	DEPARTMENT OF PUBLIC SAFETY LAW ENFORCEMENT ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: February 19, 2021	POLICY NO.: LAW.03.02
		SUPERSEDES (Policy No. & Date): LAW.03.02 04/20/2018	
SUBJECT: SPECIAL DUTY AND VOLUNTARY SERVICE		Page 1 of 14	

1.0 PURPOSE

This policy establishes guidelines governing special duty employment and voluntary service.

2.0 SCOPE

This statewide policy applies to all Department of Public Safety Deputy Sheriffs. To the extent that any Department of Public Safety (PSD), Sheriff Division (SD), Sheriff Division Section, policies or directives conflict with this statewide policy, LAW.03.02 (effective date: February 1, 2021) shall control.

3.0 REFERENCES, FORMS, AND DEFINITIONS

.1 References

- a. Act 75, Session Law of Hawaii, Regular Session of 2017.
- b. Hawaii Administrative Rules (HAR), § 23-1-5, Director's Authority.
- c. Hawaii Revised Statutes (HRS) § 353C-2, Director of Public Safety, Powers and Duties.
- d. HRS § 353C-4, Appointment of Employees with Police Powers and Other Employees.
- e. HRS § 607-8, Fees of sheriff, deputy sheriff, police officer, serving or levying officer, or independent civil process server.
- f. Department of Public Safety (PSD), Policy and Procedures (P&P), ADM.03.07 Outside Employment.
- g. Special Duty Information (attached).

.2 Definitions

- a. Authorized Special Duty Employment & Voluntary Service: Special duty employment or voluntary service that is approved by the Sheriff or their designee, primarily the Special Duty Coordinator, prior to its performance.
- b. Department: Department of Public Safety (PSD), State of Hawaii.

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- c. Deputy Sheriff: Department deputy sheriff who receives an appointment to a position in which he/she is granted police authority under HRS § 353C-4.
- d. Duty Hours or Schedule: Regular hours of work and days off as assigned.
- e. Outside Employer: Person, company, or organization, other than the Department, who employs a deputy sheriff for specific services. An outside employer may be a private vendor or another State department or agency. A private vendor is an employer who is NOT a State department or agency.
- f. Outside Employment: Any secondary employment outside the Department performed during non-assigned hours of duty for direct or indirect payment or compensation of any kind, except:
 - 1. Work for the Department of Public Safety; and
 - 2. Special employment, pursuant to LAW.02.02, Special Duty and Voluntary Service.
- g. Special Duty Coordinator (SDC): The deputy sheriff assigned by the Sheriff, or their designee, and tasked with job site evaluations, assigning, monitoring, coordinating, and approving special duty requests by outside employers. Each island (one for O'ahu and one for each neighbor island section) may have a SDC designated by the Sheriff, or their designee.
- h. Special Duty Employment: The performance of a service for a person, organization, corporation, or government entity other than the Department of Public Safety, by a deputy sheriff acting in a law enforcement capacity, in return for which the deputy sheriff receives direct or indirect payment or compensation of some kind during non-assigned hours of duty (approved off-duty status). Such service is predicated on the actual or potential use of law enforcement authority or police powers as an extension of law enforcement services performed. The deputy sheriff receives payment directly from the outside employer as described in Section 5.7, Special Duty Employment Compensation.
- i. Voluntary Service: A service provided by an off-duty deputy sheriff acting in a law enforcement capacity during non-assigned hours of duty. Such service is predicated on actual or potential use of law enforcement authority or police powers as an extension of law enforcement services performed. The deputy sheriff receives no direct or indirect payment or

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compensation of any kind, including payments for the benefit of another person.

- j. Unauthorized Special Duty Employment or Voluntary Service: A special duty employment or voluntary service that is:
1. Solicited, coordinated, accepted, or performed by a deputy sheriff without the prior approval of a request by the Sheriff or his designee, the SDC;
 2. Obtained by deputy sheriff without following proper procedure; or
 3. Obtained by a deputy sheriff through any favoritism, deception or coercive means.

.3 Forms

- a. PSD 0829, Use of Force Report (attached).
- b. PSD 0843, Special Duty Invoice for Private Vendors (attached).
- c. PSD 0883, Special Duty Request (attached).
- d. W-9, Request for Taxpayer Identification Number and Certification (attached).

4.0 POLICY

- .1 The Department may grant deputy sheriffs the opportunity to engage in special off-duty employment and voluntary service, which shall be subject to the guidelines set forth in this policy. All special duty employment and voluntary service is subject to the review, approval, suspension, and revocation by the Department.
- .2 All deputy sheriffs recognize and acknowledge that their primary employment is with the Department of Public Safety and that any acceptance of special duty employment or voluntary service shall not interfere with their primary employment.
- .3 All deputy sheriffs shall comply with all Department policies, directives, rules, and standards of conduct, and other State requirements, while engaged in

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special duty employment or voluntary service.

