

**ADULT PROBATION
RECORD OF SEARCH**

JD-AP-140 New 3-07

**STATE OF CONNECTICUT
COURT SUPPORT
SERVICES DIVISION**
www.jud.ct.gov



Section 1: Probationer Information

| | | |
|------|--|------------------|
| Date | Search coordinator / Probation Officer | CMIS case number |
|------|--|------------------|

| | |
|-------------|----------------|
| Probationer | CMIS case type |
|-------------|----------------|

| | | | | |
|---------------|-----|------|------|---------|
| Date of birth | Sex | Race | Eyes | Tattoos |
|---------------|-----|------|------|---------|

| | | | | |
|-----|--------|--------|------|---|
| Age | Height | Weight | Hair | Attach Picture <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----|--------|--------|------|---|

| | |
|-----------------------|--------------------------|
| Medical Issues | Language Barriers |
| | Disabilities |

| | | |
|---|---|----------|
| Attached Signed Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No | Attached Pre-Filled Agreement to Search Form <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Original offense / conviction | | |
| Docket(s) | | |
| Search / seizure planned | Date | Time .m. |

Criminal History

| |
|--|
| Remarks |
| Weapons |
| Violent history |
| Record Checks Performed <input type="checkbox"/> FL02/FLQW <input type="checkbox"/> SPRC <input type="checkbox"/> PRAWN <input type="checkbox"/> DOC |

Additional Pertinent Information

Section 2: Search Location

Address / area(s) / object(s) to be searched

| |
|--------------------------|
| Owner or legal tenant(s) |
| Contraband sought |

Section 3: Description Of Location

A. Structure *(Check all that apply)*

☐ Residence

☐ Single family

☐ Multi-family

☐ Business

☐ Vehicle

☐ Apartment complex

Additional description *(Type of business / public building / preparations)*:

B. Composition *(Check all that apply)*

☐ Wood

☐ Brick

☐ Block

☐ Concrete

☐ Steel

☐ Log

☐ Glass

☐ Single level

☐ Multi-level

Additional description *(Condition / issues)*:

C. Remarks *(include any safety hazards, fortifications, animals, observations, reconnaissance, etc.)*

D. Floor Plan / Entry Points *(draw floor plan, indicate entry points)*



(Use additional sheet or reverse, if necessary)

Section 4: Basis For Search

Reason (Check all that apply)

☐ Reasonable Suspicion (RS)☐ Compliance Search (CS)

Details:

Section 5: List Of Suspected Weapons☐ Semi-auto pistol☐ Revolver☐ Rifle☐ Shotgun☐ Edged weapons☐ Other: (Specify)**Section 6: Results Of State Police Firearms Data**Firearms Database Checked? ☐ Yes ☐ NoAttach positive results for: ☐ Client ☐ Co-resident ☐ Other third parties ☐ Address or area**Section 7: Additional Offender Information****Probationer Vehicle(s)**

| Make | Model | Year | License |
|------|-------|------|---------|
| | | | |
| | | | |

Other Residents / Possible Associates

| | | | | | |
|-------------------------|-----|--------|--------------------------------------|-------------------------------|---|
| Name | | | | Sex | Race |
| Date of birth | Age | Height | Weight | Eye | Hair |
| CMIS check | | | Resident / Associate | | |
| Record Checks Performed | | | <input type="checkbox"/> FL02 / FLQW | <input type="checkbox"/> SPRC | <input type="checkbox"/> PRAWN <input type="checkbox"/> DOC |

| | | | | | |
|-------------------------|-----|--------|--------------------------------------|-------------------------------|---|
| Name | | | | Sex | Race |
| Date of birth | Age | Height | Weight | Eye | Hair |
| CMIS check | | | Resident / Associate | | |
| Record Checks Performed | | | <input type="checkbox"/> FL02 / FLQW | <input type="checkbox"/> SPRC | <input type="checkbox"/> PRAWN <input type="checkbox"/> DOC |

| | | | | | |
|-------------------------|-----|--------|--------------------------------------|-------------------------------|---|
| Name | | | | Sex | Race |
| Date of birth | Age | Height | Weight | Eye | Hair |
| CMIS check | | | Resident / Associate | | |
| Record Checks Performed | | | <input type="checkbox"/> FL02 / FLQW | <input type="checkbox"/> SPRC | <input type="checkbox"/> PRAWN <input type="checkbox"/> DOC |

Associates Vehicle(s)

| Make | Model | Year | License |
|------|-------|------|---------|
| | | | |
| | | | |

After reviewing the information noted above, approval for execution of the requested search has been granted.

☐ Yes☐ No

Supervisor's signature

Printed name

Date

Section 8: Outcome Report Subsequent To A Search Or Seizure

Date of search

Time of search

.m.

Start time

.m.

End time

.m.

- Outcome Type:** ☐ Seizure subsequent to a search
☐ Seizure following a plain view
☐ No contraband or evidence found
☐ Search was not accomplished (*explain in Narrative section on page 5*)

List all Probation Officials present, and state automobiles used:

| Search Coordinator | State Automobile | Team Members | State Automobile |
|--------------------|------------------|--------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

List all Outside Agency Representatives, (*with badge number and agency*) present including but not limited to: Police, K-9s, Special Agents, Marshals, Department of Children and Families, EMS / Medical personnel, Technical Assistants:

| Outside Agency Representatives | Badge Number | Agency |
|--------------------------------|--------------|--------|
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |

List all Clients / Third Parties, with relationship to client or property as well as their **DOB**, if possible, present during any portion of the search (*if they were physically restrained, explain circumstances in Narrative section on page 5*) :

| Clients / Third Parties | Date Of Birth | Client/Property Relationship |
|-------------------------|---------------|------------------------------|
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |

Form "Inventory of Property Seized without a Warrant" - JD-CR-18:

- ☐ No items seized; form not required.
☐ All items seized were retained by police; no form required by probation.
☐ Completed before being placed into storage and attached to this report.
☐ Some items were seized by probation (*form completed*); other items were seized by police (*explain in narrative*).

Form "Receipt for Seized Property and Advisement of Rights - Seized Property"- JD-CR-42:

- ☐ No items seized; form not required.
☐ All items seized were retained by police; no form required by probation.
☐ Completed on scene; copy provided to client and original attached to this report.
☐ Items were seized; owner of seized property not present; form completed and will be mailed to such person by certified mail within five (5) days of seizure.

Section 8: Outcome Report Subsequent To A Search Or Seizure (Continued)

Additional Attachments

- ☐ A reportable incident occurred as described in CSSD Policy 2.14
- ☐ A police report was written and will be obtained.
- ☐ Voluntary Agreement to Search - Controlling Third Party.
- ☐ Voluntary Agreement to Search by Probationer or Supervised Person Under Probation Supervision.

Narrative *(brief narrative summary of events during and following the execution of the search or seizure).*

Printed Name and Title of Reporting Officer:

Signature of Reporting Officer:

Date Signed:

Supervisor Review: