) @usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000398

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000399

From: (b) (6), (b) (7)
To: (b) (6), (b) (7)(C),
Subject: RE: Special Deputation
Date: Monday, September 21, 2020 9:32:27 AM

Good morning,
I am sorry for the late response. Friday was a very hard day for us here in the office. I will get with SDUSM (b) (6), (b) (7) and check on (b) (6), (b) (7) sworn in. I will get back to you by COB today.
Stay safe and God bless,

(b) (6), (b) (7)(C), (b) (7)(F)
Adminisrative Support Assistant
United States Marshals Service /EMO-St.louis
(b) (6), (b) (7)(C)
Email Address: (b) (6), (b) (7)(C) @usdoj.gov
111 South 10th St. (b) (6), (b)
St. Louis MO, 63102

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Friday, September 18, 2020 4:02 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: RE: Special Deputation
Good evening,
I just wanted to check in again and see if you had an update on if (b) (6), (b) (7)(C) (b) (7)(F) was sworn in for Operation Legend? My apologies if it has already been submitted.
All the best,

(b) (6), (b) (7)(C) (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)(C) (b) (7)(F)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Friday, August 21, 2020 4:32 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: RE: Special Deputation
Thank you for letting me know. I will check with the SDUSM.

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Friday, August 21, 2020 2:39 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: RE: Special Deputation
Good afternoon,
Thank you for the USM-3Bs. For this group operation, there was actually an additional person – (b) (6), (b) (7)(C) (b) (7)(F) whose executed USM-3B we have not yet received back. The USM-3B for TFO (b) (6), (b) (7) was sent out the day before the other 15 you just submitted back to us. Are you aware if TFO (b) (6), (b) (7) was sworn in? Please let us know, thanks!
All the best,

AMERICAN OVERSIGHT

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7)(C) @usdoj.gov | Office: (b) (6), (b) (7)(C), (b) (7)(F)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Friday, August 21, 2020 1:38 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: Special Deputation

Good afternoon,

Here are some special deputation oath of office.

Stay safe and God bless,

(b) (6), (b) (7)(C), (b) (7)(F)
Adminisrative Support Assistant
United States Marshals Service /EMO-St.louis
(b) (6), (b) (7)(C), (b) (7)(F) Office
Email Address: (b) (6), (b) (7)(C), (b) (7)(F) @usdoj.gov
111 South 10th St.
St. Louis MO, 63102

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(E) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000463

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000464
000464

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , ILLINOIS
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) -N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING
A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS
UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

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

U S Marshal or Designated Federal Official

7/24/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C) (b) (7) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000408

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , MISSOURI
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

W/MO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING
A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS
UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

7/23/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000457
000406

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , MISSOURI
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

W/MO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

SPECIAL DEPUTATION APPOINTMENT

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING
A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS
UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

_____ 10/1/2020
Appointee Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

_____
U S Marshal or Designated Federal Official

7/23/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000458
000407

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ (City) , ILLINOIS (State)

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) -N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

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

U S Marshal or Designated Federal Official

7/24/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000459
000408

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000456
000409

[redacted] **(USMS)**

From: [redacted] (USMS)
Sent: Thursday, September 10, 2020 3:06 PM
To: [redacted] (USMS)
Subject: FW: MPD funding
Attachments: usm3c - MPD Legend.pdf; Letters.pdf

Categories: Completed, CORRECTIONS/RESUBMISSIONS, [redacted] USM-3C

Long time coming.

Please let me know if you need anything further for attached request.

[redacted]
Great Lakes Regional Fugitive Task Force
U.S. Marshals Service
[redacted]

From: [redacted]@usms.doj.gov>
Sent: Thursday, September 10, 2020 2:03 PM
To: [redacted]@usms.doj.gov>
Subject: RE: MPD funding

As instructed below, I have re-signed as sponsor, all of the applicants have shot and there is a letter for each of them.

[redacted] have separated from MPD since digitally signing. I could not remove their signatures, but I deleted their line of information. Additionally, [redacted] has been upgraded to full time and an application already sent in but he was included in the ORP/Legend operation before that happening and being that this was approved retroactive he should remain on this list so that his OT prior to becoming fulltime is covered under Legend.

I have not sent this to TOD, only to you.

Thanks,

[redacted]
Chief Deputy (A)
United States Marshals Service
E/WI – Milwaukee
[redacted]

From: [redacted]@usms.doj.gov>
Sent: Monday, August 3, 2020 1:52 PM
To: [redacted]@usms.doj.gov>
Subject: FW: MPD funding

Hate to ask but see below. Can you start working on what they need?

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000451
000410

Thanks

(b) (6), (b) (7)(C),
Great Lakes Regional Fugitive Task Force
U.S. Marshals Service
(b) (6), (b) (7) (desk)
(b) (6), (b) (7) (cell)
(b) (6), (b) (7) (fax)
(C) (b) (7)(F)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Monday, August 3, 2020 1:09 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: Dep, Spec (USMS) (b) (6) @usms.doj.gov>
Subject: RE: MPD funding

(b) (6)

In order to proceed with processing this group request, we will actually need a few additional items/ changes to be made as the application is now several months old and incomplete:

- The sponsor will need to re-sign the application, as we cannot accept a signature date from January 2020.
- All 18 applicants have firearm qualification dates that are now over 6 months old. Have they been able to re-qualify with their firearms since the paperwork was filled out in January 2020? If they have been unable to qualify due to COVID19 restrictions please inform us. If they have requalified, we will need their updated firearm qualification dates.
- There was no employment authorization letter attached in this pdf. USM-3C group applications also require this letter (similar to USM-3A applications). For convenience, one letter, if it has all the TFO names on it, can be submitted to encompass the entire group.
    - Employment letter must be:
        - Dated within 2 months
        - Physically signed
        - On official agency letterhead
        - Name all applicants
        - State that they concur with the applicants participation on the task force
        - And state that there are no open/pending internal investigations towards the applicants

Please let us know if you have any additional questions. Once we receive all this info, we can continue to process the application.

All the best,

(b) (6), (b) (7)
(C) (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7) (C) (b) (7)(F)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Monday, August 3, 2020 12:59 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000452
000411

Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: RE: MPD funding

Okay, thank you. Yes, please continue working with (b) (6), (b) (7)(C) (b) and process the group as a new request.

We will process as soon as we receive the complete application package.

(b) (6), (b) (7)(C) (b)
Special Deputation Specialist
TOD/Special Deputations Branch
US Marshals Service
(b) (6), (b) (7)(C), (b) (7)(F)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Monday, August 3, 2020 12:49 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>; Dep, Spec (USMS) (b) (6) @usms.doj.gov>; (b) (6), (b) (7)(C) (b) (7)(F) (USMS) (b) (6), (b) (7)(C) (b) @usms.doj.gov>; (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: RE: MPD funding

Hi (b) (6)

So I just had a conversation with (b) (6), (b) (7)(C) (b) (7)(F) from EWI. He indicated that he submitted the form up the chain back in January but never received 3bs for the individuals. I was never provided the form so know I did not submit. He did not follow up because he did not recall in the past, receiving them for temporary special operations group deputations.

Not sure how to proceed but the group is working Safe Passage and has been provided funding to do so. Can we proceed with the request as a new request?

Thank you and your direction is appreciated.

(b) (6), (b) (7)(C), (b) (7)(F)
Great Lakes Regional Fugitive Task Force
U.S. Marshals Service
(b) (6), (b) (7)(C), (b) (7)(F)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Monday, August 3, 2020 11:35 AM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>; Dep, Spec (USMS) (b) (6), (b) (7) @usms.doj.gov>
Subject: RE: MPD funding

H (b) (6), our records come up empty for the personnel on the attached 3C. Does (b) (7)(F) have anything to prove that these personnel were actually deputized with USM-3B Oath's of Office authorized by Special Deputations Branch back in January?

