

# SEARCH WARRANT CHECKLIST

LEAD INVESTIGATOR: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CURRENT DATE: \_\_\_\_\_

DATE WARRANT ISSUED: \_\_\_\_\_

## SECTION 1: SOURCE OF INFORMATION (S.O.I.):

Law Enforcement Personnel, Agency: \_\_\_\_\_

Citizen or Other Cooperating Subject:  
(If Checked, Complete Section 2)

Confidential Informant  
(If Checked, Complete Section 3)

## SECTION 2: CITIZEN/COOPERATING SUBJECT:

CIRCLE YES OR NO:

- |     |    |   |
|-----|----|---|
| Yes | No | S.O.I. WILLING TO BE THE AFFIANT OR CO-AFFIANT?   |
| Yes | No | S.O.I. WILLING TO TESTIFY IN FUTURE COURT PROCEEDINGS?  |
| Yes | No | S.O.I. CURRENTLY UNDER ARREST?  |
| Yes | No | CRIMINAL HISTORY/FULL BACKGROUND ON S.O.I.  |
| Yes | No | S.O.I. HAS LEGAL STANDING IN THE PREMISES TO BE SEARCHED?                                     |
| Yes | No | INFORMATION PROVIDED BY S.O.I. CORRABORATED BY INDEPENDENT INVESTIGATION AND/OR SURVEILLANCE? |
| Yes | No | MOTIVATION OF S.O.I. DETERMINED?  |

**SECTION 3: CONFIDENTIAL INFORMANT:**

CIRCLE YES OR NO:

- Yes No CI DOCUMENTED?
- Yes No CI DOCUMENTED BY OTHER AGENCY?
- Yes No CI PROVEN RELIABLE?
- Yes No \*1 CONTROLLED BUY?
- Yes No ---\*1 IF YES TO, WERE OFFICIAL FUNDS USED?
- Yes No ---\*1 SERIAL NUMBERS RECORDED?
- A-** CI SEARCHED PRIOR TO ENTERING THE PREMISES? \_\_\_\_
- B-** CONTINUAL SURVEILLANCE? \_\_\_\_
- C-** OBSERVED ENTERING PREMISES? \_\_\_\_\_ BY WHOM? \_\_\_\_
- D-** PHYSICALLY INSIDE THE PREMISES WHEN THE "PURCHASE" WAS CONDUCTED? \_\_\_\_  
IF NO, WHERE WAS PURCHASE MADE? \_\_\_\_
- E-** WAS THE CI EVER OUT-OF-SIGHT, OTHER THAN BEING INSIDE THE PREMISES? \_\_\_\_
- F-** HOW LONG WAS CI INSIDE? \_\_\_\_
- G-** DATE AND TIME OF PURCHASE: \_\_\_\_
- H-** CI OBSERVED COMING DIRECTLY BACK TO CONTROLLING OFFICER? \_\_\_\_
- I-** CI RELINQUISHED THE CONTRABAND, FRUITS, OR INSTRUMENTALITIES OF CRIME? \_\_\_\_
- J-** CONFIRMED THE ITEMS PURCHASED AS AN ILLEGAL SUBSTANCE OR POSSESSION? \_\_\_\_
- K-** CI SEARCHED AGAIN? \_\_\_\_ BY WHOM? \_\_\_\_
- L-** PERPETRATORS DESCRIPTION: \_\_\_\_
- M-** OTHER PERSONS OBSERVED ON THE PREMISES? \_\_\_\_
- N-** CI PROVIDED INFO ABOUT PREMISES? \_\_\_\_
- O-** INFORMATION PROVIDED BY CI HAS BEEN CORRABORATED BY INDEPENDENT INVESTIGATION OR SURVEILLANCE? \_\_\_\_
- P-** CI CURRENTLY UNDER ARREST? \_\_\_\_
- Q-** RECENT CRIMINAL HISTORY OF CI BEEN CONDUCTED? \_\_\_\_
- R-** CI DEBRIEFED? \_\_\_\_ BY WHOM? \_\_\_\_

