

2-11 (Rev. 11-18-74)

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

Memorandum

TO : SAC,

DATE:

FROM : Director, FBI

SUBJECT:

SPECIAL AGENT

The above-captioned Special Agent attended the following training course(s) during the period _____:

In-Service:

The firearms scores should be entered on the individual field firearms training record (FD-40). The following grades were attained:

Tactical Revolver Course _____
Close Combat Course _____
Shotgun Course #2 _____
Rifle Course _____

1 - SA

UNITED STATES GOVERNMENT

Memorandum

TO : SAC,

DATE:

FROM : Director, FBI

SUBJECT: POLICE TRAINING SCHOOL

Reurlet . . . , requesting motion picture film(s) to be used in connection with the above school. The office(s) listed in the first column will forward the film(s) as indicated below.

| <u>Office</u> | <u>After Use On</u> | <u>Will Forward Film</u> | <u>To</u> | <u>For Use On</u> | <u>After Use Send To</u> | <u>For Use On</u> |
|---------------|---------------------|--------------------------|-----------|-------------------|--------------------------|-------------------|
|---------------|---------------------|--------------------------|-----------|-------------------|--------------------------|-------------------|

NAME _____ SOCIAL SECURITY NUMBER _____ OFFICE _____ PAY PERIOD _____ PERIOD ENDING _____

| LINE NO. | CLASS | DAYS | | | | | | | TOTALS | HOURS | |
|----------|-------|------|-----|-----|-----|-----|-----|-----|--------|-------|------|
| | | SUN | MON | TUE | WED | THU | FRI | SAT | | TENS | UNIT |
| 1 | | | | | | | | | 1 | | |
| 2 | | | | | | | | | 2 | | |
| 3 | | | | | | | | | 3 | | |
| 4 | | | | | | | | | 4 | | |
| 5 | | | | | | | | | 5 | | |
| 6 | | | | | | | | | 6 | | |
| 7 | | | | | | | | | 7 | | |
| 8 | | | | | | | | | 8 | | |
| 9 | | | | | | | | | 9 | | |
| 10 | | | | | | | | | 10 | | |
| 11 | | | | | | | | | 11 | | |
| 12 | | | | | | | | | 12 | | |
| 13 | | | | | | | | | 13 | | |
| 14 | | | | | | | | | 14 | | |
| 15 | | | | | | | | | 15 | | |
| 16 | | | | | | | | | 16 | | |
| 17 | | | | | | | | | 17 | | |
| TOTALS | | | | | | | | | | | |

| LINE NO. | CLASS | DAYS | | | | | | | TOTALS | HOURS | |
|----------|-------|------|-----|-----|-----|-----|-----|-----|--------|-------|------|
| | | SUN | MON | TUE | WED | THU | FRI | SAT | | TENS | UNIT |
| 1 | 1001 | | | | | | | | 1 | | |
| 2 | | | | | | | | | 2 | | |
| 3 | | | | | | | | | 3 | | |
| 4 | | | | | | | | | 4 | | |
| 5 | | | | | | | | | 5 | | |
| 6 | | | | | | | | | 6 | | |
| 7 | | | | | | | | | 7 | | |
| 8 | | | | | | | | | 8 | | |
| 9 | | | | | | | | | 9 | | |
| 10 | | | | | | | | | 10 | | |
| 11 | | | | | | | | | 11 | | |
| 12 | | | | | | | | | 12 | | |
| 13 | | | | | | | | | 13 | | |
| 14 | | | | | | | | | 14 | | |
| 15 | | | | | | | | | 15 | | |
| 16 | | | | | | | | | 16 | | |
| 17 | | | | | | | | | 17 | | |
| TOTALS | | | | | | | | | | | |

CLASSIFICATION CODES

FIELD OFFICE TIME UTILIZATION SUMMARY FORM (REV. 1-13-77)

| PAY PERH. | UNIT ASSIGNED | IDENTIFYING DATA | |
|-----------|---------------|------------------|---------------|
| | | SECURITY NUMBER | SOCIAL NUMBER |
| (1) | (1) | (1) | (1) |
| (2) | (2) | (2) | (2) |
| (3) | (3) | (3) | (3) |
| (4) | (4) | (4) | (4) |
| (5) | (5) | (5) | (5) |
| (6) | (6) | (6) | (6) |
| (7) | (7) | (7) | (7) |
| (8) | (8) | (8) | (8) |
| (9) | (9) | (9) | (9) |
| (10) | (10) | (10) | (10) |
| (11) | (11) | (11) | (11) |
| (12) | (12) | (12) | (12) |
| (13) | (13) | (13) | (13) |
| (14) | (14) | (14) | (14) |
| (15) | (15) | (15) | (15) |
| (16) | (16) | (16) | (16) |
| (17) | (17) | (17) | (17) |
| (18) | (18) | (18) | (18) |
| (19) | (19) | (19) | (19) |
| (20) | (20) | (20) | (20) |