AMERICAN OVERSIGHT

(b) (6), (b) (7)(C), (b)
Special Deputation Specialist
TOD/Special Deputations Branch
US Marshals Service
(b) (6), (b) (7)(C), (b) (7)(F)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Monday, August 3, 2020 11:48 AM
To: Dep, Spec (USMS) (b) @usms.doj.gov>; (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: FW: MPD funding

Good morning,

Per the below string. I understand the attached 3c was submitted back in Jan for "relentless pursuit". It may have been processed for the district (EWI) instead of (b) (7) accidently. We would like to use the same people for Operation Safe Passage. Please take a look and let me know how we can proceed.

Thank you,

(b) (6), (b) (7)(C),
Great Lakes Regional Fugitive Task Force
U.S. Marshals Service
(b) (6), (b) (7)(C), (b) (7)(F)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, July 30, 2020 4:08 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>; (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: FW: MPD funding

(b) (6) please see below. I have attached the USM-3c I submitted for Operation Relentless Pursuit (ORP) in January with an amended end date of 9/30/2020 due to the continuation of ORP, now Operation Legend. I removed the information from two officers who have separated from the fugitive unit but I could not remove their digital signatures, (b) (6), (b) (7)(C) (b) This will get us through the fiscal year and I will be doing formal deputation paperwork for those who will continue into FY21 as fulltime TFO's.

Thank you,

(b) (6), (b) (7)(C), (b) (7)(F)
Supervisory Deputy
United States Marshals Service
E/WI – Milwaukee
(b) (6), (b) (7)(C),

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, July 30, 2020 1:14 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>

AMERICAN OVERSIGHT

Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: FW: MPD funding

H (b) (6), (b) (7)

Sorry for the delay, (b) (6) is on vacation this week so I am not sure when she will be able to reply to your e-mail. I have not done deputations so I am not familiar with them, but I was finally able to get in contact with someone from the Special Deputations Branch. According to her e-mail below, she does not see a record of the USM-3C application for MPD for the (b) (7)(E). It could still be processing though. You can update the form and if (b) (6) did submit the original one already, she can just re-submit the updated one when she returns to reflect the new date.

Thanks,

(b) (6), (b) (7)(C), (b) (7)(E)
Administrative Officer
Great Lakes Regional Fugitive Task Force
U.S. Marshals Service
Desk: (b) (6), (b) (7)
E-mail: (b) (6), (b) (7)(C) (b) @usdoj.gov

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, July 30, 2020 12:57 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(E) @usms.doj.gov>
Subject: RE: MPD funding

Good afternoon,

Just to clarify, I do not see a record of the Special Deputation Branch receiving an USM-3C application for MPD for (b) (7)(E). (We don't have a record of any groups in (b) (7)(E) E/WI at all. I assume MPD stands for Milwaukee Police Department – and I can confirm we don't have any on file for them for Operation Legend.)

We received an USM-3C for Operation Legend from (b) (7)(E) N/IL with (b) (7)(E) TFOs from Cook County Sheriff's Office who were sworn in yesterday (7/29/20). Those expiration dates are 10/1/2020.

If members of MPD will also be participating on Operation Legend and require deputation, we will need an application (USM-3C and employment authorization letter). If the employment authorization letter lists all applicants, then we only need one letter. Hopefully that can help aid the process a little further.

Unfortunately, each police department / sheriff's office, etc. will need to submit their own USM-3C so we cannot simply extend the USM-3C received from Cook County Sheriff's Office to include MPD, if that makes sense?

AMERICAN OVERSIGHT

Please let me know if you have any further questions. Additionally, I have cc'ed the Special Deputations Branch email for convenience. In case I am unavailable and you require immediate assistance- someone is always monitoring that email as well. 😊

All the best,

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)(C), (b) (7)(F)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, July 30, 2020 1:19 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: FW: MPD funding

Hi (b) (6), (b) (7),

The person that does the special deputations is on vacation this week. I was given your name as a contact person for special deputations. Could you answer the Supervisor's question below?

Thanks,

(b) (6), (b) (7)(C), (b) (7)(F)
Administrative Officer
Great Lakes Regional Fugitive Task Force
U.S. Marshals Service
Desk: (b) (6), (b) (7)(C)
E-mail: (b) (6), (b) (7)(C), (b) @usdoj.gov

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, July 30, 2020 10:28 AM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>; (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: Re: MPD funding

AMERICAN OVERSIGHT

For this funding I will need to do another 3c special deputation for everyone as we jave not begun the formal deputations yet. Being that this is a continuation of ORP/Legend would it be permissible to amend the original 3c to extend the date to 9/30/20 and re-submit it.

It was difficult to get everyone to eating it the first time.

(b) (6), (b) (7)(C), (b) (7)(F)
Supervisory Deputy
U.S. Marshals Service
E/WI - Milwaukee
(b) (6), (b) (7)(C)

On Jul 30, 2020, at 9:11 AM, (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov> wrote:

Good morning (b) (6), (b) (7)(C), ,

The additional funding for Operational Legend has already been received and we are able to go ahead and use the funds to fund the rest of FY20. I have, from a previous e-mail, that we would like to give MPD (b) (7)(E) to cover them for the rest of FY20. If this is still the plan, I can go ahead and prepare a (b) (7)(E) for them (it is a continuation of ORP even though it is now being referred to as Operation Legend). The (b) (7)(E) would cover them for all of FY20 so it would be retroactive. My plan is to work on the (b) (7)(E) for the additional funding for FY20 either tomorrow or early next week unless you need the one for MPD today. Just let me know.

Thanks,

(b) (6), (b) (7)(C), (b) (7)(E)
Administrative Officer
Great Lakes Regional Fugitive Task Force
U.S. Marshals Service
Desk: (b) (6), (b) (7)(C)
E-mail: (b) (6), (b) (7)(C), (b) @usdoj.gov
<image001.png>

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, July 30, 2020 7:24 AM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>; (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: Fwd: MPD funding

(b) (6), (b) (7)(C)

I looped in (b) (6) to see about a timeline. Thanks

Begin forwarded message:

> **From:** (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
> **Date:** July 30, 2020 at 7:21:41 AM CDT
> **To:** "(b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
> **Cc:** "(b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
> **Subject: MPD funding**

AMERICAN OVERSIGHT

I am meeting with MPD this afternoon to discuss the 4th quarter funding and FY21. I know there will be hesitancy in their part as i don't have a 607 for them yet. Would there be an estimate of time that I can give them on when we will have the 607 ready for them? Will this funding be retroactive to July 1st to cover the full quarter? Or only from July 15th, the Phase 2 rebranded as Legend Date?

(b) (6), (b) (7)(C), (b) (7)(F)
Supervisory Deputy
U.S. Marshals Service
E/WI - Milwaukee
(b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000458
000417

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000459
000418

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000420

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(E) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of AUGUST , 2020 , at _____ , INDIANA
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

IOD-(b) (7) S/IN
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

101 W. IDA B WELLS, CHICAGO, IL 60105
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 8/19/2020 - 12/31/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

12/31/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

8/19/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000421

From: (b) (6), (b) (7)
To: (b) (6), (b) (7)(C),
Cc: (b) (6), (b) (7)(C),
Subject: Oath, Auth & Appointments (2) BINNIE, DIXON / USMS (W/MO)
Date: Thursday, September 3, 2020 10:34:00 AM
Attachments: (b) (6), (b) (7)(C), (b) .pdf
(b) (6), (b) (7)(C), (b) .pdf

Hello,

This is for Operation Legend.

In order to ensure compliance with USMS Policy Directive 17.11, please return ALL executed USM-3B's to the Special Deputation Unit at (b) (6), (b) (7)(C) @usdoj.gov for final processing within 45 days of today's date. Please ensure the date, location, and both appointee and U.S. Marshal or Designated Federal Official signatures are complete.

