



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? 			
<ul style="list-style-type: none"> • Can the organization be classified as: 			
· 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? ☐ Yes ☐ No ☐ Unknown

- If yes, what year(s)?

Does the suspect have prior gun convictions? ☐ Yes ☐ No ☐ Unknown

- If yes, what year(s)?

Is suspect known or believed to possess a weapon? ☐ Yes ☐ No ☐ Unknown

- If yes, what type(s)?

Is the location of possible weapons known? ☐ Yes ☐ No ☐ Unknown

- Where?

Has an LTC check on the location and all persons known to be present been completed? ☐ Yes ☐ No ☐ Unknown

Provide further explanation/details if necessary.

NOTES:

SITE ASSESSMENT

Photographs of the target location? ☐ Yes ☐ No ☐ Unknown

Photographs of the front and rear target location doors? ☐ Yes ☐ No ☐ Unknown

Photographs of the front and rear main doors of a multi unit building? ☐ Yes ☐ No ☐ 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? ☐ Yes ☐ No ☐ Unknown

Does the target locations have access to the roof? ☐ Yes ☐ No ☐ Unknown

Does the target locations have access to the basement? ☐ Yes ☐ No ☐ Unknown

Does the target locations have access to a crawlspace? ☐ Yes ☐ No ☐ Unknown

Has the target location been the target of prior search warrants or incidents (photos, sketches etc.) ☐ Yes ☐ No ☐ Unknown

What is the past criminal history for the target location?

Are there geographic barriers/hazards or other considerations? ☐ Yes ☐ No ☐ 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

DECONFLICTION

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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