- .4 Special Duty Employment and Voluntary Service shall not be confused with Outside Employment as defined in ADM.03.07, Outside Employment.

5.0 RULES AND PROCEDURES

In accordance with HRS § 353C-2, the Director oversees deputy sheriffs, including special duty employment and voluntary service.

.1 Special Duty Employment Eligibility

- a. The Department shall review and may approve or may prohibit all special duty employment where there is:
 1. An actual or potential conflict of interest between the Department and the outside employer; or
 2. A threat to the status or dignity of, or possible disrepute to, the Department and law enforcement as a professional.
- b. Special duty employment shall be available upon request to deputy sheriffs, who have completed six (6) months of service following the completion of basic recruit training.
- c. Deputy sheriffs who are on sick leave, injured leave, military leave, leave without pay, leave pending investigation, limited duty status, restriction of police authority (ROPA), or suspension or discipline are not eligible for special duty employment or voluntary service.
- d. Deputy sheriffs who are on approved vacation are not eligible to work special duty employment for another State department or agency during the same or partial hours, of their regular scheduled shift. Deputy Sheriffs are, however, eligible to work special duty for another State department or agency before or after their approved vacation hours during their regular assigned shift on a given day. Deputy sheriffs on vacation are only eligible to work special duty for a private vendor.
- e. The Divisional Commanders (the Sheriff or Training & Staff Development Administrator, based on assignment) or their designee, at their sole

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discretion, may authorize a deputy sheriff compensatory time off (CTO) to work special duty employment for a private vendor, only if operations allow, provided that such a request for CTO is made in writing and approved forty-eight (48) hours in advance of the special duty or voluntary service.

.2 Request for Special Duty Employment and Scheduling

- a. The Sheriff is responsible for review, approval, suspension and revocation of all special duty employment, but may delegate these tasks to the SDC as described below.
- b. The special duty employment and voluntary service program shall be supervised by a deputy sheriff, who is assigned and tasked by the Sheriff or their designee, as the SDC. The SDC shall serve as the designated point of coordination for special duty employment. Each neighbor island section may have an SDC designated by the Sheriff.
 1. The SDC shall receive and review all requests for special duty employment from outside employers.
 2. The SDC is responsible to assess job site evaluations, assign, monitor, coordinate, and approve special duty requests by outside employers and voluntary service requests.
 3. The SDC is responsible for scheduling all special duty employment based on qualifications, availability and this policy.
 4. The SDC shall make every reasonable effort to ensure that special duty employment assignments are rotated and distributed equally and maintain a record of assignment that is available for review by the Sheriff.
 5. The SDC shall ensure compliance with this policy and all laws, Department policies, directives, rules, standards of conduct, or other State requirements.
- c. Special duty employment assignments are non-transferrable between deputy sheriffs. The approval of the Sheriff or SDC is necessary to facilitate and approve any change in a previously approved special duty assignment.

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.3 Duties and Responsibilities

- a. All deputy sheriffs shall comply with the law, all Department policies, directives, rules, standards of conduct or other State requirements, while engaged in special duty employment or voluntary service.
- b. All deputy sheriffs engaged in special duty employment and voluntary service shall be subject to the laws, all Department policies, directives, rules, standards of conduct, or other State requirements, to the same extent as on-duty deputy sheriffs. In addition, all deputy sheriffs shall abide by safety and other requirements imposed by the outside employer.
- c. All deputy sheriffs engaged in special duty employment or voluntary service shall wear Department issued Class A Uniform, and must comply with the uniform policy requirements, unless granted an exception by the Sheriff.
- d. All deputy sheriffs will conduct themselves in a manner as to inspire confidence and respect for the position of public trust that is held.
 1. A deputy sheriff's behavior and activity should reflect a high degree of professionalism and courtesy at all times.
 2. All deputy sheriffs will conduct themselves in accordance with the Department of Public Safety, State of Hawai'i, Standards of Conduct.
- e. Any deputy sheriff who neglects their duties or whose job efficiency is impaired by any special duty assignment(s) shall not be granted further special duty assignments and may be subject to an administrative action that may result in discipline.
- f. All deputy sheriffs shall ensure that any special duty employment or voluntary service does not conflict with their duty hours or schedule and overlap with any other special duty employment.
 1. All deputy sheriffs are prohibited from engaging in any special duty employment within 24 hours after calling in sick to their scheduled employment. Any violation of this requirement shall be subject to:

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- a) Suspension from special duty employment;
 - b) An administrative action that may result in discipline; and
 - c) Unless the procedures in Section 5.5, Excused Cancellation, for rescheduling with the SDC has been properly completed.
2. Section Commanders and Administrators shall immediately notify the SDC or the Sheriff, if there is a concern that a special duty employment is conflicting with the deputy sheriff's duty hours and schedule. If such an unauthorized conflict exists, the deputy sheriff may be subject to:
- a) Suspension from the special duty employment; and
 - b) An administrative action that may result in discipline.
- g. All deputy sheriffs shall take appropriate law enforcement action related to any incidents occurring at the site of the special duty employment, including any emergency calls.
- 1. Arrests made by deputy sheriffs engaged in special duty employment shall be made in accordance with laws, Department policies, rules, directives, and standards of conduct.
 - 2. Where immediate action is not required, deputy sheriffs engaged in special duty employment may call for on-duty law enforcement assistance (state or local) and shall take command of the situation until relieved by on-duty law enforcement.
 - 3. All deputy sheriffs engaged in special duty employment shall assist and complete follow up reports, if needed.
- h. A vendor's request for a particular deputy sheriff may be honored only when their previous special duty assignments do not exceed the general average of those on the eligible list to ensure equitable distribution.

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.4 Reporting for Duty

- a. All deputy sheriffs engaged in special duty employment shall report to their special duty assignment at the time and place assigned with all necessary uniform and equipment required to perform the assignment.
- b. All deputy sheriffs shall not use state vehicles (including State assigned vehicles) or another type of State equipment, other than the authorized uniform accessories and issued firearm, in special duty employment or voluntary service, unless such use is specifically authorized in advance by the Sheriff.
- c. Private vendors shall provide any vehicles or other equipment required for the assignment at their expense.
- d. Deputy sheriffs shall not have family, friends, and visitors visit, nor accompany them at any special duty job.
- e. Deputy sheriffs will complete a memo, forwarded to SDC, through their chain of command, following any special duty/volunteer service assignment, if any of the below apply:
 1. Injury to employee(s) or others pertaining to the assignment;
 2. Any force used due to assignment, to include completion of PSD 0829, Use of Force Form (attached);
 3. Any personnel complaint received;
 4. Any issue pertaining to assignment that was not explained or approved in the initial assignment;
 5. Any extra time in the assignment that was not scheduled; or
 6. Any other information that is of concern due to the assignment.

.5 Excused Cancellation

- a. All deputy sheriffs who are unable to report for their special duty employment assignment shall notify the SDC as soon as practicable, which is no later than three (3) working days prior to the assignment.

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- b. In the event of a cancellation, the SDC shall assign a replacement based on qualifications and availability.
- c. Cancellations submitted less than three (3) working days prior to the assignment may be excused by the Sheriff or the SDC for the following reasons:
 - 1. Illness or injury;
 - 2. Emergency (personal or family);
 - 3. Court appearances; or
 - 4. Other on-duty requirements.
- d. If a deputy sheriff becomes suddenly incapacitated or unable to fulfill his assigned special duty assignment, he/she shall be responsible for immediately notifying the SDC and provide the name of the replacement.
- e. The deputy sheriff shall make every attempt to find a replacement and provide the name to the SDC, when he/she provides the notification required by "5.5 d" above.
- f. If the deputy sheriff is physically unable to find a substitute, the SDC will make reasonable attempts to schedule another deputy sheriff for duty as soon as possible.

.6 Suspension/Discipline from Special Duty Employment

- a. A deputy sheriff, who fails to report for a special duty employment assignment without proper notification to the SDC shall not be granted further special duty assignments until a written report detailing their failure to report for the assignment is submitted to the Sheriff, through the SDC and the Sheriff has determined the absence qualifies to be excused by the Sheriff.
- b. If the absence is not excused by the Sheriff, the deputy sheriff who fails to report for duty at the time and place assigned, leave their assignment without authorization, or violates any law, Department directive, rule or standard of conduct, while engaged in special duty employment may be

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subject to an administrative action that may result in discipline and suspension from the special duty employment program.

- c. Any deputy sheriff accepting and performing a special duty assignment for any personal gain and/or without proper authorization shall be subject to an administrative action that may result in discipline, suspension from the special duty employment program, and a referral to the State Ethics Commission for a violation of State Ethics rules.

.7 Special Duty Employment Compensation

- a. Compensation for special duty employment by State and private vendors shall be for only the actual hours spent performing the special duty employment.
- b. Compensation for private vendors shall be at a fixed hourly rate, multiplied by the numbers of hours worked or fraction thereof computed to the nearest fifteen (15) minutes, as set forth below:

Deputy Sheriff II	\$45.00 per hour
Deputy Sheriff III	\$50.00 per hour
Deputy Sheriff IV	\$55.00 per hour

- c. The private vendor will pay the deputy sheriff directly for special duty work performed based on the actual hours spent performing the special duty employment, therefore the padding or payment for unearned hours is prohibited. The Department is not responsible for unpaid wages or taxes. The Department will not perform as the "collector" for the deputy sheriff and shall not be involved in disputes between the deputy sheriff and the private vendor.
- d. Compensation for evictions, as requested by private vendors for execution of court-ordered Writ of Ejection or Possessions, shall be at a fixed hourly rate, multiplied by the number of hours worked or fraction thereof computed to the nearest fifteen (15) minutes, as set forth below with advance agreement by the private vendor/party requesting the service:

Deputy Sheriff II	\$55.00 per hour
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Deputy Sheriff III \$60.00 per hour
 Deputy Sheriff IV \$65.00 per hour

- e. The private vendor will pay the deputy sheriff directly for special duty work performed based on the actual hours spent performing the special duty employment, therefore the padding or payment for unearned hours is prohibited. The Department is not responsible for unpaid wages or taxes. The Department will not perform as the "collector" for the deputy sheriff and shall not be involved in disputes between the deputy sheriff and the private vendor.
- f. Compensation for special duty employment by State agencies shall be based on the individual deputy sheriff's overtime hourly rate of pay (which is one and a half times the deputy sheriff's hourly rate). Deputy sheriffs may receive such payment for special duty work performed in excess of eight (8) hours per day and forty (40) hours per week, based on the actual hours spent performing the special duty employment, therefore the padding or payment for unearned hours is prohibited.
 - 1. The state department or agency requesting the special duty services shall provide payment by:
 - a) Journal Voucher reimbursement to the Sheriff Division, or
 - b) Check payable to the Department of Public Safety.
 - 2. The original State Form D55 will be processed by the Department of Public Safety to the individual Deputy Sheriff, who performed the special duty work.
- g. Deputy sheriffs are responsible for the collection and documentation of compensation, including the proper reporting to the Internal Revenue Service and the State Department of Taxation or other taxing authority.
- h. All deputy sheriffs who perform special duty employment for private vendors shall complete PSD Form 304, Special Duty Employment Invoice and submit the completed form to the private vendor and a copy to the SDC. The private vendor will remit payment for special duty employment directly to the individual Deputy Sheriff.

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- i. All deputy sheriffs who perform special duty employment for a State department or agency shall submit their State Individual Time Sheet or Form D55 by the end of the pay period in which such special duty employment was performed. Deputy sheriffs who fail to meet this requirement may be subject to an administrative action that may result in discipline and suspension from the special duty employment program.

.8 Special Duty Employment – Prohibited

- a. The Department and the Deputy Sheriff shall ensure that any special duty employment does not involve:
 1. Use of law enforcement status to initiate or influence any private, business or political transaction;
 2. Use of law enforcement authority or police powers, including security work for a private entity, which may require personnel to access Department information, files, databases, records, or services;
 3. Assignments to work in any capacity or assist as an usher, doorkeeper, ticket-taker or ticket-seller in any theater, bouncer, dance place, or like establishments;
 4. Use of state vehicles or equipment;
 5. Collection of money or property for private, business or political purposes;
 6. Law enforcement services at an establishment whose principal business involves alcoholic beverages;
 7. Any outside employer connected with or related to medical marijuana or dispensaries;
 8. Use of law enforcement personnel's name in any type of advertising or endorsement; or
 9. Illegal activity.

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- b. All deputy sheriffs shall not solicit jobs from potential vendors.
- c. All deputy sheriffs shall not work more than sixteen (16) hours of combined Department and special duty employment within any twenty-four (24) hour period.


.9 Voluntary Service

- a. All deputy sheriffs may engage in voluntary service only upon written approval by the Sheriff.
- b. The Sheriff is responsible for review, approval, suspension and revocation of all voluntary service.
- c. Requests for voluntary service shall be submitted in writing by the deputy sheriff through the SDC to the Sheriff at least seven (7) days before the date of service. Exceptions to this seven (7) day advance written request may be waived by the Sheriff, based upon the facts and circumstances presented.
- d. The deputy sheriff shall submit a written request that includes:
 - 1. The name of the organization requesting the service;
 - 2. The location, date and time of the activity;
 - 3. The nature of the activity; and
 - 4. The number of people expected to attend.
- e. All Deputy Sheriffs approved for voluntary service shall not accept any direct or indirect payment, preferential treatment, favors, or compensation of any kind for their service for the benefit of others.


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APPROVED:


2-17-21

Deputy Director for Law Enforcement Date


2/17/2021

DIRECTOR Date

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DAVID Y. IGE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

MAX OTANI
DIRECTOR

Marie C. Cook
Deputy Director
Administration

Tommy Johnson
Deputy Director
Corrections

Jordan Lowe
Deputy Director
Law Enforcement

SPECIAL DUTY INFORMATION SHERIFF DIVISION

SPECIAL DUTY ASSIGNMENT OFFICE

The Special Duty Assignment Officer coordinates all requests for off-duty special duty assignments. Off-duty officers assigned to special duty assist with traffic control, security, court hearings, and after-hour requests from governmental and non-governmental vendors.

Deputy Kurtlend Enos, Special Duty Assignment Officer
Sheriff Division – Special Duty Assignments Office
1177 Alakea Street, Room 418
Honolulu, Hawaii 96813
Email: kurtlend.d.enos@hawaii.gov

Fax: (808) 587-3662
Cell: (808) 285-6001

Hours: 7:00am – 3:00pm Monday – Friday (except State holidays)

Sheriff Division reserves the right to decline any special duty requests that may be deemed inappropriate for deputy sheriffs. All requestors/vendors must comply with the rules and regulations noted in this document. Sheriff Division reserves the right to decline any requests from vendors in violation of these standards.

Non-payment for services performed is grounds for denial of future requests for special duty services.

Urgent or emergency request: (808) 285-6001

SPECIAL DUTY SERVICES

Security: Providing general security and maintaining order at various events or businesses.

Traffic Control: Traffic control functions at various events, schools, and construction sites.

Prohibited Special Duty Requests

Deputies are prohibited from engaging in any of the following special duty assignments:

- 1) Assignments that may in any way reduce the effectiveness as members of the Department of Public Safety.
- 2) Assignments that may infringe upon or interfere with the Department's role or neutrality in any dispute.
- 3) Assignments on behalf of an employer or union involved in a labor dispute or a dispute of a civil or criminal nature.
- 4) Assignments at any union gathering.
- 5) Assignments where partisan politics may be inferred.
- 6) Assignments at establishments where their primary business is the selling or consumption of alcoholic beverages.
- 7) Body guard services.
- 8) Other assignments conflicting with established special duty policies.

COMPENSATION RATES

- 1) Special Duty rates are set by the Department of Public Safety to ensure consistency and parity.
- 2) Deputy's earnings shall be paid in 15 minute increments with full payment made directly to the deputy being hired.
- 3) Requestors/vendors are responsible for any tax liabilities.
- 4) **Requestors/vendors shall not compensate any deputy at a rate that differs from the "Special Duty Schedule" outlined below. Note: A Deputy Sheriff with the rank of Sergeant or higher who accepts an assignment that calls for a regular Deputy Sheriff shall be compensated at the Deputy Sheriff rate that corresponds to their rank.**

SPECIAL DUTY RATE SCHEDULE

Rank	Rate
Deputy Sheriff II	\$45.00 per hour
Deputy Sheriff III (Sergeant)	\$50.00 per hour
Deputy Sheriff IV (Lieutenant)	\$55.00 per hour

REQUEST FOR SPECIAL DUTY DEPUTY

Deputies who accept special duty assignments do so voluntarily; therefore, any requests for Special Duty Officers are based on the availability of off-duty deputies seeking special duty assignments. **The Special Duty Coordinator cannot guarantee that all job requests will be filled. It is the responsibility of the requestor/vendor to follow up with the Special Duty Assignment Officer during normal business hours to confirm that their request was filled.**

HOW TO REQUEST SPECIAL DUTY ASSIGNMENT

Requestors/Vendors should contact the Special Duty Assignment Officer by emailing all requests to: kurtlend.d.enos@hawaii.gov. The Special Duty Assignment Officer will review each job request to ensure sufficient staffing for the division and ensure the safety and security of the public and any Special Duty officers. The Special Duty Assignment Officer may make recommendations to ensure such safety and security and reserves the right to decline any requests if the requestor does not agree to hire appropriate staffing for the job.

Amendments or cancellations of existing job requests must be made in writing and either faxed or emailed to the Special Duty Assignment Officer.

ASSIGNMENT CANCELLATION POLICY

Assignment cancellations must be made with the Special Duty Assignment Officer, Mondays through Fridays (except State and holidays) between 7:00am and 3:00pm. In the event an assignment is cancelled less than twelve (12) hours prior to the start of the job, the requestor/vendor will be assessed a minimum fee of four (4) hours payment per deputy.

The requestor/vendor may cancel their request, after-hours or on weekends and holidays, by calling then emailing the Special Duty Assignment Officer and providing the following information:

- 1) Name
- 2) Jobsite
- 3) Callback number

MINIMUM WORK FOR SPECIAL DUTY

A minimum of two hours work will be charged for traffic control. A minimum of four hours work will be charged for events other than traffic. A maximum will depend on the type of job being performed and will be determined by the Special Duty Assignment Officer. The Special Duty Assignment Officer has the right to split the job hours to accommodate any and all requests.

METHODS OF PAYMENT

Requestors/vendors are responsible to pay the Special Duty deputies directly for any special duty services performed. Payment should be made via cash or check at the completion of the assignment or due five (5) days from the receipt of the deputy's W-9 and Special Duty Invoice form for major companies that subject to approval by the Special Duty Assignment Officer. Payment may be sent to the Special Duty Assignment Officer for delivery to the appropriate deputy. Requestors/vendors are responsible for compliance with the Payment of Wages and Other Compensation Law under Hawaii Revised Statutes, Chapter 388.

SUPERVISORY REQUIREMENTS

Requestors/vendors must hire supervisors as noted below:

More than four (4) deputies requested – One (1) Sergeant required
For every three (3) sergeants requested – One (1) Lieutenant required

EVENTS AND CONCERTS

The Sheriff Division reserves the right to increase the number of deputies needed for any event based on the size, nature, and venue of the event. There is a minimum of four (4) hours charge for events.

GENERAL DUTIES

Special Duty deputies are primarily hired to maintain order, provide security, facilitate traffic flow, and take action against violations of the law. Deputies will not be involved in the enforcement of house rules or other administrative duties, except to encourage compliance through command presence and to take action to prevent illegal acts or disorderly conduct.

REQUESTOR PREFERENCE

Jobs are distributed on a first-come, first-served basis; therefore, requests to pre-assign specific Special Duty deputies to jobs or events will not be honored. Exceptions may be made at the discretion of the Sheriff Administrator.

PERMITS

Requestors/vendors are responsible for obtaining any permits or other forms of approval required by law for holding jobs or events. Special Duty deputies have the right to terminate any unauthorized or illegal jobs or events.

COMPLAINTS

Any complaints regarding the performance of Special Duty deputies during a job that is in progress should be reported to the ranking officer assigned to the job. If

there are no ranking deputies assigned to the job, please contact the Special Duty Assignment Officer with your complaint.

Investigations on any complaint are taken seriously and your full cooperation will be needed. Your failure to cooperate may result in refusal of services on future projects from our office.

W-9 FORM AND SPECIAL DUTY INVOICE

It is the responsibility of the requestor/vendor to ensure that the deputy completes a W-9 form at the jobsite. The Sheriff Division will not provide requestors with the deputy's social security number and home address. The Special Duty deputy is required to provide the vendor with a W-9 and Special Duty Invoice form for the vendor's records.

NON-PAYMENT

Non-payment for services performed is grounds for denial of future requests for special duty services.



Fax: (808) 587-3662
 Phone: (808) 285-6001
 Email: PSD.specialduty@hawaii.gov

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
 1177 Alakea Street, Room 418
 Honolulu, Hawaii 96813

NEW REQUEST FOR OFF DUTY / SPECIAL DUTY SHERIFF(S)

*FAILURE TO COMPLETE ALL APPLICABLE INFORMATION ON THIS FORM MAY RESULT IN PROCESSING DELAYS
 PLEASE PRINT LEGIBLY*

Company or Individual's Name:			
Name of Event:			
Job Location / Address:			
On-Site Contact Person:		Phone:	Fax:

Nature of Event: Party / Celebration Construction Parade Sports Event
 Community Gathering Concerts Funeral Other:

Type of Job:	Method of Payment:
<input type="checkbox"/> Traffic Control <input type="checkbox"/> Security / Crowd Control	<input type="checkbox"/> On Site <input type="checkbox"/> Invoice

Additional Notes For the Officers: _____

Job Date	Amt of Sheriffs	Start Time	End Time	Total hours	Sheriff Tracking Number (Office Only)

I understand and agree that I must follow all current Special Duty policies. I understand and agree to pay the deputy sheriff's fee directly to the deputy assigned and any other fees (equipment, mileage, administrative, and workers compensation) associated with my request to Department of Public Safety. I understand that deputy sheriffs participate in the Special Duty Program on a voluntary basis and that there is no guarantee that my request will be filled. It is my responsibility to follow up with the PSD Special Duty Section, during normal business hours, to determine if my request is filled. I understand that there is a 2-hour minimum fee for special duty assignments if I do not notify the PSD Special Duty Section of the cancellation of my request in writing 24 hours prior to the start of the assignment. This fee will be assessed for each deputy requested. Your special duty request(s) should be received by PSD at least five working days prior to the event. This allows sufficient time to process your request.

Requestor's Signature: _____ Print Name: _____ Date: _____

JOB DETAILS

Traffic Control

Comments:

Start and End Time of Actual Event:

Security / Crowd Control

Start and End time of Actual Event:

Comments:

Estimated Number of Participants:

BACKGROUND INFORMATION

Any Past Incidents / Problems:

Why Do You Require Sheriff(s) / Police Officer(s) At Your Event?

Will You Also Have Private Security? Yes No If Yes, Who:

Will The Security Be Armed? Yes No

How Will Private Security Be Situated or Utilized?

ADDITIONAL INFORMATION

Additional Comments:

BILLING INFORMATION

Billing Address:		City/State/Zip:	
Primary Contact:	Phone:	Email:	
Secondary Contact:	Phone:		

FOR OFFICIAL USE ONLY

Approved By: _____
Special Duty Coordinator

Date / Time: _____



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
1177 Alakea Street, Room 418
Honolulu, Hawaii 96813

SPECIAL DUTY INVOICE FOR PRIVATE VENDORS

Date:		Tracking:	
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Bill To:

Company / Individual:	
Point of Contact:	
Address:	
Phone:	

Deputy Sheriff Information:

Name:	
Address:	
Phone:	

Work Performed:

Date:		Start Time:		End Time:	
Location of Job:					

Total Hours*:	
Hourly Rate:	
Total:	

*Total Hours calculated by 15 minute increments

Deputy Sheriff's Signature: _____ Print Name: _____ Date: _____

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out Item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out Item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

**USE OF FORCE
REPORT**

Report No. _____

INCIDENT TYPE:		Date/Time:	Location:		Section:
Subject's Name (Last, First, Middle):			Date of Birth:	Occupation ("Unemployed" if none, School name if juvenile)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:	Height:	Weight:	Build:	Clothing Description:
NATURE OF INITIAL CONTACT		<input type="checkbox"/> Traffic Violation	<input type="checkbox"/> Field Interview	<input type="checkbox"/> Misc. Assist.	
<input type="checkbox"/> Sent to investigate case		<input type="checkbox"/> Follow-up	<input type="checkbox"/> On Beat	<input type="checkbox"/> Prisoner Transport	
<input type="checkbox"/> Arrest Warrant		<input type="checkbox"/> Other: _____			
Important Information Known Before or Upon arrival: _____					
LEO IDENTIFICATION (Check all that apply)			<input type="checkbox"/> Uniform (Describe): _____		
<input type="checkbox"/> Verbal <input type="checkbox"/> Non-Uniform/Badge <input type="checkbox"/> Non-Uniform/Marked Clothing (Describe): _____					
Vehicle: <input type="checkbox"/> None <input type="checkbox"/> Marked LEO Car <input type="checkbox"/> Unmarked LEO Car (Red / Blue light) <input type="checkbox"/> Other: _____					
SUSPECT'S RESPONSE TO LEO'S ARRIVAL			<input type="checkbox"/> No Response		<input type="checkbox"/> Took Evasive Action/Fled
<input type="checkbox"/> Stopped Action			<input type="checkbox"/> Called LEO by Title or Slang: _____		<input type="checkbox"/> Took Aggressive Action
<input type="checkbox"/> Hid			<input type="checkbox"/> Complied with Directions		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____					
SUSPECT'S ACTIONS (All Resistance Encountered)			LAW ENFORCEMENT OFFICER'S RESPONSE (All Control Effected)		
<input type="checkbox"/> Psychological Intimidation (Describe)			<u>Verbal Command:</u> <input type="checkbox"/> Asking <input type="checkbox"/> Setting Context <input type="checkbox"/> Ordering <input type="checkbox"/> Giving Options <input type="checkbox"/> Confirmation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Effective: YES / NO		
<input type="checkbox"/> Verbal Noncompliance (Describe)			<u>Empty Hand Control:</u> <input type="checkbox"/> Joint Lock <input type="checkbox"/> Touch <input type="checkbox"/> Escort <input type="checkbox"/> Pressure Point <input type="checkbox"/> Other: _____ <input type="checkbox"/> Effective: YES / NO		
<input type="checkbox"/> Passive Resistance (Describe)			<u>Chemical Agent:</u> <input type="checkbox"/> OC <input type="checkbox"/> CS <input type="checkbox"/> Display Only <input type="checkbox"/> Used Number of Sprays: _____ <input type="checkbox"/> PepperBall: Comment: _____ Round / VXR <input type="checkbox"/> Effective: YES / NO		
<input type="checkbox"/> Defensive Resistance (Describe)			<u>Physical Control:</u> <input type="checkbox"/> Hand/Arm Strike <input type="checkbox"/> Foot/Leg Strike <input type="checkbox"/> Joint Lock <input type="checkbox"/> Grounding <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Active Resistance (Describe)			<u>Intermediate Weapon:</u> <input type="checkbox"/> Expandable Baton <input type="checkbox"/> Display Baton Only <input type="checkbox"/> Baton Strike <input type="checkbox"/> Baton Block <input type="checkbox"/> 12 ga. Less Lethal <input type="checkbox"/> Display Only <input type="checkbox"/> Deployed <input type="checkbox"/> 37/40 mm Foam Projectiles <input type="checkbox"/> Other: _____ <input type="checkbox"/> Effective: YES/NO <input type="checkbox"/> Describe: _____		
			<input type="checkbox"/> CEW <input type="checkbox"/> Display Only <input type="checkbox"/> Probes Deployed <input type="checkbox"/> Probe Follow-Up <input type="checkbox"/> Effective: YES/NO <input type="checkbox"/> Drive Stun No. of Drive Stuns _____		
<input type="checkbox"/> Aggravated Active Aggression (Describe)			<u>Deadly Force:</u> <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weapon Displayed <input type="checkbox"/> Fired Weapon <input type="checkbox"/> Other Weapon: _____ <input type="checkbox"/> Effective: YES/NO		

