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AGENDA

- ADMINISTRATIVE PAPERWORK
- LOGGING YOUR SESSION
- CAPTURING SCREEN SHOTS
- AVOIDING MISHAPS
- CHANGING YOUR IP ADDRESS
- DOCUMENTATION PROCESS
- ELSUR SUBMISSION



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ADMINISTRATIVE PAPERWORK

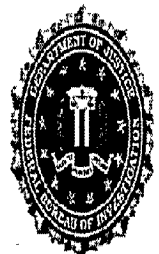
- Prior to going operational, OCEs must complete some administrative forms:

- FD-472: Telephone Device Consent
- FD-473: Body Recorder/Transmitter Consent
- FD-759: Approval for Electronic Monitoring

Not Requiring a Court Order

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TELEPHONE DEVICE CONSENT

FD-472 (Rev. 1-9-92)

(Date)

(Location)

I, _____, **OCE SYMBOL NUMBER** _____,
(Name)

(Address)

authorize special Agents _____ and
_____, of the Federal

Bureau of Investigation, United States Department of Justice, to:

☒ install a recording device on any telephone utilized by me for the purpose of
recording any telephone conversation(s) I may have with
_____ and others as yet unknown
SUBJECT NAME
(Name of Subject(s))

on or about _____ and continuing thereafter.
(Date)



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TELEPHONE DEVICE CONSENT

I understand that I must be a party to any conversation in order to record that conversation. I therefore agree not to leave the recording equipment unattended or take any action which is likely to result in the recording of conversations to which I am not a party.

and/or to:

☒ install a Trap and Trace device in conjunction with the appropriate provider(s) of electronic or wire communications service and/or long distance carrier for the purpose of identifying telephone numbers from which incoming calls are placed to telephone number TO BE DETERMINED located at OCE LOCATION which is used by me.

I have given this written permission to the above-named Special Agents voluntarily, and without threats or promises of any kind.

OCE SYMBOL NUMBER

(Signature)

Witnesses:

CONTACT AGENT

ALTERNATE AGENT



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BODY RECORDER/TRANSMITTER CONSENT

FD-475 (Rev. 6-1-00)

(Date)

(Location)

I, _____
(Name)

OCE SYMBOL NUMBER

(Address)

hereby authorize _____ and

_____, Special Agents

of the Federal Bureau of Investigation, United States Department of Justice, to place a

☒ Body Recorder

on my person for the purpose of recording any conversations

[Add: "To include electronic monitoring of e-mail, texting, instant messaging, blogging, posting, etc."]

☒ Transmitter

with _____
(Name of Subject(s))

SUBJECT NAME

and others as yet unknown which I may have on or about _____ and

(Date)

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BODY RECORDER/TRANSMITTER CONSENT

with SUBJECT NAME
(Name of Subject(s))

and others as yet unknown which I may have on or about _____ and
(Date)

continuing thereafter until such time as either I revoke my permission or the FBI terminates the investigation.

I have given this written permission to the above-named Special Agents voluntarily and without threats or promises of any kind. I understand that I must be a party to any conversation in order to record that conversation. I therefore agree not to leave the recording equipment unattended or take any other action which is likely to result in the recording of conversations to which I am not a party.

OCE SYMBOL NUMBER

(Signature)

Witnesses:

CONTACT AGENT

ALTERNATE AGENT



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APPROVAL LEVEL FOR FD-759s

- The FD-759 must be approved by:
 - SSA, CDC, and ASAC
- Executed FD-759 must be uploaded into case file (sub-ELA)
- Verbal authority can be granted in emergencies



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APPLICABILITY OF THE FD-759

- Can be used for multiple techniques
- Cannot be used in multiple cases
- Each case must have its stand alone FD-759
- Special consideration to two-party states

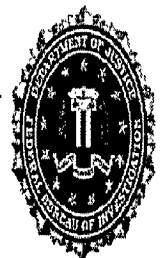


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TWO-PARTY STATES

- California
- Illinois
- Maryland
- Montana
- New Hampshire
- Nevada
- Pennsylvania
- Washington State



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ELECTRONIC MONITORING NOT REQUIRING A COURT ORDER

UNCLASSIFIED	
FD-759 Revised 03-07-2011	FEDERAL BUREAU OF INVESTIGATION Approval for Electronic Monitoring - Not Requiring a Court Order
BACKGROUND INFORMATION	
To:	Date: 7/20/2011
☒ Insert item	CM#: (For FBI Field Office Use Only)
From:	Add CM#
Contacts:	
Name: Last Name, First Name	Search
Enter the Last Name, First Name and click the Search button.	
Phone:	Ext:
Squad:	
Main Case File:	Case Subfile: Title Text:
	ELA
Case File ID:	
CATEGORY OF ELECTRONIC MONITORING	
FORM CLASSIFICATION MARKINGS	
☒ Unclassified ☐ Confidential ☐ Secret	