FOR MAJOR CASE NUMBERS ONLY

| TENS | UNITS |
|-------------------------------|-------------------------------|
| 01 02 03 04 05 06 07 08 09 10 | 11 12 13 14 15 16 17 18 19 20 |
| 21 22 23 24 25 26 27 28 29 30 | 31 32 33 34 35 36 37 38 39 40 |
| 41 42 43 44 45 46 47 48 49 50 | 51 52 53 54 55 56 57 58 59 60 |
| 61 62 63 64 65 66 67 68 69 70 | 71 72 73 74 75 76 77 78 79 80 |
| 81 82 83 84 85 86 87 88 89 90 | 91 92 93 94 95 96 97 98 99 00 |

CASH DISBURSEMENT VOUCHERS

Entry Date Fund Federal or Other Social Security Number

Payee Control Number Batch

| |
|---------------------|
| Total of voucher \$ |
| Differences |
| |
| Approved amount |

| Line | T/C | F/Y | Sub-Object Class. | Cost Center | FBI Class. | Major Case | Amount | Line |
|------|-----|-----|-------------------|-------------|------------|------------|--------|------|
| 1 | | | | | | | | 1 |
| 2 | | | | | | | | 2 |
| 3 | | | | | | | | 3 |
| 4 | | | | | | | | 4 |
| 5 | | | | | | | | 5 |
| 6 | | | | | | | | 6 |
| 7 | | | | | | | | 7 |
| 8 | | | | | | | | 8 |
| 9 | | | | | | | | 9 |
| 10 | | | | | | | | 10 |

Auditors
Initials

Date of Audit

Reviewers Initials
and Date

Recorded by

Visit Record - Health Service
3-56 (Rev. 10-21-59)

| | | |
|-----------------|-------------------|------------------|
| Name | | Date |
| Section | | Extension |
| Division | Supervisor | |

| Time of visit | Treatment or Medication Received |
|----------------------|---|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Additional Observations:

**NOTIFICATION OF PERSONNEL ACTION
FEDERAL BUREAU OF INVESTIGATION**

| | | | | | |
|---|--|--|---|---|------------------------|
| NAME (CAPS, LAST-FIRST-MIDDLE) | | MR - MISS - MRS. | 2. (FOR AGENCY USE) 02-2 | 3. BIRTH DATE 78 | 4. SOCIAL SECURITY NO. |
| VETERAN PREFERENCE 1- NO 3- 10 PT DISAB 5- 10 PT. OTHER 2- 5 PT 4- 10 PT COMP. | | 6. TENURE GROUP | | 7. SERVICE COMP DATA | |
| FEGLI 1- COVERED Regular and derived Covered 2- INELIGIBLE 3- WAIVED 4- COVERED Reg & Der. | | 10. RETIREMENT 1- CS 3- FS 5- OTHER 2- FICA 4- NONE | | 11. (FOR CSC USE) | |
| CODE NATURE OF ACTION | | 13. EFFECTIVE DATE | 14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY | | |
| FROM: POSITION TITLE AND NUMBER | | 16. PAY PLAN AND OCCUPATION CODE | 17. GRADE OR LEVEL (a) | STEP OR RATE (b) | 18. SALARY |
| NAME AND LOCATION OF EMPLOYING OFFICE | | | | | |
| TO: POSITION TITLE AND NUMBER | | 21. PAY PLAN AND OCCUPATION CODE | 22. GRADE OR LEVEL (a) | STEP OR RATE (b) | 23. SALARY |
| NAME AND LOCATION OF EMPLOYING OFFICE | | | | | |
| DUTY STATION (City-county-State) | | | | | 26. LOCATION CODE |
| APPROPRIATION S. & E., FBI | | 25. POSITION OCCUPIED 1-COMPETITIVE SERVICE 2 | | 29. APPORTIONED POSITION FROM TO STATE 1-PROVED-1 2-WAIVED-2 | |
| REMARKS: | | <input type="checkbox"/> A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING _____ <input type="checkbox"/> B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT TENURE FROM _____) | | | |
| REMARKS: | | <input type="checkbox"/> C. DURING PROBATION | | | |
| REMARKS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE. | | | | | |
| DATE OF APPOINTMENT AFFIDAVIT (Accessions only) | | | 34. SIGNATURE (Or other authentication, AND TITLE | | |
| OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office) | | | | | |
| CODE EMPLOYING DEPARTMENT OR AGENCY FEDERAL BUREAU OF INVESTIGATION | | | | | |

NAME _____ SOCIAL SECURITY NUMBER _____

| UNIT NO. | CLASS CODE | MOUNT CAN NO. | SUN | MON | TUE | WED | THU | FRI | SAT | SUN | MON | TUE | WED | THU | FRI | SAT | TOTALS | HOURS WORKED | | |
|----------|------------|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|--------------|-------|--|
| | | | | | | | | | | | | | | | | | | TINS | UNITS | |
| 1 | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | |

| UNIT NO. | EXAMINATIONS | TOTALS | NUMBER OF EXAMINATIONS | |
|----------|--------------|--------|------------------------|-------|
| | | | TINS | UNITS |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| TOTALS | | | | |

| UNIT NO. | SPECIMENS | TOTALS | NUMBER OF SPECIMENS | |
|----------|-----------|--------|---------------------|-------|
| | | | TINS | UNITS |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| TOTALS | | | | |

| UNIT NO. | LENS | WORK CODES | |
|----------|------|------------|-------|
| | | UNITS | ALPHA |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| TOTALS | | | |

| UNIT NO. | CLASSIFICATION CODES | UNITS | |
|----------|----------------------|-------|-------|
| | | TINS | UNITS |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| TOTALS | | | |

| UNIT NO. | MAJOR CASE NUMBERS | UNITS | |
|----------|--------------------|-------|-------|
| | | TINS | UNITS |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| TOTALS | | | |

