

MEMO 301-00

1. REQUESTOR <input type="checkbox"/> LOCAL LOOKOUT <input type="checkbox"/> INTERSTATE TT <input checked="" type="checkbox"/> ADMINISTRATIVE TT <input type="checkbox"/> DETAIL (See Reverse)	2. TYPE <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> EXPEDITE <input type="checkbox"/> ADDITIONAL <input type="checkbox"/> CANCEL <input type="checkbox"/> CORRECTION <input type="checkbox"/> REPEAT <input type="checkbox"/> REPLY	3. COMPLAINT NUMBER	6. DATE OF REQUEST March 6, 2008
		4. UNIT NUMBER 202-576-3386	7. REQUESTING ELEMENT IAB
		5. <input type="checkbox"/> NOT FOR THE PRESS	8. <input type="checkbox"/> FLASH TT REQUESTED

9. TO: THE FORCE: Specialized Mission Unit - New Policies and Procedures

10. NAME OF WANTED PERSON: 11. WANTED BY: 12. CHARGE:

13. COMPLAINANT'S NAME: 14. COMPLAINANT'S ADDRESS:

15. DESCRIPTION OF WANTED PERSON OR MESSAGE

This teletype is to establish new policies and procedures concerning 1) training for members serving in Specialized Mission Units (SMU); 2) pre-assignment criteria checks of members selected to serve in an SMU; and 3) annual certifications of members who are assigned or will be assigned to an SMU.

Training - The Metropolitan Police Academy, in collaboration with SMUs across the Department and the United States Attorney's Office, has developed a training course for SMUs to ensure members are current on Fourth Amendment and Equal Protection law. This training will be provided on a quarterly basis. The first course is scheduled for March 14, 2008. All SMU command officials and members will be required attend one of the four (4) training sessions in CY2008. Additionally, any member who will be assigned to an SMU in the future will be required to attend this training prior to being assigned to the SMU.

Pre-Assignment Criteria - A Pre-Assignment Check List (Rev. 3/5/08) was created to assist SMU command officials in their consideration and selection for assignment of supervisors and members to an SMU. Effective immediately, SMU command officials will be required to complete this form for supervisors and members whom they have selected for assignment to their SMU. Upon assignment, this form will be filed in the members SMU file. The electronic version of this form will be emailed to all current SMU command officials upon publication of this teletype. (Attachment #1)

SMU Annual Certifications - An SMU Annual Member Certification Sheet was created to assist SMU command officials in ensuring all supervisors and members assigned to their SMU continuously meet the required criteria to serve in the SMU. Effective immediately, SMU command officials will be required to complete this form for all members prior to being assigned to the SMU, and annually thereafter by January 15<sup>th</sup>, for each supervisor and member assigned to the SMU. Additionally, the District/Branch commanders will be required to complete this form annually for the SMU command officials under their command. Upon completion of this form each year, it will be filed in the member's SMU file. The electronic version will be also be emailed to SMUs. (Attachment #2)

This teletype shall remain in effect until the contents are incorporated into the appropriate Department directive.

SENDER: BIDGE-ORG, ELM Peter J. Newsham Assistant Chief of Police, IAB	AUTHORIZED BY: [Signature] Alfred Durham Assistant Chief, Executive Officer	BUREAU HEAD APPROVAL: [Signature] Cathy L. Lanier Chief of Police
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REMARKS	DATE AND TIME March 6, 2008
	FILE
	TELETYPE NUMBER PFF-03-020288

### MFD Specialized Mission Unit Pre-Assignment Check List

This form is provided as a guideline only to assist SMU command officials in documenting their pre-assessment of candidates selected for assignment to their Specialized Mission Unit (SMU). Information collected on this form is in no way intended to be used to compare one candidate to another, nor does it obligate an SMU command official to select any candidate over another.

Specialized Mission Unit: \_\_\_\_\_ Date: \_\_\_\_\_  
Specialized Mission Unit Commanding Official: \_\_\_\_\_

Member Name: \_\_\_\_\_ CAD Number: \_\_\_\_\_  
Years of Police Experience: \_\_\_\_\_ Last Performance Rating: Select \_\_\_\_\_

1. Knowledge and Training		
a. Has knowledge of General and Special Orders	Yes	No
b. Is current on firearms requalification	<input type="checkbox"/>	<input type="checkbox"/>
c. Is current on Annual In-Service Training	<input type="checkbox"/>	<input type="checkbox"/>

2. Dependability		
a. Optional sick leave privilege in effect	Yes	No
b. Expected tardiness privilege in effect	<input type="checkbox"/>	<input type="checkbox"/>
c. Routinely meets court commitments as required	<input type="checkbox"/>	<input type="checkbox"/>
d. Testifies in court	<input type="checkbox"/>	<input type="checkbox"/>

3. Discipline History		
a. No sustained discipline that would impact the member's ability to perform effectively in the SMU. (Answer "Yes" if member has no impacting discipline.)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

4. Supervisor Interviews	
Rank and Name: _____	Date: _____
Rank and Name: _____	Date: _____
Rank and Name: _____	Date: _____

I have discussed the above member and information with my Commander, and should this member be selected, the required Annual Member Certification and Member Education and Training Summary Sheets will be completed for this member prior to being assigned to this SMU.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Rank \_\_\_\_\_ CAD # \_\_\_\_\_ Date \_\_\_\_\_

*Handwritten signature/initials*

### MPD Specialized Mission Unit Annual Member Certification Sheet

Special Mission Unit Name: \_\_\_\_\_  
Specialized Mission Unit Commanding Official: \_\_\_\_\_

Member Name: \_\_\_\_\_ Date of Review: \_\_\_\_\_

CAD Number: \_\_\_\_\_

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is the member's "IAB IS History Report" on file? (Must be attached) Date of Report: _____
<input type="checkbox"/>	<input type="checkbox"/>	Is the member's "MPD Specialized Mission Unit Member Education and Training Summary Sheet" on file? (Must be attached.)
<input type="checkbox"/>	<input type="checkbox"/>	Is the member's most recent performance evaluation on file? (Must be attached.)

#### Disqualification Criteria:

Note: if the answer to either of these two (2) questions is "**No**," the member **cannot** be certified as eligible to serve in a Specialized Mission Unit (SMU). If the member is currently assigned to an SMU, he/she shall be **immediately** disqualified.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is the member current on his/her pistol and service weapons certification? Last Certification Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Is the member current on his/her 40-Hour in-Service Training? Last Date Attended: _____

Note: if the answer to any of these three (3) questions is "**Yes**," the member **cannot** be certified as eligible to serve in a Specialized Mission Unit. If the member is currently assigned to an SMU, he/she shall be **immediately** disqualified.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is the above-listed member a probationary member?
<input type="checkbox"/>	<input type="checkbox"/>	Has the above-listed member used force in one (1) or more incidents that has resulted in a finding of "Not Justified, Not Within Departmental Policy" in the prior twelve (12) month period?*
<input type="checkbox"/>	<input type="checkbox"/>	Has the above-listed member received one (1) or more sustained citizen complaints for excessive force in the prior twelve (12) month period?*

#### Certifying Official Information

I certify that I have verified the above-listed documentation regarding the above-named member. The above listed member is:

Certified       Not Certified      to serve in this Specialized Mission Unit.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Rank \_\_\_\_\_ CAD # \_\_\_\_\_ Date \_\_\_\_\_

\*For the purpose of this Certification Sheet, the "prior twelve (12) month period" shall be calculated from the date of the disposition of a case.

*Handwritten signature/initials*