

State Police	Case Discovery Checklist	Arraignment Date:	Due Date:
		SJS #	Date:


Case Details				
Defendant Name (Last, First, MI)		Incident Date (mm/dd/yyyy)		Arrest Date (mm/dd/yyyy)
Arresting Member Name (Last, First, MI)	Rank	Case Agent Name (Last, First, MI)	Rank	Date Records Provided to DA
Records Provided by: <input type="checkbox"/> DEMS <input type="checkbox"/> Encrypted Email <input type="checkbox"/> Hand Delivered by:				

Arresting Member/Case Agent Instructions
<ul style="list-style-type: none"> Use one checklist for each Defendant. Save the Checklist using the following format: DiscoveryChecklistSJS# (DiscoveryChecklist9876543.pdf) to the arrest case folder on the G:drive. This will be used as a live master document for all applicable sections to complete until submitted to the DA's office. If there are any co-defendants, add the co-defendant's last name to the file name so you can differentiate between checklists (DiscoveryChecklist9876543Smith.pdf and DiscoveryChecklist9876543Jones.pdf). If an item exists but is pending, provide details in Notes section. If a Protective Order is sought for an item, add a ✓ in the P column. Arresting Member/Case Agent MUST immediately complete the UF / BCI Back Room portion of Checklist and document all Unit Member's name(s) and phone #(s) under each applicable section. A copy of the COMPLETE case file (all available discoverable materials) MUST be provided to the DA's office along with a completed copy of this checklist as soon as possible, but no later than 10 days after arrest. A copy of the completed Checklist MUST be printed and retained in the Arresting Member/Case Agent's case file. Discoverable materials detailed below that are outside of the case file but available to you, must also be provided or made available to the DA's office. The Arresting Member/Case Agent has an ongoing duty and continuing responsibility to provide any new discoverable material, even after the initial packet and the Checklist have been provided to the DA's office. If any such new material comes to your attention, you MUST promptly provide it to the DA's office.

Information for District Attorney/ADA
<ul style="list-style-type: none"> Carefully review this checklist to determine if there is any material that fits in the following categories so that you can make any necessary inquiries and any appropriate notifications to the defense: <ol style="list-style-type: none"> 1. Discoverable material that exists or may exist but are unavailable to the Arresting Member/Case Agent, 2. Discoverable material that may be in the possession of another agency, entity, or individual, 3. Discoverable material that is publicly available, 4. Discoverable or potentially discoverable material that does not yet exist, but may be created in the future (lab reports, etc.), and/or 5. Sensitive material that may require the filing of a motion for a protective order. Please note that this checklist may not include all information from the Lab (FIC), Collision Reconstruction Unit (CRU), Computer Crimes Unit (CCU), Forensic Identification Unit (FIU), etc. Those materials will be provided separately as they become available.

Checklist
Were there any other law enforcement agencies involved in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency(ies):
Is a Protective Order to safeguard the disclosure of certain information/material being sought? <input type="checkbox"/> Yes, GENL-119 Attached. <input type="checkbox"/> No
Is there any Brady material related to this case? <input type="checkbox"/> Yes, Detail in Notes section or contact DA. <input type="checkbox"/> No


Field Operations										
Check for the existence of ALL items listed below that could be associated with the case. If the item exists, include a copy in the packet to the DA's office.				P	Yes, Attached	Yes, Pending	No			
UF / BCI BACK ROOM	Which specialized units were utilized? (Check all that apply.)									
	Special Ops:	<input type="checkbox"/> SORT	<input type="checkbox"/> K9	<input type="checkbox"/> UAS	<input type="checkbox"/> CCSERT	<input type="checkbox"/> BDU	<input type="checkbox"/> URT	<input type="checkbox"/> Aviation	<input type="checkbox"/> MFU	
	Investigative Support:	<input type="checkbox"/> NYSIC	<input type="checkbox"/> Lab	<input type="checkbox"/> CRU	<input type="checkbox"/> FVMSU	<input type="checkbox"/> CCU/CFL	<input type="checkbox"/> ICAC	<input type="checkbox"/> FIU	<input type="checkbox"/> FCU	
		<input type="checkbox"/> VGNET/SIU	<input type="checkbox"/> ESU	<input type="checkbox"/> CALEA	<input type="checkbox"/> VFW	<input type="checkbox"/> Other:				
	Defendant's Identification Documents (Driver's License, Passport, etc.)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DMV Driver and Vehicle Data History						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UTTs including Supporting Depositions, Officer's Notes, Statement of Correction, & Attachments						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 State Police	Case Discovery Checklist	Arrestment Date:	Due Date:
		SJS #	Date:

Checklist (Cont'd)

	P	Yes, Attached	Yes, Pending	No
Check for the existence of ALL items listed below that could be associated with the case. If the item exists, include a copy in the packet to the DA's office.				
Return of DMV Property (TB-36)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPR Hit (LPR Data Report from NYSIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Vehicle Violation Information for Taxations & Finance (TB-28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT Driver/Vehicle Examination Report (TE241f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scale Certifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation Incident Anomaly Report (GENL-112)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RADAR/LIDAR Certification Card (Member who used the RADAR/LIDAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calibration paperwork (For the Radar/LIDAR used); <input type="checkbox"/> Radar <input type="checkbox"/> LIDAR Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speedometer Deviation Record (TB-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tint Meter Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any case documents provided by DMV, DOT, DOCCS, State Fire, or any other local, state, or federal agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Report (MV-104A, 104D, 104L, 104S, 104EN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Safety Officer Report (TB-15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventable Division Vehicle Accident Report of Adjudication (TB-15A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital Photo Record (GENL-34D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thruway Incident & Property Damage Intake Report (TA-64122A) (Troop T only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of Photographs (T-6) (Troop T only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographs (Including but not limited to crime scene, defendant, victim, items of evidence, property, booking photos, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All diagrams, maps, or drawings related to case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Interview Card (GENL-54) (Related to case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pursuit Report (GENL-91)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Force Data Collection (GENL-1F) (Including applicable pictures and Taser download)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Search Report (GENL-45) (Pending cases only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impound & Inventory Record (GENL-21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impound and Inventory Report (T-34) (Troop T only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impounded Vehicle Receipt (T-34A) (Troop T only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Property Record (GENL-116)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt & Release of Property (GENL-15, 15A, 15B, 15C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Test Kit Certification (NIK, ODV Narco Pouch, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


UF / BCI BACK ROOM

 State Police	Case Discovery Checklist	Arraignment Date:	Due Date:
		SJS #	Date:

Checklist (Cont'd)

Check for the existence of ALL items listed below that could be associated with the case. If the item exists, include a copy in the packet to the DA's office.				
	P	Yes, Attached	Yes, Pending	No
TruNarc Test Results and Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currency/Negotiable Instrument Tally Sheet (GENL-115)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seized Property Report (BCI-49) (Redact Bank Info)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Request for Transfer of Property Seized/Forfeited (TD F 92-22.46)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equitable Sharing Request Form (DAG-71)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence Record (GENL-2, 2A, 2B, 2C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of Evidence Submitted to Lab: (Check all that apply) <input type="checkbox"/> Drugs <input type="checkbox"/> Blood/Urine <input type="checkbox"/> DNA/Serology <input type="checkbox"/> Latent Prints <input type="checkbox"/> Firearms <input type="checkbox"/> Trace <input type="checkbox"/> Electronics/Audio/Video <input type="checkbox"/> Other:				
Crime Laboratory Toxicology Submission (LAB-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Collection Kit Instructions (TB-59)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine Collection Kit Instructions (TB-60)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Test Affidavit (TB-20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Test Order (TB-21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime Laboratory Evidence Submission (LAB-2 & 2A) (Only used if submitting evidence on behalf of an outside agency who is still controlling the case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Consent to Obtain Tissue Sample by Oral Swabbing for Forensic DNA Analysis (LAB-36)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DNA/Serology Submission (LAB-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any Lab submission forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DWI Bill of Particulars (DCJS-3204)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intoxication &/or Impairment Investigative Notes (TB-38)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DWI Warning Card (GENL-5R2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miranda Warning Card (GENL-5R1-E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SFST Certification Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breath Test Receipt (LAB-23) (Internal Printer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breath Alcohol Analysis Record (LAB-23D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMV Refusal (AA-134)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Hearing (AA-137, 137A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DWI Draeger Test Log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Breath Test Instrument Calibration/Maintenance Record (Most recent) (Include supporting test results/reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Breath Test Instrument Dry Gas Record (Include supporting test results/reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


UF / BCI BACK ROOM

 State Police	Case Discovery Checklist	Arraignment Date:	Due Date:
		SJS #	Date:

Checklist (Cont'd)

	P	Yes, Attached	Yes, Pending	No
<i>***Check for the existence of ALL items listed below that could be associated with the case. If the item exists, include a copy in the packet to the DA's office.***</i>				
Breath Test Operator Permit Card (DOH-2147a) (Member who performed test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRACS Detail Enforcement Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underage Purchase Program Volunteer History Form (GENL-102)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underage Purchase Program Agreement of Understanding (GENL-103)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Recognition Expert (DRE) Influence Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Recognition Expert (DRE) Rolling Log (Redacted to show only this case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Recognition Expert (DRE) Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRE Curriculum Vitae (CV) (Expert Witness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blotter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SJS Incident & Arrest Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact information for all witnesses, victims, 1 st Responders, other LEOs, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witness Impeachment (Any information that calls into question credibility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance Ticket(s) (GENL-73)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information/Complaint(s) (GENL-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting Deposition(s) (GENL-4, 4B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statement(s) (GENL-19, 19A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video or audio records, notes, and/or other documentation of the statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
710.30 (Oral statement/admission/confession made by defendant, witness, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recorded Station Video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audio/Video Recordings (Audio/video of crime scene, security video, CI wires, controlled calls, drone footage, property, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polygraph Packet (BCI-11, 11A, 11B, 12, 14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any information that can negate defendant's guilt, reduce degree of the crime, or support a potential defense even if there is no documentation of it and it's already been disproven by investigation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mugshot & Fingerprint Booking Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DCJS Arrest Information Updates (GENL-18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Incident Report (DIR) (DCJS-3221)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lethality Assessment Protocol (Troop K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report of Suspected Child Abuse or Maltreatment (LDSS-2221A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Order of Protection (OOP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


UF / BCI BACK ROOM

	State Police	<h2 style="margin:0;">Case Discovery Checklist</h2>	Arraignment Date:	Due Date:
			SJS #	Date:

Checklist (Cont'd)

Check for the existence of <u>ALL</u> items listed below that could be associated with the case. If the item exists, include a copy in the packet to the DA's office.				
	P	Yes, Attached	Yes, Pending	No
Securing Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subpoenas & records obtained by subpoenas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrest/Bench Warrant (Including notes made thereon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Search Warrant (Including application, affidavits, return, receipts, transcripts, order of retention, Troop Search Warrant Log and any other paperwork pertaining to application & execution thereof)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consent to Search (GENL-8, 8A, 8R, 11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Search & Seizure Receipt and Inventory (GENL-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hostage/Barricade Report (HOBAS) (FD-522) & associated Negotiator's notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Plan (BCI-41)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Risk Entry Assessment Matrix (BCI-53)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marihuana Eradication Report (BCI-48)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Action Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidential Informant Agreement (BCI-27)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidential Informant Personal History Report (BCI-28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidential Informant Consolidated Consent Waiver (BCI-5F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidential Informant's Photograph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BCI Administrative Matter Sheet (BCI-46)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAFETNet Responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwritten Notes from CI Meeting(s) (Related to case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidential Informant Contact Report(s) (BCI-29) (Related to case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informant/Source Payment Receipt(s) (BCI-26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification Procedure Notes & Documentation (Including a copy of any photo arrays, show-up, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eavesdropping warrant (Including application, affidavits, etc.) (excludes Sealed Records)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Sheet (BCI-21, 21B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead Log (BCI-21A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NYSIC Generated Leads (Including NYSIC Request for Information form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autopsy Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside Expert/Agency Consultation report, notes, and any other correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMS Message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UF / BCI BACK ROOM

	<h2 style="margin:0;">Case Discovery Checklist</h2>	Arraignment Date:	Due Date:
		SJS #	Date:

Checklist (Cont'd)

Check for the existence of <u>ALL</u> items listed below that could be associated with the case. If the item exists, include a copy in the packet to the DA's office.					
	P	Yes, Attached	Yes, Pending	No	
UF / BCI BACK ROOM	FIRE Message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Authorization for Use & Disclosure of Protected Health Information (GENL-81)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Medical Records (Defendant &/or Victim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Administrative Investigation Report (INSP-8, 8IP, 8M, 8N, 8P, 8PI, 8PS, 8V, GENL-30, 31)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All handwritten notes, Memos, or any other writings or recordings from <u>ALL</u> Members involved in case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All text messages related to case (Regardless of Division vs personal cell phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All emails related to case (Anyone other than Counsel's office including another agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PIO social media posts (Facebook, Twitter, Instagram, YouTube) (Relative to case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Newsroom Press Release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Performance Observation Form (POF) (PERS-16A) (Include Letters of Commendation, etc.) (Relative to case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communications Records Request (CB-17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Radio traffic from another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk If yes, which agency?				


UF / BCI Back Room Contacts

UF Member Name (Last, First, MI) (If Applicable)	Phone #
BCI Back Room Investigator Name (Last, First, MI) (If Applicable)	Phone #

COMMUNICATIONS	FIRE Message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Radio Log (CB-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CAD Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Radio Transmissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	911 Calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Telephone Calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mobile Data Texting (MDT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All text messages related to case (Regardless of Division vs personal cell phone) (Including another agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All emails related to case (Anyone other than Counsel's office including another agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	911/telephone calls from another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk If yes, which agency?				
Radio traffic from another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk If yes, which agency?					

Communications Contact

Supervisor Name (Last, First, MI)	Phone #

	<h2 style="margin:0;">Case Discovery Checklist</h2>	Arraignment Date:	Due Date:
		SJS #	Date:

Checklist (Cont'd)

****Check for the existence of ALL items listed below that could be associated with the case. If the item exists, include a copy in the packet to the DA's office.****

		P	Yes, Attached	Yes, Pending	No
Special Ops					
SORT	SORT Request for Information (NYSIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Op Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Op Plan B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Completion Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use of Force Data Collection (GENL-1F) (Including applicable pictures and Taser download)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All text messages related to case (Regardless of Division vs personal cell phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All emails related to case (Anyone other than Counsel's office including another agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Operations Response Team (SORT) Contact

SORT Team Leader Name (Last, First, MI)	Phone #

K9	K9 Handler Incident Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	K9 Certificate(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K9 Contact


K9 Handler Name (Last, First, MI)	Phone #

UAS	UAS Inspection/Maintenance Record (GENL-44U)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FAA Part 107 Certification Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Unmanned Aerial Systems (UAS) Contact

UAS Operator Name (Last, First, MI)	Phone #

CCSERT	CCSERT Incident Reporting Package (GENL-107)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Field Notes (CCSERT-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Property Collection (CCSERT-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Digital Photo Record (GENL-34D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Photographs (Including but not limited to crime scene, defendant, victim, items of evidence, property, booking photos, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ACS (CCSERT-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ACS Shipping papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CCSERT Lab form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Receipt & Release of Property (GENL-15, 15A, 15B, 15C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime Scene Vehicle (CCSERT-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Case Discovery Checklist	Arraignment Date:	Due Date:
		SJS #	Date:

Checklist (Cont'd)

Check for the existence of <u>ALL</u> items listed below that could be associated with the case. If the item exists, include a copy in the packet to the DA's office.		P	Yes, Attached	Yes, Pending	No
CCSERT	Sketch (CCSERT-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Site Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Crime Scene Building (CCSERT-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TruNarc Test Results and Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contaminated Crime Scene Emergency Response Team (CCSERT) Contact

CCSERT Member Name (Last, First, MI)	Phone #

BDU	BATS Notification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Digital Photo Record (GENL-34D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Photographs (Including but not limited to crime scene, defendant, victim, items of evidence, property, booking photos, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bomb Disposal Unit (BDU) Contact

BDU Member Name (Last, First, MI)	Phone #

URT	Scuba Diving Daily Activity Report (GENL-35)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
------------	--	--------------------------	--------------------------	--------------------------	--------------------------