SCIENTIFIC & TECHNICAL SERVICES DIVISION
BIWEEKLY RECORD OF MAJOR CASE DATA
 3 654a (12-15-76)

| PAY PER | UNIT ASSIGNED | IDENTIFYING DATA | |
|---------|---------------|----------------------|-------|
| | | SOCIAL SECURITY NUM. | UNITS |
| (1) | (1) | (1) | (1) |
| (2) | (2) | (2) | (2) |
| (3) | (3) | (3) | (3) |
| (4) | (4) | (4) | (4) |
| (5) | (5) | (5) | (5) |
| (6) | (6) | (6) | (6) |
| (7) | (7) | (7) | (7) |
| (8) | (8) | (8) | (8) |
| (9) | (9) | (9) | (9) |
| (10) | (10) | (10) | (10) |



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

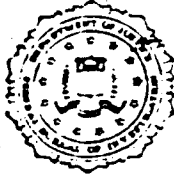
I am pleased to offer you an appointment in the Federal Bureau of Investigation, United States Department of Justice, as a _____ in Grade GS _____, with salary at the rate of \$ _____ per annum less necessary deductions. This appointment is probationary for a period of one year during which time you will be required to demonstrate your fitness for continued employment and is subject to cancellation or postponement at any time prior to your entry on duty. In accepting this appointment you will be expected to remain on duty for a minimum period of one year contingent, of course, upon your maintaining a satisfactory work record. This is necessary in view of the substantial expense involved in the overall processing of your application and the training which will be afforded you following your entry on duty. Your assignment will depend upon your qualifications and the needs of the Bureau at the time of your entry on duty. Positions in the Federal Bureau of Investigation are excepted by law from the competitive Civil Service, and your acceptance of this appointment will automatically constitute relinquishment during your tenure of any such competitive status you may have acquired. If the date on which you report to this Bureau immediately follows your employment in another Federal agency you should advise the Personnel Office of that agency the date you will enter on duty in this Bureau, in order to insure that your sick and annual leave is properly transferred or correct payment is made for annual leave. Positions in this Bureau are under the Annual and Sick Leave Act of 1951, as amended. Employees are expected to dress appropriately for work in a business office.

Please advise this Bureau at once of your acceptance of this appointment by executing and returning the enclosed form. You should report to the location in Washington, D. C., specified in enclosed Form 3-581 for oath of office and assignment at 9:00 A.M. on _____

This letter, which should be considered strictly confidential and given no publicity, should be presented when you report for duty. It is necessary that you bring your Social Security card with you. If you will be under 18 years of age on the date you report, bring your birth certificate or a certified copy of it. If you have had active military service, bring with you a copy of your form DD 214 (Report of Transfer or Discharge). Enclosed are additional instructions which become a part of this appointment offer.

Sincerely yours,

Enc. ()



UNITED STATES DEPARTMENT OF JUSTICE
 FEDERAL BUREAU OF INVESTIGATION
 ACKNOWLEDGEMENT OF REQUEST FOR RECORDS
 FOI/PA BRANCH
 RECORDS MANAGEMENT DIVISION

Subject of Request:

Dear Requester:

This is in response to your Freedom of Information-Privacy Acts (FOIPA) request received by the Federal Bureau of Investigation (FBI). Information pertaining to your request has been set forth below in the appropriate paragraphs. These paragraphs requesting additional information, or further action on your part, must be complied with prior to the processing of your request. Only those paragraphs which are so marked apply to your request.

A preliminary review of the index to our central records discloses references to a name similar to yours. However, our records contain innumerable instances of different people with the same name. Since we have reviewed only the index to our records and not the records themselves, we do not know at this point whether the records in question relate to you. In an effort to deal fairly with any request requiring the retrieval, processing, and duplication of documents, each request is being handled in chronological order based on the date of receipt. Please be assured that your request is being handled as equitably as possible and that all documents which can be released will be made available at the earliest possible date.

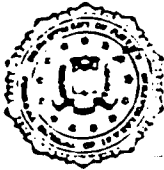
Based on the limited information you provided, it is not possible to make an accurate search of our records. To insure an accurate search of our records, please furnish your complete name, date and place of birth, prior addresses, employments, and any specific data that would permit us to locate the documents you seek. Upon receipt of the additional personal information, we will review the index to our central records. If no indication of the existence of any records pertaining to you is located, you will be so advised. If there is an indication that we have records which may relate to you, your request will be held and assigned in turn according to the date of its receipt, as explained above.

Before we can commence processing for release any documents which may pertain to you, it will be necessary for you to submit your notarized signature. This procedure is designed to insure that information concerning an individual is released only to that person.

Before we begin processing your request, we must know whether you are authorized by the subject of the records sought to make this request or are merely seeking whatever portions of our records which may be open to the general public. If you have the authorization, however, additional details may be available.

