

**REFERRAL OF AN INMATE CRIMINAL MATTER FOR INVESTIGATION**

Agency referred to  FBI  USMS  DEA  Other: \_\_\_\_\_

Date	Time	Agent/Deputy
SIS	BOP Case Number	Incident Date
Incident Location		
Primary Victims/Suspects		

**Reason(s) for Referral (Check all that apply)**

<b>Assault</b> <input type="checkbox"/> Inmate on Staff <input type="checkbox"/> Inmate on Inmate	<b>Homicide</b> <input type="checkbox"/> Staff <input type="checkbox"/> Inmate	<b>Escape</b> <input type="checkbox"/> Plot <input type="checkbox"/> Actual
<b>Drug Activity</b> <input type="checkbox"/> Community <input type="checkbox"/> Institution	<b>Serous Contraband</b> <input type="checkbox"/> Possession <input type="checkbox"/> Introduction	<b>Other</b> _____ : _____ _____ : _____
Brief Synopsis of Key Elements of Offense		

**LAW ENFORCEMENT ACTION**

Please return (for FAX) this form to the above noted SIS, indicating as appropriate:

1. Action by FBI/USMS/DEA/ (other). Example: Case opened, surveillance initiated, monitoring requested, etc..
2. Case presented to AUSA: _____ Date: _____ Present by: _____ Case Control # : _____ <input type="checkbox"/> Case accepted, notes: _____ <input type="checkbox"/> Case declined, reason: _____ <input type="checkbox"/> Decision deferred pending further investigation

**(FOR SIS USE ONLY)**

Referral logged:  SIS Investigative case file.  Database by: \_\_\_\_\_

Referral follow-up inquiries (every 30 days) : \_\_\_\_\_ : \_\_\_\_\_ , \_\_\_\_\_ : \_\_\_\_\_ , \_\_\_\_\_ : \_\_\_\_\_ ,

Decision logged:  SIS investigative case file.  Database by: \_\_\_\_\_

Information copy provide to institution paralegal/attorney advisor: \_\_\_\_\_

**THIS FORM IS LAW ENFORCEMENT SENSITIVE WHEN COMPLETED**