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ELECTRONIC MONITORING NOT REQUIRING A COURT ORDER

FORM CLASSIFICATION MARKINGS	
☒ Unclassified ☐ Confidential ☐ Secret	
Dissemination controls: ☐ NOFORN ☐ ORCON ☐ FOUO ☐ PROPIN ☐ LES ☐ RELID ☐ FISA	
Control markings: ☐ FGI ☐ REL TO ☐ Edit Classification Text (the first word must match the overall classification.)	
UNCLASSIFIED	
Classification Authority: ☐ Derived From ☐ Classified By	
1. Reason for Proposed Use: Select... ☒ ☒ Add Reason for Proposed Use	
	4. Consenting Party: (Identify ONLY on Field Office Copy) Any required consent form or agreement to testify will be obtained prior to monitoring. Monitoring will not be conducted unless a consenting party is present. Select... ☒
	6. Duration of proposed use: ☒ For the duration of investigation (including OIA for FBI employees) ☐ For 90 days (OIA for CHS - renew every 90 days) ☐ Until
6b. Check box if oral approval was obtained. ☐	

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WHAT TIME IS IT?

IT IS ELSUR TIME



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WHY ELSUR?

- **MIOG 10-9.8.1**

- All original medium (i.e., analog audio and video cassettes, compact disks, and digital audio and video storage medium regardless of format), will be placed in an FD-504a or FD-504b envelope, maintained as evidence
- Included in the following original medium are recordings made under the direction of the FBI, pursuant to Consent

- Ten calendar days rule



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LATE ELSUR SUBMISSION

- Details: ELSUR evidence on [Date], for case [Case file number-ELA] was not submitted to the ELSUR Operations Technician within the 10 day calendar rule, due to [provide explanation]. The FD-504b Chain of Custody-ELSUR Evidence/Medium Storage Envelope was maintained in a secure location at all times.



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EVIDENCE DATA LOADING FORM

FD-192 Revised 01/09/2009		FEDERAL BUREAU OF INVESTIGATION EVIDENCE DATA-LOADING FORM	
Separate forms are mandatory for evidence seized on different dates, at different locations, by different individuals, for different types of evidence.			
Type of Evidence being submitted:		Warning - special handling	
☒ General Evidence ☐ Valuable Evidence ☐ Evidence Purchase Money ☐ Drug Evidence ☐ CART		☐ Firearms ☐ Weapons ☐ Other ☐ FGI	
		☐ Body Fluids ☐ Whole Blood ☐ HAZMAT ☐ Refrigeration ☐ Enviro.	
Case ID:		Title and Character of Case:	
CASE FILE NUMBER		CASE TITLE	
Person Acquiring Evidence:		Date Acquired:	Time Acquired:
CONTACT/ALTERNATE AGENT		DATE REMOVED FROM MEDIA	TIME REMOVED FROM MEDIA
Sources from which evidence acquired: [Person's name/job title/company/address]			
OCE SYMBOL NUMBER			
Anticipated Disposition:	Forfeiture Potential:	Federal Taxpayer Information:	
N/A	☐ Yes ☒ No	☐ Yes ☒ No	
Sealed By: [printed name]		Witnessed By: [printed name]	
Estimated Dollar Value:		Total Drug Package Weight:	
Complete Description of Evidence: (Please Print)			
"OCE SYMBOL NUMBER" + ONLINE COVERT SESSION DATED XX/XX/XXXX			



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Chain of Custody-ELSUR Evidence/Medium Storage Envelope
FD-504b (Rev. 4-17-09)

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Enclosure: ☒ Original ☐ Duplicate ☐ Enhanced Original
Medium: ☐ Magnetic Medium ☒ Computer Disk ☐ Printed Material

File #: CASE FILE NUMBER ID #: _____

Case Agt: CASE AGENT Tape/Disk #: 1 of X

Agt. Supervising Title III Intercepts: CONTACT AGENT

☐ Court Authorized Intercept - Control/Symbol#: _____

☒ Consensual Monitoring Intercept - CM# (if assigned): _____

☐ Telephonic (TCM) ☒ Nontelephonic (NTCM)

If NTCM Specify Device Used: _____

☐ Recording of an Interview

☐ Volunteered/Subpoenaed Medium - Not FBI/ELSUR

☒ Other Type of Interception, Specify: ONLINE COVERT SESSION

Intercept Date: SESSION DATE Place: PHYSICAL LOCATION WHEN SESSION TOOK PLACE

Medium Removed from Equipment/Data Transferred for Permanent Storage

Date: DATE WHEN CD IS BURNED Time: TIME WHEN CD WAS BURNED

☒ Consensual: List Interceptees Below

TARGET USER NAME

OCE PERSONA

☐ Court Authorized: Enter "See Log" Below

Accepted Custody

Released Custody

Print Name: CONTACT AGENT

Signature: XXXXXXXXXX

Date: DATE CD BURNED Time: TIME CD BURNED

Reason: COLLECTION

Print Name: CONTACT AGENT

Signature: XXXXXXXXXX

Date: DATE SUBMITTED Time: TIME SUBMITTED

Reason: SUBMITTED TO ELSUR



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FEDERAL BUREAU OF INVESTIGATION
FOIPA
DELETED PAGE INFORMATION SHEET

No Duplication Fees are charged for Deleted Page Information Sheet(s).

Total Deleted Page(s) ~ 37

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Page 13 ~ b7E

Page 14 ~ b7E

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