For your information, the FBI does not issue clearances or nonclearances of any type. At the request of certain Government agencies, the FBI conducts investigation of people who are being considered for employment in sensitive positions. Results of these investigations are furnished as soon as possible to the submitting agency without evaluation and the question of whether or not these individuals are employed is a matter determined solely by the employing agency concerned. Any records of investigation conducted by the FBI or checks made on behalf of another Government agency in connection with your being considered for such a position will be processed pursuant to your request, if any are located.

As a result of a preliminary review of documents pertaining to your request, it is believed that processing of these documents may result in charges in excess of \$25. Department of Justice Regulations, (Title 28, Code of Federal Regulations, Part 16.46), require notification to a requester when anticipated charges exceed \$25. This letter constitutes such



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

DATE:

TO:

FROM: Chief
Freedom of Information/Privacy Acts (FOI/PA) Branch
Federal Bureau of Investigation

SUBJECT: FOI/PA REQUEST OF _____

In connection with the FOI/PA request of the above-named individual, the FBI surfaced _____ unclassified document(s) which originated with your agency. The document(s) are being referred to you for direct response to the requester. A copy of the requester's initial request is enclosed for your convenience. We will advise the requester that your agency will correspond directly concerning this matter.

During the course of reviewing FBI documents pursuant to the above request, _____ FBI document(s) containing information furnished by your agency were located. Please review your information (outlined in red) and return the document(s) to us, making any deletions you deem appropriate, and citing the exemption(s) claimed.

In connection with the FOI/PA request of the above-named individual, the FBI surfaced _____ classified document(s) which originated with your agency. The document(s) are being referred to you for direct response to the requester. A copy of the requester's initial request is enclosed for your convenience. Please advise us if the classification of the document(s) is changed, so that we may amend our files. We will advise the requester that your agency will correspond directly concerning this matter.

During the course of reviewing FBI documents pursuant to the above request, _____ classified FBI document(s) containing information furnished by your agency were located. Please review your information (outlined in red) and return the document(s) to us, making any deletions you deem appropriate, citing the exemption(s) claimed, and advising if the document(s) still warrant(s) classification.

See Continuation Page for additional information.

If you have any questions concerning this referral please contact _____ on 324-_____.

Enclosure(s) ()

_____ Classified Material Attached



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
RECORDS DISCLOSURE COST LETTER
FOI/PA BRANCH
RECORDS MANAGEMENT DIVISION

Subject of Request:

Dear Requester:

Reference is made to our letter of _____.
The records which you requested have been processed, and the documents are available for release.

Pursuant to Title 28, Code of Federal Regulations, Sections 16.9 and 16.46, there is a fee of ten cents per page for duplication. Upon receipt of your check or money order, payable to the Federal Bureau of Investigation, these documents will be forwarded to you.

Number of pages: _____ Amount due: _____.

See Continuation Page for additional information.

Allen H. McCreight

Allen H. McCreight, Chief
Freedom of Information/Privacy Acts Branch
Records Management Division

6-21 (Rev. 7-5-77)

FROM: Director, FBI 42-
 Subject: Request for Deserter
 Fugitive Investigation

(Date)

Photograph
 attached

TO: SAC

| | |
|-------------|--|
| Albany | |
| Albuquerque | |
| Alexandria | |
| Anchorage | |
| Atlanta | |
| Baltimore | |
| Birmingham | |
| Boston | |
| Buffalo | |
| Butte | |
| Charlotte | |
| Chicago | |
| Cincinnati | |
| Cleveland | |
| Columbia | |
| Dallas | |
| Denver | |
| Detroit | |
| El Paso | |
| Honolulu | |

| | |
|---------------|--|
| Houston | |
| Indianapolis | |
| Jackson | |
| Jacksonville | |
| Kansas City | |
| Knoxville | |
| Las Vegas | |
| Little Rock | |
| Los Angeles | |
| Louisville | |
| Memphis | |
| Miami | |
| Milwaukee | |
| Minneapolis | |
| Mobile | |
| Newark | |
| New Haven | |
| New Orleans | |
| New York City | |
| Norfolk | |

| | |
|----------------|--|
| Oklahoma City | |
| Omaha | |
| Philadelphia | |
| Phoenix | |
| Pittsburgh | |
| Portland | |
| Richmond | |
| Sacramento | |
| Salt Lake City | |
| San Antonio | |
| San Diego | |
| San Francisco | |
| San Juan | |
| Savannah | |
| Seattle | |
| Springfield | |
| St. Louis | |
| Tampa | |
| Washington F. | |

SAC, New Rochelle (MRA)

ASAC, Rapid City ("Mini")

Attached are two copies of a request for the Bureau's assistance in locating an individual classified by the Military, a deserter.

You should institute the necessary fugitive investigation looking toward this subject's location. The title of this case in all communications from your office should contain the subject's name and service number as they appear on the attached request.

Office of origin promptly enter appropriate data concerning the subject into the wanted persons file of the National Crime Information Center (NCIC). In this regard, no FD-65 need be submitted to FBIHQ concerning this initial NCIC entry as appropriate stops have previously been placed at the Bureau. Of course, supplemental FD-65's must be submitted when circumstances warrant.

CC(with enclosures to designated offices)

The office of origin is indicated by the letters O.O. appearing to the right of the name of the office.

6-28 (11-23-77)

FUGITIVE APPREHENSION NOTICE

Airtel
 Teletype from _____ dated _____
advising Apprehended Located Dismissed

O. O. Offense _____ FBI No. _____
Other No. _____

Called _____ Bureau of Prisons
 Board of Parole

FBI/DOJ Date _____

6-133 (8-8-77)

CHARGE OUT

- Active White Card
- Closed White Card
- Yellow Card
- Pink Card
- Blue Card
- Army
- Navy
- Marine Corps
- Air Force

Date Charged Out: _____

By: _____

Name: _____

FBI/DOJ

U S GOVERNMENT PRINTING OFFICE 1977-260-118

Name _____
 FBI No. _____
 Other No. _____
 Fug. Index No. _____
 Bufile No. _____
 O.O. No. _____
 Born _____
 Race _____
 Weight _____ Height _____
 Eyes _____ Hair _____
 Caution _____
 Date of Process (or Escape) _____
 Offense _____

- Six Months' Letter
- Photograph not needed

DISPOSITION-ACTION TAKEN

- Apprehended
- Located
- Surrendered
- Dismissed
- Advised
- Ident
- Bu Prisons
- Bd of Parole

By _____

Place _____ Date _____

Confined _____

Per _____ Date _____

O.O. _____

6-67 (10-11-77)

6-53a (6-22-77)

Name:
ALIASES:

Fingerprint Classification:

FBI Number:

Offense:

Description:

Photographs:

Criminal Record:

Caution:

Method of Operation (for Check Circular only) - see page 2:

Process:

IF YOU HAVE INFORMATION CONCERNING THIS PERSON, PLEASE CONTACT YOUR LOCAL FBI OFFICE. PHONE NUMBER LISTED BELOW. OTHER OFFICES LISTED ON BACK.

Clarence M. Kelley, Director
Federal Bureau of Investigation, Washington, D. C. 20535
FBI/DOJ

D.V 7

- 1 7-20 = 90,500 = 8900.00
- 2 7-2 = 78,950 = 1,977.94
- 3 7-139 = 75,000 = 2,418.00
- 4 7-18 = 65,000 = 1,214.80
- 5 7-72 = 61,000 = 1,091.92
- 6 7-13 = 44,500 = 416.52
- 7 7-10 = 38,200 = 715.10
- 8 7-9 = 31,000 = 290.16
- 9 7-170 = 20,200 = 189.07
- 10 7-10 = 10,000 = 84.24

D.V 8

- 1 8-154 = 45,000 = 8,921.40
- 2 8-1794 = 30,000 = 100.40
- 3 8-23 = 18,000 = 42.12
- 4 8-115 = 8,500 = 149.76
- 5 8-168 = 4,000 = 56.16
- 6 8-133 = 3,000 = 56.16
- 7 8-150 = 3,000 = 56.16
- 8 8-203 = 2,900 = 54.28
- 9 8-175 = 2,000 = 37.44
- 10 8-16 = 1,000 = 29.88

D.V 9

- 1 9-8 = 15,000 = 204.80
- 2 9-1 = 12,000 = 243.36
- 3 9-55 = 10,000 = 37.04
- 4 9-52 = 8,500 = 159.12
- 5 9-12 = 6,000 = 22.46
- 6 9-34 = 5,500 = 102.96
- 7 9-10 = 4,000 = 78.88
- 8 9-47 = 3,000 = 112.32
- 9 9-13 = 2,700 = 35.27
- 10 9-59 = 2,000 = 37.44

D.V 10

- 1 10-6 = 13,500 = 2,521.72
- 2 10-7 = 10,000 = 93.60
- 3 10-1 = 3,900 = 36.50
- 4 10-10 = 500 = 4.36
- 5 10-13 = 245 = 4.58

D.V 12

- 1 12-95 = 230,000 = 4,091.00
- 2 12-112 = 175,000 = 3,276.00
- 3 12-850 = 80,000 = 2,397.50
- 4 12-87 = 60,000 = 6,219.00
- 5 12-80 = 60,000 = 2,246.40
- 6 12-54 = 60,000 = 2,246.40
- 7 12-108 = 60,000 = 2,246.40
- 8 12-81 = 55,000 = 4,118.40
- 9 12-89 = 55,000 = 4,118.40
- 10 12-1080 = 50,000 = 2,246.40

WFO

- 1 WFO-34 = 87,000 = 8,122.76
- 2 WFO-57 = 40,000 = 779.20
- 3 WFO-570,40,000 = 748.80
- 4 WFO-8 = 6,400 = 179.80
- 5 WFO-1 = 5,000 = 41.80
- 6 WFO-8 = 5,000 = 93.60
- 7 WFO-10 = 5,000 = 93.60
- 8 WFO-18 = 5,000 = 62.37
- 9 WFO-66 = 5,000 = 18.72
- 10 WFO-73 = 3,250 = 12.16

FEDERAL BUREAU OF INVESTIGATION
 UNITED STATES DEPARTMENT OF JUSTICE
 LABORATORY STATISTICS SHEET

To:

FBI FILE NO.

LAB. NO.

Re:

YOUR NO.