Thank you,

(b) (6), (b) (7)(C), (b) (7)(E)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7)(C) *@usdoj.gov | Office:* (b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , _____
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

W/MO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR.., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 9/3/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/3/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , _____
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

W/MO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR.., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 9/3/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/3/2020
Authorization Date

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: USM-3B Oaths of Office for D/NM Operation Legend
Date: Friday, August 28, 2020 11:44:58 AM
Attachments: D-NM USM-3Bs Operation Legend.pdf

Good morning,
Attached are (b) USM-3B Oaths of Office for D/NM Operation Legend. Please return a copy of the signed forms as soon as possible for recordkeeping.
Thank you,

(b) (6), (b) (7)(C), (b)
Special Deputation Specialist
TOD/Special Deputations Branch
US Marshals Service
(b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C),
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)
Subject: Oath, Auth and Appointment for (1) HAMILTON /USMS (E-MO)
Date: Monday, August 17, 2020 4:37:00 PM
Attachments: (b) (6), (b) (7) 3b.pdf

Hello,
In order to ensure compliance with USMS Policy Directive 17.11, please return ALL executed USM-3B's to the Special Deputation Unit at (b) (6), (b) (7)(C) @usdoj.gov for final processing within 7 days of today's date. Please ensure the date, location, and both appointee and U.S. Marshal or Designated Federal Official signatures are complete.
Thank you,

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email (b) (6), (b) (7)(C) @usdoj.gov | Office: (b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of AUGUST , 2020 , at _____ (City) , MISSOURI (State)

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

111 S. 10TH ST., ST. LOUIS, MO 63102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

SPECIAL DEPUTATION APPOINTMENT

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

This certifies that

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

ST. LOUIS METRO FUGITIVE TASK FORCE

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 8/17/2020 - 12/31/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

12/31/2020
Expiration Date

(b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

8/17/2020
Authorization Date

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C),
To: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: Oath, Auth and Appointment for (5) OP LEGEND /GLRFTF S-IN
Date: Wednesday, August 19, 2020 2:51:00 PM
Attachments: (b) (6), (b) (7)(C), (b) (7)(F)

Hello,
In order to ensure compliance with USMS Policy Directive 17.11, please return ALL executed USM-3B's to the Special Deputation Unit at (b) (6), (b) (7)(C) @usdoj.gov for final processing within 7 days of today's date. Please ensure the date, location, and both appointee and U.S. Marshal or Designated Federal Official signatures are complete.
Thank you,

(b) (6), (b) (7)(C) (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)(C) (b) (7)(F)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at [redacted] @usdoj.gov after completion.

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of AUGUST , 2020 , at _____ , INDIANA
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

IOD [redacted]/IN
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

101 W. IDA B WELLS, CHICAGO, IL 60105
Employer's Address

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

[redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 8/19/2020 - 12/31/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

12/31/2020
Expiration Date

[redacted]
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

8/19/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of AUGUST , 2020 , at _____ , INDIANA
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

IOD-(b) (7) S/IN
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

101 W. IDA B WELLS, CHICAGO, IL 60105
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 8/19/2020 - 12/31/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

12/31/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

8/19/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000430

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(E) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of AUGUST , 2020 , at _____ (City) , INDIANA (State)

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

IOD-(b) (7) S/IN
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

101 W. IDA B WELLS, CHICAGO, IL 60105
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 8/19/2020 - 12/31/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

12/31/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

8/19/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000431

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(E) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of AUGUST , 2020 , at _____ , INDIANA
City State

_____ _____
Signature of Appointee | Signature of U.S. Marshal or Officer Administering Oath

12/31/2020 | IOD-(b) (7) S/IN
Expiration Date | District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

101 W. IDA B WELLS, CHICAGO, IL 60105
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(E)
OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:
TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 8/19/2020 - 12/31/2020
This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

_____ 12/31/2020
Appointee | Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit | U S Marshal or Designated Federal Official

8/19/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000432
000431

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

I, (b) (6), (b) (7)(C), _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of AUGUST , 2020 , at _____ , INDIANA
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

IOD-(b) (7) S/IN
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

101 W. IDA B WELLS, CHICAGO, IL 60105
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 8/19/2020 - 12/31/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

_____ 12/31/2020
Appointee Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit U S Marshal or Designated Federal Official

8/19/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
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OATH OF OFFICE

I, (b) (6), (b) (7)(C), _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of AUGUST , 2020 , at _____ , INDIANA
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

IOD-(b) (7) S/IN
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

101 W. IDA B WELLS, CHICAGO, IL 60105
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 8/19/2020 - 12/31/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

12/31/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

8/19/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000434
000434

From: (b) (6), (b) (7)(C),
To: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: Oath, Auth and Appointment for (10) / OP LEGEND (D-NM)
Date: Thursday, September 10, 2020 11:49:00 AM
Attachments: (b) (6), (b) (7)(C), (b) (7)(F)

Hello,
In order to ensure compliance with USMS Policy Directive 17.11, please return ALL executed USM-3B's to the Special Deputation Unit at (b) (6), (b) (7)(C) @usdoj.gov for final processing within 7 days of today's date. Please ensure the date, location, and both appointee and U.S. Marshal or Designated Federal Official signatures are complete.
These are for a group operation for Operation Legend.
Thank you,

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , NEW MEXICO
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 9/10/2020 - 9/30/2020

This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , NEW MEXICO
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 9/10/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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Subscribed and sworn to me this _____ day of September , 2020 , at _____ , NEW MEXICO
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 9/10/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000538
000437

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , NEW MEXICO
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

SPECIAL DEPUTATION APPOINTMENT

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(202) 307-9100.

This certifies that

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OPERATION LEGEND

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VALID 9/10/2020 - 9/30/2020

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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VALID 9/10/2020 - 9/30/2020

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NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000456
000439

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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VALID 9/10/2020 - 9/30/2020

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Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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(202) 307-9100.

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Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Subscribed and sworn to me this _____ day of September , 2020 , at _____ , NEW MEXICO
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

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Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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City State

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Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

615 1ST ST. NW., ALBUQUERQUE, NM 87102
Employer's Address

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Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000354
000448

U.S. Department of Justice
United States Marshals Service

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City State

Signature of Appointee

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Expiration Date

D/NM
District or Division

SPONSORING AGENCY INFORMATION

NEW MEXICO CORRECTIONS DEPARTMENT -STIU
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

615 1ST ST. NW., ALBUQUERQUE, NM 87102
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Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C),
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)
Subject: Oath, Auth and Appointment for (15) /USMS (E-MO)
Date: Tuesday, August 18, 2020 2:00:00 PM
Attachments: (b) (6), (b) (7)(C), (b) (7)(F)

Hello,
In order to ensure compliance with USMS Policy Directive 17.11, please return ALL executed USM-3B's to the Special Deputation Unit at (b) (6), (b) (7)(C)@usdoj.gov for final processing within 7 days of today's date. Please ensure the date, location, and both appointee and U.S. Marshal or Designated Federal Official signatures are complete.
Thank you,

(b) (6), (b) (7)(C) (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)(C) (b) (7)(F)

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C),
To: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: Oath, Auth and Appointment for (19) Milwaukee PD /GLRFTF E-WI (op legend/relentless pursuit)
Date: Friday, September 11, 2020 9:33:00 AM
Attachments: Milwaukee PD Op Legend USM3Bs.pdf

Hello,
In order to ensure compliance with USMS Policy Directive 17.11, please return ALL executed USM-3B's to the Special Deputation Unit at (b) (6), (b) (7)(C) @usdoj.gov for final processing within 7 days of today's date. Please ensure the date, location, and both appointee and U.S. Marshal or Designated Federal Official signatures are complete. ***These are for the group application for Operation Legend/ Relentless Pursuit.*** If you are having trouble with the compiled pdf, please let me know and I can send them individually.
Thank you,

(b) (6), (b) (7)(C) (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)(C) (b) (7)(F)

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: USM-3B Oaths of Office for D/NM Operation Legend
Date: Friday, August 28, 2020 11:44:58 AM
Attachments: D-NM USM-3Bs Operation Legend.pdf

Good morning,
Attached are (b) USM-3B Oaths of Office for D/NM Operation Legend. Please return a copy of the signed forms as soon as possible for recordkeeping.
Thank you,

(b) (6), (b) (7)(C), (b)
Special Deputation Specialist
TOD/Special Deputations Branch
US Marshals Service
(b) (6), (b) (7)(C), (b) (7)(F)

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C),
To: (b) (6), (b) (7)(C),
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: Oath, Auth, and Appointment for (b) OPERATION LEGEND / USMS (W-MO)
Date: Thursday, July 23, 2020 9:52:00 AM
Attachments: (b) (6), (b) (7)(C), (b) (7)(F)

