



BOSTON POLICE DEPARTMENT

Warrant Service Checklist

This checklist is not to be used rigidly. All affiants and/or affiant supervisors are to use this as a gauge and to add their experience and training when identifying any factors that may impact the service of search warrants at a residence or commercial location.

SUSPECT FACTORS

Any "yes" answers require further explanation in the notes section below.

Has a BOP/III been run on the suspect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Known to use or has propensity for violence:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• Homicide	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• Armed Robbery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• Assault	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• Resisting Arrest	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• Assault on Police Officer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Is suspect on probation or parole?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Is suspect a substance (drug/alcohol) abuser?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• If yes, what types?			
Is the suspect aware that there is a high likelihood of lengthy incarceration if he/she is arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Is the suspect wanted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does the suspect have a history of mental illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• If yes, describe the condition?			
• From where was the information obtained?			
Is suspect suicidal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• Performed a MA Suicide Check (Q5) on CJIS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does the suspect have military/police background?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• If yes, describe branch of service/department, length of service, specialties, etc.			
Have specific threats of violence been made against police officers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Has specific threats of violence been made against others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Has the suspect been the target of a search warrant in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Is the suspect currently/historically associated with an organization which is known or suspected of violent criminal behavior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<ul style="list-style-type: none"> • If yes, what group or organization? • Can the organization be classified as: <ul style="list-style-type: none"> · Paramilitary <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown · Terrorist <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown · Religious Extremist <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown · Gang <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown · Other: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 			

Provide further explanation/details regarding any/all affirmative answers.

NOTES:

OFFENSE FACTORS

Is the offense a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<ul style="list-style-type: none"> • If yes, list the offense: 			
Is the offense a violent felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Was a weapon used in the commission of the offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Were victims injured during the commission of the offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Was/were an officer(s) injured, due to an assault, during the commission of the offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Provide further explanation/details regarding any/all affirmative answers.

NOTES:

WEAPON ASSESSMENT

Does the suspect have prior gun charges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• If yes, what year(s)?			
Does the suspect have prior gun convictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• If yes, what year(s)?			
Is suspect known or believed to possess a weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• If yes, what type(s)?			
Is the location of possible weapons known?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• Where?			
Has an LTC check on the location and all persons known to be present been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

Provide further explanation/details if necessary.

NOTES:

SITE ASSESSMENT

Photographs of the target location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Photographs of the front and rear target location doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Photographs of the front and rear main doors of a multi unit building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
What types of doors are on the target location (wood/metal, number types of locks)?			
What types of doors are on the main entrances if it's a multi unit building (wood/metal, number types of locks)?			
Floor plan to the target location if known?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does the target locations have access to the roof?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does the target locations have access to the basement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does the target locations have access to a crawlspace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Has the target location been the target of prior search warrants or incidents (photos, sketches etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
What is the past criminal history for the target location?			
Are there geographic barriers/hazards or other considerations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

- If yes, describe: (May include upstairs apartments or rooms, terrain features, etc.)

Is the site fortified?

Yes No Unknown

- If yes, describe: (May include barricaded doors/windows, burglar bars, etc.)

Does the site have counter surveillance personnel or monitoring devices (CCTV/alarms)?

Yes No Unknown

- If yes, describe:

Are counter surveillance personnel armed and present?

Yes No Unknown

Do we know of neighboring relatives or friends of the target close by?

Yes No Unknown

- If yes, where?

Are additional adults likely to be present?

Yes No Unknown

- If yes, how many?

Do we know the criminal history of other people present?

Yes No Unknown

Do we know the criminal history connected to the target location?

Yes No Unknown

Are additional adults likely to be present who present a threat or are likely to be hostile to police?

Yes No Unknown

Dogs/pets present that are likely to be vicious or require additional personnel or equipment to safely contain?

Yes No Unknown

Children/Elderly/Disabled person(s) on site?

Yes No Unknown

Do we know the medical history of people present?

Yes No Unknown

Chemicals/Lab on site? If yes, has Commander of Drug Control Unit been notified?

Yes No Unknown

Provide further explanation/details regarding any/all affirmative answers.

NOTES:

WARRANT PARTICULARS

Are all of the necessary details to support a no knock, nighttime entrance and/or all persons present request included in the affidavit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Has a DA approved the affidavit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Has a Detective Supervisor approved the affidavit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Has the warrant been signed by a clerk/justice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does the warrant authorize:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• No Knock Entrance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
· If yes: BIS COMMAND APPROVAL (Signature and Date)			
• Nighttime Entrance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
• All Person Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

DECONFLICITION

Has HIDTA been notified: (978.451.3900)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Deconfliction #:	Expiration:	

Provide further explanation/details regarding any/all affirmative answers.

NOTES:

ASSESSMENT CHANGES AT TIME OF EXECUTION

Assessment Changes at time of execution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Provide further explanation/details regarding any/all affirmative answers.

NOTES:

Affiant Signature: _____ ID #: _____

Supervisor Signature: _____ ID #: _____

SWAT REQUESTED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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