Examination by:

Examination requested by:

DOCUMENT SECTION

| Examinations Made | Initial Exam | Additional Exam | Total Specimens | | | |
|---------------------------------------|--------------|-----------------|--|----|------------|------------|
| Handwriting and Hand Printing | 53 | | Do NOT include "Also Submitted" or "Resubmitted" | | | |
| Typewriting | 64 | | | | | |
| Printing | 60 | | | | | |
| Photocopying | 67 | | | | | |
| RuSt. & Other Mech. Devices | 61 | | Technical Evaluation Unit | | | |
| Obliterated Writing | 56 | | Cryptanalysis | 81 | | |
| Indented Writing | 54 | | Gambling | 82 | | |
| Paper, Watermark, Torn Edge | 57 | | Translation | 83 | | |
| Charred Paper | 51 | | Extortionate Credit Transaction | 84 | | |
| Ink and Pencil | 55 | | Mathematical | 85 | | |
| Shoe Print | 62 | | Polygraph | 87 | | |
| Tire Tread | 63 | | Evidence Files | | Searched | Identified |
| Photographic | 58 | | Anonymous Letter | 01 | | |
| Film Examination | 68 | | Bank Robbery Note | 02 | | |
| Portrait Parle | 59 | | National Lottery | 05 | | |
| Field Support | 69 | | Pornographic Materials | 06 | | |
| Checkwriter | 66 | | | | | |
| Miscellaneous | 65 | | | | | |
| National Fraudulent Check File | | | No. Specimens Searched | | Identified | |
| Signature Section and Bureau Indices | 09 | | | | | |
| Master Section | 10 | | | | | |
| Recognition Section | 11 | | | | | |
| Travelers Check - Money Order Section | 12 | | | | | |

Total Number Checks _____ Travelers Checks - Money Orders _____

Total Value Checks _____ Travelers Checks - Money Orders _____

Total Number Identified with Signatures on Fingerprint Cards: Checks _____

Travelers Checks - Money Orders _____

APR 1964

FBI/DOJ

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Laboratory Work Sheet

To:

FBI FILE NO.

LAB. NO.

Re:

YOUR NO.

Examination by:

Examination requested by:

Reference:

Examination requested:

Specimens received:

☆ U.S. GOVERNMENT PRINTING OFFICE 1978-249-965

FROM
AGENCY:
CORRES. DATED:

LAB NO.:
BUFILE:
EVID. RECD:

RE:

SPECIMENS:

PE:
AE:

DICTATED:
REPORT OUT:
EVID. OUT:

7-128 (Rev. 9-30-77)

7-1b

REPORT
of the



FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

To:

FBI FILE NO.

Re:

LAB. NO.

Specimens received

Laboratory Transmittal Form
7-72



FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

To:

From: Director, FBI

FBI FILE NO.

LAB. NO.

Re:

Examination requested by:

Reference:

Examination requested:

Remarks:

ADMINISTRATIVE PAGE

REPORT
of the



FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

To:

FBI FILE NO.

Re:

LAB. NO.

YOUR NO.

Examination requested by:

Reference:

Examination requested:

This examination has been made with the understanding that the evidence is connected with an official investigation of a criminal matter and that the Laboratory report will be used for official purposes only, related to the investigation or a subsequent criminal prosecution. Authorization cannot be granted for the use of the Laboratory report in connection with a civil proceeding.


Clarence M. Kelley
Director

7-170 (8-15-77)

CORRECTION FORM

TO:

FROM:

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN
TO ECC, ROOM 3233

CAPTION:

BUFILE # _____

LAB # _____

CANCEL

SAS EXAM _____ DOCUMENT EXAM _____ GAMBLING EXAM _____
CRYPTANALYSIS EXAM _____ TRANSLATION EXAM _____

REASSIGNMENT TO _____ FROM _____

THIS SUBMISSION ONLY _____

ENTIRE CASE _____

CONSOLIDATE _____ INTO _____

ECC CURRENT SPECIMENS ARE _____

CORRECT SPECIMENS ARE _____

LAB FILE _____ OPENED DATE _____ CLOSED DATE _____

REPORT OUT _____ DATE _____

EXPLANATION:

ECC INDICES HAVE BEEN CORRECTED DATE _____ BY _____

FBI/DOJ

8-154
1-23-73

NATIONAL CRIME INFORMATION CENTER-COMPUTERIZED CRIMINAL HISTORY

BATCH

CYCLE

FBI (9) SID (10) DOA (6)
ER2 ORI (29) DOB (6)
MKE

ANA (30)
ACH DOO (6) CIT (17) GOC AON (4)

AOL (46) ADN (3)

ACH DOO (6) CIT (17) GOC AON (4)

AOL (46) ADN (3)

ACH DOO (6) CIT (17) GOC AON (4)

AOL (46) ADN (3)

SEGMENT 2

EP2 CHECK IF MORE ACH
MKE ORI (29) CCT CDD (6)

CIT (17) GOC CON (4)

COL (46) CDN (3)

CSS (12) CMT (12) CPR (12) CFN (6)

CPN (9) CPL (50) DCA (6) CBL

CCT CDD (6) CIT (17) GOC CON (4)

COL (46) CDN (3)

CSS (12) CMT (12) CPR (12) CFN (6)