FOR CEW USE ONLY (If none used, skip to DURATION OF RESISTANCE)

CEW Serial #: _____ Cartridge Type(s): 11.5-Ft. 25-Ft. Other _____

NMI (check one) FULL NMI PARTIAL NMI INEFFECTIVE FAILURE AFID# _____

Number of Cartridges Fired: _____ Number of Cycles Applied: _____ Suspect Wearing Heavy or Loose Clothing: YES / NO

Usage: (Check one): Applies to x2 only Display Only CEW Application

Is this a Dart Probe Contact: YES / NO Is this a Drive Stun Contact: YES / NO Probe Follow-Up Contact: YES / NO

Approximate Target Distance at the time of the Probe Deployment: _____ feet. Approximate Location between the Two Probes: _____ inches.

Need for an additional Shot: YES / NO

Did Probes penetrate the Subject's Skin: YES / NO Probes removed on Scene: YES / NO

Did the CEW Application Cause Injury: YES / NO If YES, was the Subject Treated for the Injury: YES / NO

Description of Injury: _____

Need for additional Applications: YES / NO Did the Device respond Satisfactorily: YES / NO

If the CEW Deployment was unsuccessful, was the Probe Follow-Up used: YES / NO

Describe the Subject's demeanor after the device was Used or Displayed: _____

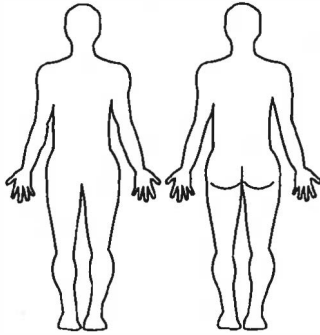
CEW Downloaded: YES / NO By Whom: _____ Date/Time: _____

If not downloaded, Explain why: _____

Firing Record(s) submitted: YES / NO

APPLICATION AREAS

(Place "X's" where probes hit suspect AND "O's" where stunned)



COMMENTS

DURATION OF RESISTANCE

Less than 30 sec. 30 sec. - 1 min. 1-2 min. 2-4 min. Other: _____

CONDITIONS (Check all that apply)

Approximate number of subjects in Area: _____ Approximate number of Who Resisted or Assaulted LEOs: _____

Approximate number of bystanders: _____ Approximate number of LEOs present: _____

- | | | | | | |
|--|--|--|---|--|--|
| <input type="checkbox"/> Alcohol Used | <input type="checkbox"/> Drugs Used | <input type="checkbox"/> Suspected Alcohol Use | <input type="checkbox"/> Suspected Drug Use | <input type="checkbox"/> Known to Resist or Assault | <input type="checkbox"/> Subject Size |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Fearful | <input type="checkbox"/> Relative Strength | <input type="checkbox"/> Threatening | <input type="checkbox"/> Fighting Skill/Martial Arts | <input type="checkbox"/> LEO Injury/Exhaustion |
| <input type="checkbox"/> Mental Disorder | <input type="checkbox"/> Gang Member | <input type="checkbox"/> Gang Associate | <input type="checkbox"/> Hostile Bystanders | <input type="checkbox"/> Potential Ambush | <input type="checkbox"/> Foot Pursuit |
| <input type="checkbox"/> Close Proximity to LEO's Weapon | <input type="checkbox"/> Weapons in Area | <input type="checkbox"/> Violent Crime | <input type="checkbox"/> Vehicle Traffic | <input type="checkbox"/> Vehicle Pursuit | |
- Other (Explain): _____