Hello,
In order to ensure compliance with USMS Policy Directive 17.11, please return ALL executed USM-3B's to the Special Deputation Unit at (b) (6), (b) (7)(C) @usdoj.gov for final processing within 45 days of today's date. Please ensure the date, location, and both appointee and U.S. Marshal or Designated Federal Official signatures are complete.
Please return the signed USM-3Bs immediately after the Oath of Office is given. Thank you!
Best regards,

(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)(C),
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)
Subject: Oath, Auth, and Appointment for (b) OPERATION LEGEND / RFTF (N-IL)
Date: Friday, July 24, 2020 4:19:00 PM
Attachments: (b) (6), (b) (7)(C), (b) (7)(F)
Importance:

Hello,
In order to ensure compliance with USMS Policy Directive 17.11, please return ALL executed USM-3B's to the Special Deputation Unit at (b) (6), (b) @usdoj.gov for final processing within 45 days of today's date. Please ensure the date, location, and both appointee and U.S. Marshal or Designated Federal Official signatures are complete.
Thank you,

(b) (6), (b) (7)(C),
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)

AMERICAN OVERSIGHT

(b) (6), (b) (7)(C), (b) (7)(F) **(USMS)**

From: (b) (6), (b) (7)(C), (b) (7)(F)
Sent: Monday, August 3, 2020 1:24 PM
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: RE: MPD funding

Just to be clear, Safe Passage and Operation Legend are the same thing. In Chicago we initially called this operation "safe passage" but its under the nationwide initiative of operation "legend". Thanks, (b) (6)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Monday, August 3, 2020 11:49 AM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>; (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>; (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>; (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: RE: MPD funding

Hi (b) (6)

So I just had a conversation with (b) (6), (b) (7)(C), (b) (7)(F) from EWI. He indicated that he submitted the form up the chain back in January but never received 3bs for the individuals. I was never provided the form so know I did not submit. He did not follow up because he did not recall in the past, receiving them for temporary special operations group deputations.

Not sure how to proceed but the group is working Safe Passage and has been provided funding to do so. Can we proceed with the request as a new request?

Thank you and your direction is appreciated.

(b) (6), (b) (7)(C), (b) (7)(F)
Great Lakes Regional Fugitive Task Force
U.S. Marshals Service
(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Monday, August 3, 2020 11:35 AM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>; (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: RE: MPD funding

Hi (b) (6) our records come up empty for the personnel on the attached 3C. Does (b) (7) have anything to prove that these personnel were actually deputized with USM-3B Oath's of Office authorized by Special Deputations Branch back in January?

AMERICAN OVERSIGHT

(b) (6), (b) (7)(C), (b)
Special Deputation Specialist
TOD/Special Deputations Branch
US Marshals Service
(b) (6), (b) (7) office
(b) (6), (b) (7) mobile

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Monday, August 3, 2020 11:48 AM
To: (b) (6), (b) (7)(C), (b) (7) @usms.doj.gov>; (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: FW: MPD funding

Good morning,

Per the below string. I understand the attached 3c was submitted (b) (7)(E) It may have been processed for the district (EWI) instead of (b) (7) accidently. We would like to use the same people for Operation Safe Passage. Please take a look and let me know how we can proceed.

Thank you,

(b) (6), (b) (7)(C),
Great Lakes Regional Fugitive Task Force
U.S. Marshals Service
(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, July 30, 2020 4:08 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>; (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: FW: MPD funding

(b) (6) please see below. I have attached the USM-3c I submitted for (b) (7)(E) in January with an amended end date of 9/30/2020 due to the continuation of (b) (7), now Operation Legend. I removed the information from two officers who have separated from the fugitive unit but I could not remove their digital signatures, (b) (6), (b) (7)(C) (b) This will get us through the fiscal year and I will be doing formal deputation paperwork for those who will continue into FY21 as fulltime TFO's.

Thank you,

(b) (6), (b) (7)(C), (b) (7)(F)
Supervisory Deputy
United States Marshals Service
E/WI – Milwaukee
(b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, July 30, 2020 1:14 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000452

Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: FW: MPD funding

Hi (b) (6), (b) (7),

Sorry for the delay, (b) (6) is on vacation this week so I am not sure when she will be able to reply to your e-mail. I have not done deputations so I am not familiar with them, but I was finally able to get in contact with someone from the Special Deputations Branch. According to her e-mail below, she does not see a record of the USM-3C application for MPD for the Great Lakes RFTF. It could still be processing though. You can update the form and if (b) (6) did submit the original one already, she can just re-submit the updated one when she returns to reflect the new date.

Thanks,

(b) (6), (b) (7)(C), (b) (7)(F)
Administrative Officer
Great Lakes Regional Fugitive Task Force
U.S. Marshals Service
(b) (6), (b) (7)(C), (b) (7)(F) @usdoj.gov

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, July 30, 2020 12:57 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(E) @usms.doj.gov>
Subject: RE: MPD funding

Good afternoon,

Just to clarify, I do not see a record of the Special Deputation Branch receiving an USM-3C application for MPD for (b) (7)(E). (We don't have a record of any groups in (b) (7)(E) E/WI at all. I assume MPD stands for Milwaukee Police Department – and I can confirm we don't have any on file for them for Operation Legend.)

We received an USM-3C for Operation Legend from (b) (7)(E) N/IL with (b) (7)(E) TFOs from Cook County Sheriff's Office who were sworn in yesterday (7/29/20). Those expiration dates are 10/1/2020.

If members of MPD will also be participating on Operation Legend and require deputation, we will need an application (USM-3C and employment authorization letter). If the employment authorization letter lists all applicants, then we only need one letter. Hopefully that can help aid the process a little further.

Unfortunately, each police department / sheriff's office, etc. will need to submit their own USM-3C so we cannot simply extend the USM-3C received from Cook County Sheriff's Office to include MPD, if that makes sense?

AMERICAN OVERSIGHT

Please let me know if you have any further questions. Additionally, I have cc'ed the Special Deputations Branch email for convenience. In case I am unavailable and you require immediate assistance- someone is always monitoring that email as well. 😊

All the best,
(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7)(C) @usdoj.gov | Office: (b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, July 30, 2020 1:19 PM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: FW: MPD funding

Hi (b) (6), (b) (7)(C),

The person that does the special deputations is on vacation this week. I was given your name as a contact person for special deputations. Could you answer the Supervisor's question below?

Thanks,

(b) (6), (b) (7)(C), (b) (7)(F)
Administrative Officer
Great Lakes Regional Fugitive Task Force
U.S. Marshals Service
Desk: (b) (6), (b) (7)(C)
E-mail: (b) (6), (b) (7)(C)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, July 30, 2020 10:28 AM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>; (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: Re: MPD funding

AMERICAN OVERSIGHT

For this funding I will need to do another 3c special deputation for everyone as we jave not begun the formal deputations yet. Being that this is a continuation of ORP/Legend would it be permissible to amend the original 3c to extend the date to 9/30/20 and re-submit it.

It was difficult to get everyone to eating it the first time.

(b) (6), (b) (7)(C), (b) (7)(F)
Supervisory Deputy
U.S. Marshals Service
E/WI - Milwaukee
(b) (6), (b) (7)(C)

On Jul 30, 2020, at 9:11 AM, (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov> wrote:

Good morning (b) (6), (b) (7)(C), ,

The additional funding for Operational Legend has already been received and we are able to go ahead and use the funds to fund the rest of FY20. I have, from a previous e-mail, that we would like to give MPD $50,000 to cover them for the rest of FY20. If this is still the plan, I can go ahead and prepare a 607A for them (it is a continuation of ORP even though it is now being referred to as Operation Legend). The $50K would cover them for all of FY20 so it would be retroactive. My plan is to work on the 607As for the additional funding for FY20 either tomorrow or early next week unless you need the one for MPD today. Just let me know.