CPN (9) CPL (50) CHECK IF MORE CCT
EP4 ORI (29) SCC SSD (6) SSN (3)

MKE SLE (50)

EP4 ORI (29) SCC SSD (6) SSN (3)

MKE SLE (50)

EP4 ORI (29) SCC SSD (6) SSN (3)

MKE SLE (50) CHECK IF MORE SCC

SEGMENT 3

4

| | | | | | |
|--|-----------|--|---|--------------|------------|
| 6-179a (5-31-77) | | MAJOR CASE INFORMATION SYSTEM COMPUTER RECORD ENTRY FORM - Page 2 | | Serial No. | |
| Name and Title (Last Name First - 35 CH) | | | <input type="checkbox"/> X If Interviewed | | Type |
| Address (30 CH) | | City (15 CH) | | State (2 CH) | Zip (5 CH) |
| Telephone Number | Area Code | Miscellaneous (35 CH) | | | Pg. # |

| | | | | | |
|--|-----------|-----------------------|---|--------------|------------|
| Name and Title (Last Name First - 35 CH) | | | <input type="checkbox"/> X If Interviewed | | Type |
| Address (30 CH) | | City (15 CH) | | State (2 CH) | Zip (5 CH) |
| Telephone Number | Area Code | Miscellaneous (35 CH) | | | Pg. # |

| | | | | | |
|--|-----------|-----------------------|---|--------------|------------|
| Name and Title (Last Name First - 35 CH) | | | <input type="checkbox"/> X If Interviewed | | Type |
| Address (30 CH) | | City (15 CH) | | State (2 CH) | Zip (5 CH) |
| Telephone Number | Area Code | Miscellaneous (35 CH) | | | Pg. # |

| | | | | | |
|--|-----------|-----------------------|---|--------------|------------|
| Name and Title (Last Name First - 35 CH) | | | <input type="checkbox"/> X If Interviewed | | Type |
| Address (30 CH) | | City (15 CH) | | State (2 CH) | Zip (5 CH) |
| Telephone Number | Area Code | Miscellaneous (35 CH) | | | Pg. # |

| | | | | | |
|--|-----------|-----------------------|---|--------------|------------|
| Name and Title (Last Name First - 35 CH) | | | <input type="checkbox"/> X If Interviewed | | Type |
| Address (30 CH) | | City (15 CH) | | State (2 CH) | Zip (5 CH) |
| Telephone Number | Area Code | Miscellaneous (35 CH) | | | Pg. # |

| | | | | | |
|--|-----------|-----------------------|---|--------------|------------|
| Name and Title (Last Name First - 35 CH) | | | <input type="checkbox"/> X If Interviewed | | Type |
| Address (30 CH) | | City (15 CH) | | State (2 CH) | Zip (5 CH) |
| Telephone Number | Area Code | Miscellaneous (35 CH) | | | Pg. # |

| | | | | | |
|--|-----------|-----------------------|---|--------------|------------|
| Name and Title (Last Name First - 35 CH) | | | <input type="checkbox"/> X If Interviewed | | Type |
| Address (30 CH) | | City (15 CH) | | State (2 CH) | Zip (5 CH) |
| Telephone Number | Area Code | Miscellaneous (35 CH) | | | Pg. # |

4-261 (5-26-77)

I

N

F

Last Name

First

Middle

Date of Tour

O

R

M

Time of Tour

A

T

Total # in Group

Congressional Constituents

Special Visitors

I

O

N

Office Arranging

Person Arranging

Phone Number

Remarks:

Date Called

SA TTL SM GRP REG

Taken By

FBI/DOJ

360 Operating Instructions
6-168 (6-24-77)

| | | | |
|------------|-------------------|------------------|---------|
| Date Typed | Programming Group | Date (Mo. & Yr.) | Number: |
|------------|-------------------|------------------|---------|

| | |
|--------|-----------|
| Title: | Approved: |
|--------|-----------|

1. DESCRIPTION OF JOB:

2. PREPARATION:

3. HEADER CARD:

| Card Cols. | Data |
|------------|------|
| 1-4 | -HDR |

Example:
Position following DD card with DDNAME _____
To be prepared by: _____ Document Processing Unit _____ Computer Room
If Computer Room must prepare, state reason:

4. CONSOLE REPLIES:

5. JOB RESTART:

Job may be restarted: Yes No See special instructions below
 Use alternate procedure _____ in lieu of restarting job
Special instructions:

6. DISPOSITION OF OUTPUT:

TRANSMIT VIA: _____

PRECEDENCE: _____

CLASSIFICATION: _____

DATE: _____

To: SAC,

From: Director, FBI

ATTENTION: CORRESPONDENCE-UCR SECTION
BUDED

Enclosed you will find:

- Two copies of self-explanatory communication from captioned individual.
- Two copies of self-explanatory anonymous communication.
- Other:

Take following action:

- Have correspondent interviewed to determine whether correspondent has any information of interest to Bureau.
- Furnish pertinent facts from enclosed communication to appropriate law enforcement officials.
- Acknowledge Bureau receipt of communication at time of contact with captioned individual.
- Submit results under above caption to reach Bureau no later than
- Other:

Enc.

(Do not type below this line.)

(This line for LEFT MARGIN.)

(Do not type BEYOND THIS MARGIN.)