Underwater Recovery Team (URT) Contact

URT Member Name (Last, First, MI)	Phone #


AVIATION	Aircraft Log Books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pilot Log Books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Patient Records (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All text messages related to case (Regardless of Division vs personal cell phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All emails related to case (Anyone other than Counsel's office including another agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mission Cover Sheet & Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spider tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marihuana Eradication Target List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Aviation Contact

Pilot Name (Last, First, MI)	Phone #

****Investigative Support****

CRU	Which specialized units were utilized? (Check all that apply.)				
	<input type="checkbox"/> CCU/CFL <input type="checkbox"/> CVEU <input type="checkbox"/> FIC <input type="checkbox"/> FIU <input type="checkbox"/> FVMSU <input type="checkbox"/> Other:				
	Collision Reconstruction Findings Report (CRU-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


 State Police	Case Discovery Checklist	Arraignment Date:	Due Date:
		SJS #	Date:

Checklist (Cont'd)

<i>***Check for the existence of ALL items listed below that could be associated with the case. If the item exists, include a copy in the packet to the DA's office.***</i>		P	Yes, Attached	Yes, Pending	No
	Accident Report/Amended Accident Report (MV-104A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supporting Deposition (GENL-4, 4B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Memorandum (GENL-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Consent to Search (GENL-8R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Search Warrant (Including application, affidavits, return, receipts, transcripts, order of retention, Troop Search Warrant Log and any other paperwork pertaining to application & execution thereof)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Search & Seizure Receipt and Inventory (GENL-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Receipt & Release of Property (GENL-15, 15A, 15B, 15C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Digital Photo Record (GENL-34D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Photographs (Including but not limited to crime scene, defendant, victim, items of evidence, property, drone, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UAS Deployment Worksheet (GENL-117)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FAA Part 107 Certification Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Property/Latent Lift Log (ID-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRU	Diagram/Sketch (ID-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Field Notes (ID-5, 5A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vehicle Crash Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Raw Measurements Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Any other electronic evidence related to case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Identification Unit Case Notes (ID-7, 7A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Crime Scene Summary - Autopsy (ID-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Crime Scene Attendance Log (ID-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electronic Total Work Station Calibration Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CRU VC4000DAQ Bench Calibration Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Global Positioning System Calibration Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Curriculum Vitae (CV) (Expert Witness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Proficiency Test Results (for past 10 years or # of years proficient test have been provided, whichever is longer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Collision Reconstruction Unit (CRU) Contact

Investigator Name (Last, First, MI)	Phone #

 State Police	Case Discovery Checklist	Arraignment Date:	Due Date:
		SJS #	Date:

Checklist (Cont'd)

Check for the existence of ALL items listed below that could be associated with the case. If the item exists, include a copy in the packet to the DA's office.		P	Yes, Attached	Yes, Pending	No	
Which specialized units were utilized? (Check all that apply.) <input type="checkbox"/> FBI Lab <input type="checkbox"/> FIC <input type="checkbox"/> FISS <input type="checkbox"/> Other:						
Has a report containing Expert Opinion Evidence been prepared? <input type="checkbox"/> Yes (If so, include current CV & last 10 years of proficiency test records must be provided with Discovery materials.) <input type="checkbox"/> No						
FIU Case #	List any additional Case #(s):					
FIU (Field Case)	Property/Latent Lift Log (ID-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Diagram/Sketch (ID-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Field Notes (ID-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Crime Scene Summary - Vehicle (ID-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Crime Scene Summary - Building (ID-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Crime Scene Summary - Autopsy (ID-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Crime Scene Attendance Log (ID-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Crime Scene Summary - Suspect/Victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Digital Photo Record (GENL-34D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Digital images/video	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Evidence Record (GENL-2, 2A, 2B, Transfer Record Continuation Sheet(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Supplemental Report (GENL-52)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Receipt & Release of Property (GENL-15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Search Warrant (Including return, receipts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Consent to Search (GENL-8, 8A, 8R, 9, 11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Relevant emails/Misc. documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	FIU (Lab Case)	Latent Print Report (ID-1, LP, LE, EE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Digital Photo Record (GENL-34D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital images/video		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence Record (GENL-2, 2A, 2B, Transfer Record Continuation Sheet(s))		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Receipt & Release of Property (GENL-15)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Property/Latent Lift Log (ID-3)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Case Notes (ID-7, 7A)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Latent Fingerprint Analysis Notes (ID-7B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Printed/digital image(s) of Analysis annotations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