Thanks,

(b) (6), (b) (7)(C), (b) (7)(F)
Administrative Officer
Great Lakes Regional Fugitive Task Force
U.S. Marshals Service
Desk (b) (6), (b) (7)(C)
E-mail (b) (6), (b) (7)(C) @usdoj.gov
<image001.png>

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, July 30, 2020 7:24 AM
To: (b) (6), (b) (7)(C), (b) (7)(F) usms.doj.gov>; (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: Fwd: MPD funding

(b) (6), (b) (7)(C),

I looped in (b) (6) to see about a timeline. Thanks

Begin forwarded message:

> **From:** (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
> **Date:** July 30, 2020 at 7:21:41 AM CDT
> **To:** (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
> **Cc:** (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
> **Subject: MPD funding**

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000455
000454

I am meeting with MPD this afternoon to discuss the 4th quarter funding and FY21. I know there will be hesitancy in their part as i don't have a 607 for them yet. Would there be an estimate of time that I can give them on when we will have the 607 ready for them? Will this funding be retroactive to July 1st to cover the full quarter? Or only from July 15th, the Phase 2 rebranded as Legend Date?

(b) (6), (b) (7)(C), (b) (7)(F)
Supervisory Deputy
U.S. Marshals Service
E/WI - Milwaukee
(b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000456

From: (b) (6), (b) (7)
To: Dep. Spec (USMS)
Subject: Operation Legend - St. Louis
Date: Friday, August 14, 2020 1:52:40 PM

Could someone from the Special Deputation Branch call me at (b) (6), (b) as soon as possible? We have been added to the Operation Legend and have (b) ERO agents from ICE sent to us by our USAO. They are assigned to our task force for the next 60 days and need USMS Deputation. I just have a few questions I needed clarification on.

Thank you,

(b)
(6)

(b) (6), (b)
(7)(C), (b)
Supervisory Deputy U.S. Marshal
Eastern District of MO – St. Louis
111 South 10th Street, St. Louis MO 63102
(b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)
To: (b) (6), (b) (7)(C), (b) (7)(F)
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: FW: Deputations for Operation Safe Passage / Legend
Date: Friday, July 24, 2020 10:53:57 AM
Importance: High

Good morning All,
Also, once deputized please forward the copy of the signed USM-3B back to Special Deputations Branch, immediately, so we can record the deputation in the database. USMS Headquarters Senior Management are keeping stats on this operation. Thank you.
Regards,
(b) (6), (b) (7)(C), (b) (7)(F)
Chief Inspector
TOD-Special Deputations
(b) (6), (b) (7)(C)

NOTICE: This email (including any attachments) is intended for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, or otherwise protected by applicable law. If you are not the intended recipient (or the recipient's agent), you are hereby notified that any dissemination, distribution, copying, or use of this email or its contents is strictly prohibited. If you received this email in error, please notify the sender immediately and destroy all copies.

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Friday, July 24, 2020 9:02 AM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: RE: Deputations for Operation Safe Passage / Legend
Importance: High

Good morning,
We require additional documentation for this group. None of the applicants' firearms qualification dates are from within the past 6 months. Because of this, we require a letter from Cook County Sheriff's Department, on agency letterhead, explaining why none of them have qualified in the past 6 months. Please send it at your earliest convenience so I can continue processing. Thank you!
Best regards,
(b) (6), (b) (7)(C), (b) (7)(E)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)(C)

From: Dep, Spec (USMS)
Sent: Friday, July 24, 2020 8:24 AM
To: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: RE: Deputations for Operation Safe Passage / Legend

Good morning,
Thank you, we are in receipt of the application.
Best regards,
(b) (6), (b) (7)(C), (b) (7)(E)
Program Analyst – Special Deputations Branch

AMERICAN OVERSIGHT

U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), (b) (7) @usdoj.gov | Office: (b) (6), (b) (7)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, July 23, 2020 9:04 PM
To: (b) (6), (b) (7)(C) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: Deputations for Operation Safe Passage / Legend

Attached is a group deputation request and agency letter. We had to obtain physical signatures so if that is a problem, please let us know as soon a possible. I know you all have many of these request coming in and don't work over the weekend but the sooner we can get this back the better. The operation started Wed. Thank you in advance for any assistance you can provide.

Thank you,

(b) (6), (b) (7)(C), (b)
Great Lakes Regional Fugitive Task Force
U.S. Marshals Service
(b) (6), (b) (7)(C)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000460

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , ILLINOIS
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) -N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

7/24/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)
To: (b) (6), (b) (7)(C),
Cc: (b) (6), (b) (7)(C), (b) (7)(F)
Subject: Re: Oath, Auth, and Appointment for (b) OPERATION LEGEND / USMS (W-MO)
Date: Thursday, July 23, 2020 10:05:47 AM

Thank you for the quick turnaround. Much appreciated!

(b) (6), (b) (7)(C), (b) (7)(F)
Chief Deputy U.S. Marshal
Western Missouri
(b) (6), (b) (7)(C)

On Jul 23, 2020, at 8:52 AM, (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov> wrote:

Hello,
In order to ensure compliance with USMS Policy Directive 17.11, please return ALL executed USM-3B's to the Special Deputation Unit at (b) (6), (b) (7)(C) @usdoj.gov for final processing within 45 days of today's date. Please ensure the date, location, and both appointee and U.S. Marshal or Designated Federal Official signatures are complete.
Please return the signed USM-3Bs immediately after the Oath of Office is given. Thank you!
Best regards,
(b) (6), (b) (7)(C), (b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), @usdoj.gov | Office: (b) (6), (b) (7)(C), (b) (7)(F)

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AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD (b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ (City) , WISCONSIN (State)

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

From: (b) (6), (b) (7)
To: (b) (6), (b) (7)(C), (b)
Subject: RE: Deputations for Operation Safe Passage / Legend
Date: Friday, July 24, 2020 8:24:00 AM

Good morning,

Thank you, we are in receipt of the application.

Best regards,

(b) (6), (b) (7)(C),
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), @usdoj.gov | Office: (b) (6), (b) (7)
(b) (7)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Thursday, July 23, 2020 9:04 PM
To: (b) (6), (b) (7)(C), (b) (7) @usms.doj.gov>
Cc: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Subject: Deputations for Operation Safe Passage / Legend

Attached is a group deputation request and agency letter. We had to obtain physical signatures so if that is a problem, please let us know as soon a possible. I know you all have many of these request coming in and don't work over the weekend but the sooner we can get this back the better. The operation started Wed. Thank you in advance for any assistance you can provide.

Thank you,

(b) (6), (b) (7)(C), (b)
Great Lakes Regional Fugitive Task Force
U.S. Marshals Service
(b) (6), (b) (7)(C), (b)
(7)(F)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , ILLINOIS
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) -N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

7/24/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 19th day of AUGUST, 2020, at Kansas City (City), MISSOURI (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

W/MO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

15 EXECUTIVE DRIVE, FAIRVIEW HEIGHTS, IL 62208
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law.

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID ONLY 8-18-2020 - 10-1-2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

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

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

08/18/2020
Authorization Date

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ (City) , ILLINOIS (State)

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) -N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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(202) 307-9100.