4-200 (Rev. 10-5-76)

GROUP APPOINTMENT CARD

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| | |
|------------------|------------------|
| Name of Group | Total # in Group |
| City | State |
| Day/Date of Tour | Time |

A
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| | | |
|------------------|-------|--|
| Person Arranging | Title | Phone Number |
| | | <input type="checkbox"/> School |
| | | <input type="checkbox"/> Business |
| | | <input type="checkbox"/> Residence |
| | | <input type="checkbox"/> Congressional |
| | | <input type="checkbox"/> Field Office |

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INSTRUCTIONS

Date Arranged _____

Token By _____ Handled By _____

FBI/DOJ

FBI/DOJ

SCHEDULER UPDATE SHEET

Route To: 1 - SYS Prgrm Supvr
2 - Computer Operations (CO)
Scheduler Maintenance

Date _____

From _____
(Procedures Group) (Prepared by) (OKed by)

Jobname: _____
(Job #) (Acct. #)

Title: _____

Action: Add _____ (x) - (New jobs only, placed into Production for the first time.)
Change _____ (x) - (Fill in only those elements affected by the change)
Delete _____ (x) - (Include Predecessor info. if any; otherwise, remaining items are not pertinent to "Delete")

Predecessors: _____
(Preceding jobs that must be run prior to this one)

System Restrictions: (If any) _____

Frequency of Operation: ** _____
(Provide Specific Schedule, Timetable)

Time - - - - - Due-In: _____ Due-Out: _____

Estimated Run Time: _____ Core Used: _____ K
(Relative to Mod 65)

Facilities Used: (Number Drives, Spindies, etc., specified should be the Maximum ever required during the running of the job)

Tape Drives: _____
(Incl. Spooled Tps) (800 BPI) (1600 BPI) (7 TK)

Disk Packs: (Private) _____
(2314-S) (3530-S)

Optical RDR(s): _____ Drum(s): _____

Comments: (Also specify Work Group Responsible for Job Run)

** If Request, explain fully:

Scheduler Updates: (For CO's use only)

| | Date | Time | Init. |
|------------------------------|-------|-------|-------|
| Coded: | _____ | _____ | _____ |
| CO Run: | _____ | _____ | _____ |
| Checked: | _____ | _____ | _____ |
| Scheduler Work Sheet Issued: | _____ | _____ | _____ |

Year Date Record
 8-16 (Rev. 10-17-74)

| Year No. | Year Conducted By | Time Year Started | Number on Tour | Accumulative Total | Public Goods | Competition Special | Remarks | On Duty |
|----------|-------------------|-------------------------|-------------------|-----------------------|-----------------|------------------------|---------|---------|
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Control Point _____

UNITED STATES GOVERNMENT

Memorandum

TO : SAC,

DATE:

FROM : Director, FBI

SUBJECT:

You are requested to conduct an investigation of the above-named individual in accordance with the instructions contained in Section 19, Volume II, Manual of Instructions, and Chapter 78, Part III, FBI Handbook. This case is to be assigned immediately and reports of the completed investigation must be submitted to reach the Bureau by Buded.

Birth date and birthplace:

Present address:

Social Security Number:

Firm to employ and position involved:

8-55

8-133 (9-8-77)

CHARGE OUT

- Active White Card
- Closed White Card
- Yellow Card
- Pink Card
- Blue Card

- Army
- Navy
- Marine Corps
- Air Force

Date Charged Out:

By:

Name:

FBI/DOJ

9-56 (3-1-77)



UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

BY LIAISON

Date:

To : Honorable Patrick V. Apodaca
Associate Counsel to the President
The White House
Washington, D. C.

From: Director, Federal Bureau of Investigation

Reference:

Enclosed is a summary memorandum containing
the results of investigation conducted concerning above-
captioned individual pursuant to your request received
on _____.

Status: Completed Pending

Refer to my communication dated _____
which furnished you the results of investigation concerning
captioned individual.

Enclosure

7-34

—6-83 (Rev. 6-22-77)

UNITED STATES GOVERNMENT

Memorandum

TO : Printing and Space Management Section

DATE:

FROM : Assistant Director,
Criminal Investigative Division

SUBJECT:

There is attached for printing a draft of an Identification Order
 Check Circular for subject

ACTION:

This should be forwarded to the Printing and Space Management Section for appropriate handling.

Enc.

- 1 - Administrative Services Division (Printing Unit)
- 1 - Identification Division (Posting Section)
- 1 - Criminal Investigative Division
- 1 - Media Services Unit

9-12 (Rev. 11-18-74)

FILE NO.

NAME _____

MISCELLANEOUS

Position _____

Agency _____

Date Request Received _____

Date Investigation Ordered _____

Date Report Due _____

Date Sent _____

FBI/DOJ

UNITED STATES GOVERNMENT

Memorandum

TO : SAC,

DATE:

FROM : Director, FBI

SUBJECT:

Application for Pardon After Completion of Sentence

OO: Bureau

BUDED (Initial report) _____ :
(Completion) _____ :

Reference is made to the Pardon Attorney's letter which is enclosed with applicant's petition and related documents.

Conduct investigation in accordance with Chapter 5, Part III, FBI Handbook (Section 16, Manual of Instructions.)

Enc.