**SITE ASSESSMENT**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> House                 | <input type="checkbox"/> Business             | <input type="checkbox"/> Wrought Iron Bars |
| <input type="checkbox"/> Apartment             | <input type="checkbox"/> Surveillance Cameras | <input type="checkbox"/> Alarm System      |
| <input type="checkbox"/> Trailer               | <input type="checkbox"/> Fence or Private     | <input type="checkbox"/> Evidence of Pets  |
| <input type="checkbox"/> Duplex                | <input type="checkbox"/> Number of Floors     | <input type="checkbox"/> Storm Door        |
| <input type="checkbox"/> Multiplex             | <input type="checkbox"/> Evidence of Children | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Bath , Location: ____ |   |  |

|  |       |
|--|-------|
| Color of Structure                                 | _____ |
| Structure Number, if posted:                       | _____ |
| Color of Number:                                   | _____ |
| Location of Number:                                | _____ |
| Distinguishing Characteristics:                    | _____ |
| Intersection:                                      | _____ |
| Which side of street is the structure?             | _____ |
| Direction structures is facing (N S E W):          | _____ |
| How many structures from the nearest intersection? | _____ |
| Photograph of the structure?                       | _____ |
| Does photo match legal description in warrant?     | _____ |
| Conducted a search warrant before on premises?     | _____ |

**VERIFICATION OF THE STRUCTURE:**

|                         |                          |                                 |                          |                                  |                          |
|-------------------------|--------------------------|---------------------------------|--------------------------|----------------------------------|--------------------------|
| Utilities               | <input type="checkbox"/> | Cable                           | <input type="checkbox"/> | Property Appraisers              | <input type="checkbox"/> |
| Phone                   | <input type="checkbox"/> | Property Taxes                  | <input type="checkbox"/> | Landlord / Manager Contacted?    | <input type="checkbox"/> |
| Vehicles                | <input type="checkbox"/> | How Many                        | <input type="checkbox"/> | Registration Checks on Vehicles? | <input type="checkbox"/> |
| Structure Occupied?     | <input type="checkbox"/> | Building Name Directory Checked | <input type="checkbox"/> | Outside Mailbox Checked          | <input type="checkbox"/> |
| Surveillance Conducted? | <input type="checkbox"/> | C.A.D. Checked?                 | <input type="checkbox"/> |                                  |                          |

**ENTRY POINT-FRONT DOOR**

Opens IN

Opens Out

Steps Up

Wood

Metal

Storm Door

Security Door

Glass in Door

Double Lock

Color

Front Windows

Other Specifics: \_\_\_\_\_

**ENTRY POINT-BACK DOOR**

Opens In

Opens Out

Steps Up

Wood

Metal

Double Lock

Color

Glass in Door

Back Windows

**TARGET CONSIDERATIONS**

- Number of Suspects \_\_\_\_\_
- Number of Occupants \_\_\_\_\_
- Elderly \_\_\_\_\_
- Children \_\_\_\_\_
- Gang Involvement \_\_\_\_\_
- Narcotics Involvement \_\_\_\_\_
- Photographs of Occupants / Suspects \_\_\_\_\_
- Weapons \_\_\_\_\_
- Registered Guns for Suspect \_\_\_\_\_
- History of Violence \_\_\_\_\_
- History of Resistance \_\_\_\_\_
- Physical and Mental Conditions of Suspect \_\_\_\_\_
- Martial Arts \_\_\_\_\_
- Military Background \_\_\_\_\_
- Knowledge of Use of Explosives \_\_\_\_\_
- Conducted a Search Warrant Before on Subject \_\_\_\_\_
- Vehicle Descriptions \_\_\_\_\_
- Access to Transportation \_\_\_\_\_
- Have Other Warrants Been Served At This Residence \_\_\_\_\_

**FINAL REVIEW**

- |  |  |
|--|--|
| <input type="checkbox"/> Maps Of The Location  | <input type="checkbox"/> Maps To Location                                  |
| <input type="checkbox"/> Copy Of Search Warrant  | <input type="checkbox"/> All Pages Initialed Or Signed By Judge            |
| <input type="checkbox"/> Notified Legal  | <input type="checkbox"/> Drive-by Of Location Conducted By A Supervisor    |
| <input type="checkbox"/> Statute Number Correct  | <input type="checkbox"/> Debriefing Taken Place                            |
| <input type="checkbox"/> Emergency Response Notified   | <input type="checkbox"/> Affidavit Consistent With Warrant                 |
| <input type="checkbox"/> Legal Description Accurate  | <input type="checkbox"/> Warrant Within 10 Days Of Issue                   |
| <input type="checkbox"/> Operational Plans   | <input type="checkbox"/> Law Enforcement Agencies In Jurisdiction Notified |
| <input type="checkbox"/> Communications Notified   | <input type="checkbox"/> OPS Faxed To Communications Center                |
| <input type="checkbox"/> Verification has confirmed that the target(s) of the investigation are still in control of the residence immediately prior to warrant execution |  |

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_  
(Lt. or above)

**DATE:** \_\_\_\_\_