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

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

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NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

7/24/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , MISSOURI
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

W/MO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

7/23/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000563
000470

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ (City) , ILLINOIS (State)

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) -N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

_____ Appointee

10/1/2020
Expiration Date

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

_____ U S Marshal or Designated Federal Official

7/24/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000562
000471

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , MISSOURI
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

W/MO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING
A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS
UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

7/23/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000563
000472

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000474
000473

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(E) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of AUGUST , 2020 , at _____ , INDIANA
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

IOD-(b) (7) S/IN
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

101 W. IDA B WELLS, CHICAGO, IL 60105
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 8/19/2020 - 12/31/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

12/31/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

8/19/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000473
000474

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , MISSOURI
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

W/MO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING
A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS
UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

7/23/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ (City) , ILLINOIS (State)

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) -N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING
A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS
UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

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

10/1/2020
Expiration Date

U S Marshal or Designated Federal Official

7/24/2020
Authorization Date

AMERICAN OVERSIGHT

Form USM-3B
Rev. 06/11
(Previous Edition Form USM-3)

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Western District of Missouri	(b) (6), (b) (7)(C), (b) (7)(F)	(b) (6), (b) (7)(C), (b) (7)(F)

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b) (7)(C)	400 E 9th Street, suite 3740	Kansas City	MO	64106

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
Drug Enforcement Administration	(b) (6), (b) (7)(C), (b) (7)(F)	(b) (6), (b) (7)(C), (b) (7)(F)

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b) (7)(C)	15 Executive Dr., (b) (6), (b) (7)(C)	Fairview Heights	IL	62208

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the Operation LeGend, Midwest Violent Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 09/03/2020 (Month/Day/Year) to 10/01/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) (b) (6), (b) (7)(C), (b) (7)(F) Date: 09/01/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☑ Approval ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date:

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

Drug Enforcement Administration

2. Applicant's District (District of Swearing in Location):

Drug Enforcement Administration

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]			06/26/20	(b) (6), (b) (7)(C), (b) (7)(F) [redacted]	
			08/26/2020		

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) (7)(C) usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000479

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago, ILLINOIS
State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

[illegible]LID OFF DUTY

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

10/1/2020
[illegible]

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

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

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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Subscribed and sworn to me this 29 day of JULY, 2020 at Chicago, ILLINOIS
State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD (b) (7) N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

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VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY

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

10/1/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

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

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-19924-000483

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) (7) after completion.

OATH OF OFFICE

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Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago, ILLINOIS
State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD (b) (7) N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

FF DUTY

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

10/1/2020

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

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

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Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago, ILLINOIS
State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD (b) (7) IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation
(U.S. Marshal or Designated Federal Official)

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND

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VALID 7/24/2020 - 10/1/2020

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NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY

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

10/1/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), [redacted] after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

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State

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD (b) (7) N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

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(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]

OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL IF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

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NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Appointee

10/1/2020

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

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State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD (b) (7)(F) /IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
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VALID 7/24/2020 - 10/1/2020

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NOT VALID OFF DUTY

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

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Subscribed and sworn to me this 29 day of JULY, 2020 at Chicago, ILLINOIS
City State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation
(U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal
to perform the following duties as authorized by law:
TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 7/24/2020 - 10/1/2020
This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS D BY DEA OR FBI.
FF DUTY

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

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago (City), ILLINOIS (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7)-N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY

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

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT
MULTI-DOJ-USMS-20-1992-A-000489

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago, ILLINOIS
(b) (6), (b) (7)(C), (b) (7)(F) State

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

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

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

0/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

7/24/2020
Authorization Date

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) [redacted] after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago, ILLINOIS
State

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD (b) (7) N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) **after completion.**

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago, ILLINOIS
State

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND
has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY

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

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) [redacted] after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7) [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 29 day of JULY, 2020, at Chicago (City), ILLINOIS (State)

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD(b) (7) [redacted] N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
U.S. Marshal or Designated Federal Official

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]

7/24/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Replaces Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 21 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

X (b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-[redacted]-E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

US MARSHALS SERVICE
Sponsoring Agency

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

X (b) (6), (b) (7)(C), (b) (7)(F)
Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 18 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-[redacted]E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted]ABILITY APPROVAL

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

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(E) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 16 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD (b) (6), (b) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A LITY APPROVAL

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

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

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

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 15 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

OPERATION LEGEND

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY-ESCORTED ACCESS UNTIL GRANTED A Y APPROVAL

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

/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 14 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-[redacted]E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted] SUITABILITY APPROVAL

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

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
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AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 14 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

(b) (6), (b) (7)(C), (b) (7)(F) ORTED ACCESS UNTIL GRANTED A ABILITY APPROVAL

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

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
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AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) [redacted] after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 14 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-[redacted]E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

SPECIAL DEPUTATION APPOINTMENT

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

This certifies that
(b) (6), (b) (7)(C), [redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) [redacted] after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-[redacted]E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

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NOT VALID OFF-DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted]LITY APPROVAL

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
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AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) [redacted] after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-[redacted] E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7) [redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted]ILITY APPROVAL

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-[redacted]E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted]ILITY APPROVAL

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

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD (b) (6), (b) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [illegible]NAL SUITABILITY APPROVAL

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

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-[redacted]E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted] APPROVAL

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

[redacted]0/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
[redacted]

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) [redacted] after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) [redacted] E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

(b) (6), (b) (7)(C), (b) (7) [redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted] LITY APPROVAL

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7)(C) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD (b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.
VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:
NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.
NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A TY APPROVAL

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

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD [redacted] E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

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(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)

OPERATION LEGEND

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TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

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[redacted] ORTED ACCESS UNTIL GRANTED A [redacted] BILITY APPROVAL

(b) (6), (b) (7)(C), (b) (7)(F)
(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

9/30/2020
(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

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

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD (b) (7) /WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

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For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A BILITY APPROVAL

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

9/30/2020

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

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Return this form to the Special Deputation Unit at (b) (6), (b) [redacted] after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7)(F) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-[redacted]E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F) [redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Appointee

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
Chief, Special Deputation Unit

(b) (6), (b) (7)(C), (b) (7)(F) [redacted]
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit a[redacted] after completion.

OATH OF OFFICE

I, [redacted] *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee, WISCONSIN

[redacted]

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD[redacted]E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

[redacted]
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

[redacted]

OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A [redacted]UITABILITY APPROVAL

[redacted]
Appointee

9/30/2020
Expiration Date

[redacted]
Chief, Special Deputation Unit

[redacted]
U.S. Marshal or Designated Federal Official

9/10/2020
Authorization Date

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7) *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this 11 day of September, 2020, at Milwaukee (City), WISCONSIN (State)

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of Appointee

(b) (6), (b) (7)(C), (b) (7)(F)
Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD [redacted]/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

SPECIAL DEPUTATION APPOINTMENT

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated. This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government. The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation. The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission. Moreover, those authorities terminate at the expiration of the term of the Special Deputation.

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

This certifies that
(b) (6), (b) (7)(C), (b) (7)(F)
OPERATION LEGEND

has been specially appointed as a Special Deputy U.S. Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY.

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI.

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A SUITABILITY APPROVAL

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

9/30/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

9/10/2020
Authorization Date

(b) (6), (b) (7)(C), (b) (7)(F)
U.S. Marshal or Designated Federal Official

Form USM-3B
Rev. 06/11
(Previously Form USM-3)

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of September , 2020 , at _____ , WISCONSIN
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

9/30/2020
Expiration Date

IOD-(b) (7) E/WI
District or Division

SPONSORING AGENCY INFORMATION

MILWAUKEE POLICE DEPARTMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

749 W. STATE ST., MILWAUKEE, WI 53233
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 9/11/2020 - 9/30/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

9/30/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

9/10/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000563
000512

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of AUGUST , 2020 , at _____ , MISSOURI
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

12/31/2020
Expiration Date

E/MO
District or Division

SPONSORING AGENCY INFORMATION

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

111 S. 10TH ST., ST. LOUIS, MO 63102
Employer's Address

(b) (6), (b) (7)(C), (b) (7)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

ST. LOUIS METRO FUGITIVE TASK FORCE

has been specially appointed as a Special Deputy U S Marshal to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 8/17/2020 - 12/31/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY; ESCORTED ACCESS UNTIL GRANTED A FINAL SUITABILITY APPROVAL

Appointee

12/31/2020
Expiration Date

[redacted] (b) (6), (b) (7)(C) (b)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

8/17/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000554
000518

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) (7) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , ILLINOIS
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) -N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

_____ 10/1/2020
Appointee Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

_____
U S Marshal or Designated Federal Official

7/24/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000565
000514

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , MISSOURI
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

W/MO
District or Division

SPONSORING AGENCY INFORMATION

DRUG ENFORCEMENT ADMINISTRATION
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

15 EXECUTIVE DR., FAIRVIEW HEIGHTS, IL 62208
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

SPECIAL DEPUTATION APPOINTMENT

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING
A FEDERAL TF UNDER TITLE 18 AUTHORITY
VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS
UNLESS DEPUTIZED BY DEA OR FBI
NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

7/23/2020
Authorization Date

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000556
000515

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *		
Investigative Operations Division	(b) (6), (b)	(b) (6), (b) (7)(C),		
4. Phone Number: *	**5. District Address - Street: ***	**6. City:**	**7. State: ***	**8. ZIP Code: ***
(b) (6), (b)	700 N Sacramento Blvd, Suite 165	Chicago	IL	60612

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *		
Cook County Sheriff's Office / GLRFTF Chicago IL	(b) (6), (b) (7)	(b) (6), (b) (7)(C), (b) (7)		
12. Phone Number: *	**13. Agency Address - Street: ***	**14. City: ***	**15. State: ***	**16. ZIP Code: ***
(b) (6), (b)	1401 Maybrook Drive	Maywood	IL	60153

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the GLRFTF / Operation Safe Passage / Legend Task Force, Operation, or Mission.

This Deputation is valid from 07/22/2020 (Month/Day/Year) to 08/30/2020 (Month/Day/Year)

7/24/2020KJB received 7/23/2020 cannot be back dated; approved today

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 07/22/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SOB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 7/24/2020

Chief, Special Deputation Branch or Designee

Form USM-3C
Rev. 04/19

AMERICAN OVERSIGHT

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

Cook County Sheriff's Office / GLRFTF Chicago IL

2. Applicant's District (District of Swearing in Location):

Cook County Sheriff's Office / GLRFTF Chicago IL

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)			10/17/2019	(b) (6), (b) (7)(C), (b) (7)(F)	
			12/26/2019		
			01/30/2020		
			01/09/2020		
			04/16/2019		
			01/09/2020		

Add Additional Rows

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000518
000517

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)			02/20/2020	(b) (6), (b) (7)(C), (b) (7)(F)	
			01/09/2020		
			01/09/2020		
			12/11/2019		
			04/18/2019		
			04/11/2019		

Add Additional Rows

CLICK HERE to submit form t(b) (6), sco.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000559
000518

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *
Investigative Operations Division GLRFTF E-WI	(b) (6), (b) (7)	(b) (6), (b) (7)(C), (b)

4. Phone Number: *	5. District Address - Street: *	6. City: *	7. State: *	8. ZIP Code: *
(b) (6), (b)	517 E. Wisconsin Ave. Suite # 38	Milwaukee	WI	53202

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *
Milwaukee Police Department	(b) (6), (b) (7)(C) (b)	(b) (6), (b) (7)(C),

12. Phone Number: *	13. Agency Address - Street: *	14. City: *	15. State: *	16. ZIP Code: *
(b) (6), (b)	749 W. State St.	Milwaukee	WI	53233

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the Operation Relentless Pursuit / Legend Task Force, Operation, or Mission. *

This Deputation is valid from 09/11/2020 (Month/Day/Year) to 09/30/2020 (Month/Day/Year).

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 8/27/2020

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: [X] Approval [ ] Disapproval [ ] Application Incomplete [ ] Other

Authorized Signature: (b) (6), (b) (7)(C), (b) (7)(F) Date: 09/11/2020

Chief, Special Deputation Branch or Designee

AMERICAN OVERSIGHT

* = Required Field

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

Milwaukee Police Department

2. Applicant's District (District of Swearing in Location):

Milwaukee Police Department

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

- I am a citizen of the United States (includes naturalized citizens).
- I am employed with a federal, state, or local law enforcement agency.
- I have successfully completed the basic law enforcement training program approved by my employer.
- I have at least one year previous law enforcement experience to include general arrest authority.
- I have not been convicted of a crime of domestic violence as defined in Title 18 U.S.C., Section 922 (g)(9) Lautenberg Amendment
- I have qualified with my primary authorized firearm within the past 6 months.
- I understand I am not authorized to participate in federal drug investigations unless authorized by DEA or FBI.
- I have read and agree to comply with the deadly force policy of either my agency or the Department of Justice.
- I have included a copy of my employer's authorization letter stating that they concur with my participation and that I have no internal investigations pending within the organization. (Exception: ESF-13)
- I understand that Special Deputy United States Marshals are prohibited from conducting electronic surveillance in USMS and USMS-adopted investigations without the written approval of the USMS Investigative Operations Division, Technical Operations Group.
- I understand that SpDUSM, acting under the authority of their federal deputation, may only conduct electronic surveillance in non-USMS investigations in strict adherence to federal and state law, and United States Department of Justice policy, and only with the explicit approval and under the supervision, control and scope of authority of the non-USMS sponsoring agency, whose responsibility it is to ensure that all ELSUR conducted by its sponsored SpDUSM personnel is conducted lawfully and consistent with United States Department of Justice policy. SpDUSM may not conduct electronic surveillance pursuant to their SpDUSM authority on non-sponsoring agency cases. Violation of these proscriptions will result in this special deputation being revoked.

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)			8/13/2020	(b) (6), (b) (7)(C), (b) (7)(F)	
			8/12/2020		
			8/13/2020		
			8/11/2020		
			8/12/2020		

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000522
000521

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)			8/11/2020	(b) (6), (b) (7)(C), (b) (7)(F)	
			8/11/2020		
			8/12/2020		
			8/17/2020		
			8/17/2020		
			8/11/2020		
			8/11/2020		
			8/12/2020		
			8/17/2020		
			8/17/2020		
			8/11/2020		
			8/17/2020		
			8/12/2020		
			8/12/2020		

Add Additional Rows

CLICK HERE to submit form to (b) (6), (b) usdoj.gov *(Attach any supporting documentation)*

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000523
000522

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

The authority for collection of the information on this form is 28 CFR subpart T, 0.112, 28 U.S.C. 561 through 569. The USMS is authorized to deputize selected persons to perform the functions of a Deputy U.S. Marshal whenever the law enforcement needs of the USMS so require, to provide courtroom security for the Federal judiciary, and as designated by the Associate Attorney General pursuant to 28 CFR 0.19(a)(3). This form serves as a record of the special deputations granted by the USMS to assist in tracking, controlling and monitoring the Special Deputation Program. Your Social Security number is requested as an additional identifier pursuant to Executive Order 9397. Disclosure of the information on this form is voluntary, however, failure to provide the information may result in your disqualification for special deputation.

This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to U.S. Marshals Service, Tactical Operations Division, Attn: Special Deputations Unit, Washington, DC 20530-0001.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

AMERICAN OVERSIGHT

** = Required Field*

MULTI-DOJ-USMS-20-1992-A-000524
000523

OMB Number 1105-0094 (Exp. 04/30/2022)

U.S. Department of Justice
United States Marshals Service

Application for Group Special Deputation

SPONSORING AGENCY/DISTRICT/DIVISION

1. Sponsoring Agency/District/Division: *	2. Point of Contact: *	3. Work E-mail Address: *		
Western District of Missouri	(b) (6), (b) (7)(C), (b) (7)(F)	(b) (6), (b) (7)(C), (b) (7)(F)		
4. Phone Number: *	**5. District Address - Street: ***	**6. City: ***	**7. State: ***	**8. ZIP Code: ***
(b) (6), (b) (7)(C)	400 E 9th Street, [redacted]	Kansas City	MO	64106

AGENCY BEING SPONSORED

9. Agency Being Sponsored: *	10. Agency Point of Contact: *	11. Work E-mail Address: *		
Drug Enforcement Administration	(b) (6), (b) (7)(C), (b) (7)(F)	(b) (6), (b) (7)(C), (b) (7)(F) [redacted]		
12. Phone Number: *	**13. Agency Address - Street: ***	**14. City: ***	**15. State: ***	**16. ZIP Code: ***
(b) (6), (b) (7)(C)	15 Executive Dr., [redacted]	Fairview Heights	IL	62208

LIMIT OF SPECIAL DEPUTATION AUTHORITY

17. To seek and execute arrest and search warrants supporting the Operation LeGend, Midwest Violent Fugitive Task Force Task Force, Operation, or Mission. *

This Deputation is valid from 07/24/2020 *(Month/Day/Year)* to 10/01/2020 *(Month/Day/Year)*

NOTE: Special Deputations cannot be back-dated and are not retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

18. I have reviewed the attached form submitted by the applicants for Special Deputation and verify that the information submitted by them is true and accurate.

Authorized Signatur[redacted] (b) (6), (b) (7)(C), (b) (7)(F) Date: 7-22-20

Sponsor, U.S. Marshal, Chief Deputy, or Designee

SDB Staff Only: ☒ Appr[redacted] ☐ Disapproval ☐ Application Incomplete ☐ Other

Authorized Signatur[redacted] Date: 7/23/2020

Chief, Special Deputation Branch or Designee

* = Required Field

AMERICAN OVERSIGHT

Application for Group Special Deputation *(continued)*

1. Agency Being Sponsored:

Drug Enforcement Administration

2. Applicant's District (District of Swearing in Location):

Drug Enforcement Administration

3. I certify that the following statements are true and accurate. (False or fraudulent information knowingly provided on this form is criminally punishable pursuant to federal law, including Title 18 U.S.C. Section 1001.)

[redacted]

3a. Name	3b. SSN (Last 4 digits)	3c. DOB	3d. Firearms Qualification Date (Month/Day/Year)	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)				(b) (6), (b) (7)(C), (b) (7)(F)	
[redacted]					

Add Additional Rows

AMERICAN OVERSIGHT

* = Required Field

MULTI-DOJ-USMS-20-1992-A-000525
000525

Application for Group Special Deputation *(continued)*

3a. Name	3b. SSN (All 9 digits required)	3c. DOB	3d. Firearms Qualification Date	3e. Firearm Make, Model, Caliber	3f. Signature
(b) (6), (b) (7)(C), (b) (7)(F)				(b) (6), (b) (7)(C), (b) (7)(F)	

Add Additional Rows

CLICK HERE to submit form (b) (6), (b) (7)(C) *(Attach any supporting documentation)*

* = *Required Field*

Form USM-3C
Rev. 04/19

AMERICAN OVERSIGHT

INSTRUCTIONS TO COMPLETE THIS FORM

1. All Group Special Deputation Applications must be accompanied by a copy of the signed authorization letter (on official letterhead) from the applicants' employer. The letter must indicate that the employer concurs with their employees' participation and that the applicants have no pending internal investigations with the organization.

2. Complete all fields. Type or print legibly in blue or black ink.

3. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, USMS may modify the form consistent with your intent.

4. You must use U.S. Postal Service 2-letter state abbreviations when you fill out this form. Do not abbreviate the names of cities or foreign countries.

5. All telephone numbers must include area codes.

6. If you need additional space to add more employees, you may copy additional pages as necessary.

7. Special Deputations cannot be back-dated or retroactive. Special Deputations will be valid from the date the applicant(s) are sworn-in to the expiration date indicated on Page 1, Question 17 of this form.

Privacy Act Statement

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This form may be routinely disclosed: To a federal, state or local law enforcement agency regarding that agency's USMS deputized employees; Where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law - criminal, civil, or regulatory in nature - the relevant records may be referred to the appropriate federal, state, local, territorial, tribal, or foreign law enforcement authority or other appropriate entity charged with the responsibility for investigating or prosecuting such violation or charged with enforcing or implementing such law; and as otherwise provided in USMS Privacy Act system of records notice Justice/USM-004, Special Deputation Files, 72 FR 33515 (June 18, 2007).

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AMERICAN OVERSIGHT

MULTI-DOJ-USMS-20-1992-A-000528
000527

From: (b) (6), (b) (7)
To: (b) (6), (b) (7)(C),
Subject: RE: Signed USM-3B Op LeGend_sep_signed.pdf
Date: Thursday, September 3, 2020 9:22:00 AM

Hello,

The Special Deputation Branch (SDB) is in receipt of the application.

Due to the high volume of applications received by SDB, processing time is **approximately 30-45 days** from the date the completed application is received.

All applications are reviewed for accuracy and compliance with SDB's policies. **Applications returned for correction(s) MUST be received within 30 days of the correction request date, or the application will not be processed.** The application will be returned to the sender and corrected application must be resubmitted with **"RESUBMISSION"** written on the top of the USM-3C form.

Thank you for your patience,

(b) (6), (b) (7)(C),
(b) (7)(F)
Program Analyst – Special Deputations Branch
U.S. Marshals Service | Tactical Operations Division
Contractor | Project Support Services, Inc. (PSS) |
Email: (b) (6), *@usdoj.gov | Office:* (b) (6), (b) (7)
(b) (7)

From: (b) (6), (b) (7)(C), (b) (7)(F) @usms.doj.gov>
Sent: Wednesday, September 2, 2020 5:09 PM
To: (b) (6), (b) (7)(C), (b) (7) @usms.doj.gov>
Subject: Re: Signed USM-3B Op LeGend_sep_signed.pdf

AMERICAN OVERSIGHT

U.S. Department of Justice
United States Marshals Service

Special Deputation Oath of Office, Authorization and Appointment

This form must be completed after an application for Special Deputation (Form USM-3A) has been submitted to, and approved by, the Chief of the Special Deputation Unit, Office of Security Programs, Tactical Operations Division.
Return this form to the Special Deputation Unit at (b) (6), (b) (7) @usdoj.gov after completion.

OATH OF OFFICE

I, (b) (6), (b) (7)(C), (b) _____ *(Use name as stated on application)* do solemnly swear (affirm) that I will faithfully execute all lawful orders issued under the authority of the United-States directed to the United States Marshal, the United States Marshals Service, or to an appropriate Federal Official. I will perform the duties of a Special Deputy United States Marshal with integrity, professionalism, and impartiality. I will exercise the authorities as limited by this Special Deputation solely in furtherance of the mission for which I have been specially deputized, and only while this Special Deputation shall be in effect. I agree to abide by the conditions set forth in the appointment. So help me God.

Subscribed and sworn to me this _____ day of JULY , 2020 , at _____ , ILLINOIS
City State

Signature of Appointee

Signature of U.S. Marshal or Officer Administering Oath

10/1/2020
Expiration Date

IOD-(b) (7) -N/IL
District or Division

SPONSORING AGENCY INFORMATION

COOK COUNTY SHERIFF'S OFFICE
Appointee's Employer

US MARSHALS SERVICE
Sponsoring Agency

1401 MAYBROOK DR., MAYWOOD, IL 60153
Employer's Address

(b) (6), (b) (7)(C), (b) (7)(F)
Sponsoring Agency Contact Name and Phone No. during Special Deputation (U.S. Marshal or Designated Federal Official)

TERMS OF SPECIAL DEPUTATION

The individual named herein is appointed, under authority delegated by the Attorney General, to perform the duties of the Office of Special Deputy United States Marshal as directed by an appropriate official of the United States Marshals Service or some other appropriate Federal Official as so designated This appointment does not constitute employment by the United States Marshals Service, the United States Department of Justice, or the United States Government The appointee agrees to perform the duties required under this Special Deputation with the knowledge that he or she is neither entering into an employment agreement with the Federal Government or any element thereof, nor being appointed to any position in the Federal Service by virtue of this special deputation The appointee understands and acknowledges that the authorities vested in him or her by this special deputation can only be exercised in furtherance of the mission for which he or she has been specially deputized and extend only so far as may be necessary to faithfully complete that mission Moreover, those authorities terminate at the expiration of the term of the Special Deputation

For verification, contact
United States Marshals Service Comm Center
(202) 307-9100.

SPECIAL DEPUTATION APPOINTMENT

This certifies that

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

OPERATION LEGEND

has been specially appointed as a Special Deputy U S Marshal
to perform the following duties as authorized by law:

TO SEEK AND EXECUTE ARREST AND SEARCH WARRANTS SUPPORTING A FEDERAL TF UNDER TITLE 18 AUTHORITY

VALID 7/24/2020 - 10/1/2020

This deputation has the following limitations:

NOT AUTHORIZED TO PARTICIPATE IN FEDERAL DRUG INVESTIGATIONS UNLESS DEPUTIZED BY DEA OR FBI

NOT VALID OFF DUTY

Appointee

10/1/2020
Expiration Date

(b) (6), (b) (7)(C), (b) (7)(F)
Chief, Special Deputation Unit

U S Marshal or Designated Federal Official

7/24/2020
Authorization Date

AMERICAN OVERSIGHT