 State Police	Case Discovery Checklist	Arraignment Date:	Due Date:
		SJS #	Date:

Checklist (Cont'd)

Check for the existence of <u>ALL</u> items listed below that could be associated with the case. If the item exists, include a copy in the packet to the DA's office.		P	Yes, Attached	Yes, Pending	No
FIU (Lab Case)	Latent Comparison, Evaluation, and Verification Notes (ID-7C-1, 7C-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Printed/digital image(s) of conclusion annotations (Known and Unknown)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Photo Array/Investigator's Photo Array Copy (GENL-58C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non-Evidence Disk/impressions/known exemplars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Latent Print File Contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SABIS/QAR Laboratory Submission form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Foray Report/Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automated Search Report (FIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	QAR Report (FIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Relevant emails/Misc. documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Forensic Identification Unit (FIU) Contact


Investigator Name (Last, First, MI)	Phone #

Which specialized units were utilized? (Check all that apply)

FVMSU
 FIC
 FIU
 CRU
 ESU
 ICAC
 SORT
 K9
 Other:

Lab Case #	List any additional Case #(s):
------------	--------------------------------


CCU / CFL	Photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LIMS Reports (Signed and Draft copies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Return to Submitting Agency Receipt (NYSP and outside agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All handwritten notes, Memos, or any other writings or recordings from <u>ALL</u> Members involved in case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All emails related to case (Anyone other than Counsel's office including another agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All miscellaneous documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CCU/CFL file folder (Digital and hard copy if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LIMS "Document Tab" (GENL-2, 2A, 2B, 2C, LAB-2, LAB-2A, Case Receipt Record, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Legal process documents (Search Warrant (Application, affidavits, return, receipts, transcripts & any paperwork pertaining to application & execution), all Consents to Search, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LIMS Chain of Custody Report (Including Review Checklists)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Peer/Supervisor/Admin Review checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Transfer of evidence mailed by common carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NCMEC Template letter CRIS Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NCMEC Template Letter Identified Victim Submission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 State Police	Case Discovery Checklist	Arraignment Date:	Due Date:
		SJS #	Date:

Checklist (Cont'd)					
Check for the existence of <u>ALL</u> items listed below that could be associated with the case. If the item exists, include a copy in the packet to the DA's office.					
	P	Yes, Attached	Yes, Pending	No	
CCU / CFL	Advance Process Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Curriculum Vitae (CV) (Expert Witness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Proficiency Test Results (For past 10 years or # of years proficient test have been provided, whichever is longer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Request for Analysis (CCU-1) &/or FVMSU Request for Analysis Digital Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Secure Erase Consent (CCU-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Digital Evidence Secure Erase Report (CCU-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Network Incident Field Report (CCU-16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Network Incident Field Report Supplemental (CCU-17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hardware Technical Notes & Continuation Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DE-1 Equipment/Instrument Identification Record Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Write Blocker Validation Log Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Certified Photo Static Copy (LAB-19D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Computer Crimes Unit (CCU) / Computer Forensic Laboratory (CFL) Contacts	
CCU Investigator Name (Last, First, MI)	Telephone #
CFL Investigator Name (Last, First, MI)	Telephone #


Which specialized units were utilized? (Check all that apply)					
<input type="checkbox"/> CCSERT <input type="checkbox"/> K9 <input type="checkbox"/> SORT <input type="checkbox"/> UAS <input type="checkbox"/> CCU <input type="checkbox"/> ESU <input type="checkbox"/> FIC <input type="checkbox"/> NYSIC <input type="checkbox"/> FCU <input type="checkbox"/> Other:					
VGNET / SIU	Confidential Informant Agreement (BCI-27)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Confidential Informant Personal History Report (BCI-28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Confidential Informant Consolidated Consent Waiver (BCI-5F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Confidential Informant's Photograph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BCI Administrative Matter Sheet (BCI-46)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SAFETNet Responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Handwritten Notes from CI Meeting(s) (Related to case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Confidential Informant Contact Report(s) (BCI-29) (Related to case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Informant/Source Payment Receipt(s) (BCI-26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily Expense Worksheet (BCI-8) (Redacted to show only this case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	<h2 style="margin:0;">Case Discovery Checklist</h2>	Arraignment Date:	Due Date:
		SJS #	Date:

Checklist (Cont'd)

	P	Yes, Attached	Yes, Pending	No
Check for the existence of ALL items listed below that could be associated with the case. If the item exists, include a copy in the packet to the DA's office.				
Monthly Expense Report (BCI-8A) (Redacted to show only this case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One Day Ledger (BCI-8C) (Redacted to show only this case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Expense Document (Receipt, Memo, VGNET Operation Expense Report) (If purchased for this case or CI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Search Warrant (Including application, affidavits, return, receipts, transcripts, order of retention, Troop Search Warrant Log, and any other paperwork pertaining to application & execution thereof)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Risk Entry Assessment Matrix (BCI-53)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raid Memorandum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undercover Buy Sheet (BCI-39) (Related to defendant/co-defendant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Plan (BCI-41)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlled Purchase Operational Plan (BCI-41A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Surveillance Log (BCI-44)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence Record (GENL-2, 2A, 2C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narcotics Enforcement Unit Evidence Log (BCI-43) (Redacted to show only this case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currency/Negotiable Instrument Tally Sheet (GENL-115)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seized Property Report (BCI-49)) (Redact Bank Info)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Troop Evidence Safe Ledger (Redacted to show only this case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMS Message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All text messages related to case (Regardless of Division vs personal cell phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All emails related to case (Anyone other than Counsel's office including another agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All handwritten notes, Memos, or any other writings or recordings from ALL Members involved in case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LPR Hit (LPR Data report from NYSIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marihuana Eradication Report (BCI-48)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Surveillance Written Request (Email or Memo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Surveillance Supporting Documents (Affidavits, Applications, Court Orders, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Surveillance Installation/Extension/Removal Report (BCI-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Surveillance Log (BCI-5C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidential Informant Consent Waivers (BCI-5D, 5E, 5F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Surveillance Weekly Reports (BCI-52, 52A, 52B) (Pending cases only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACISS Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eavesdropping (Wiretaps) Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VGNET / SIU

	<h2 style="margin:0;">Case Discovery Checklist</h2>	Arraignment Date: _____	Due Date: _____
		SJS # _____	Date: _____

Checklist (Cont'd)

Check for the existence of <u>ALL</u> items listed below that could be associated with the case. If the item exists, include a copy in the packet to the DA's office.		P	Yes, Attached	Yes, Pending	No
VGNET / SIU	Internet Eavesdropping Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pen Register and/or Trap and Trace Device Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mechanical Overhearing Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cell Phone GPS/Ping Order Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	GPS Vehicle Alerts/Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Video Warrant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Consent to Search (GENL-8, 8A, 8R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Field Interview Card (GENL-54) (Related to case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Line-Ups (GENL-57A, B, C, D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Photo Arrays (GENL-58A, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Digital Records of Buys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All Audio/Video Recordings (If voluminous, contact DA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Administrative Investigation Report (INSP-8, 8IP, 8M, 8N, 8P, 8PI, 8PS, 8V, GENL-30, 31)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SNARE Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cell Phone Downloads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital Photo Record (GENL-34D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Photographs (Buy Money, Location, Target, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TruNarc Test Results and Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Violent Gangs & Narcotics Enforcement Team (VGNET) / Special Investigations Unit (SIU) Contacts


VGNET Investigator Name (Last, First, MI)	Telephone #

SIU Investigator Name (Last, First, MI)	Telephone #

CALEA	New Target Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	GPS Alerts (Cell tracks, vehicle, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ADACS Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CALEA Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication Assistance for Law Enforcement Act (CALEA) Intercept Unit Contact

Investigator Name (Last, First, MI)	Telephone #

 State Police	<h2>Case Discovery Checklist</h2>	Arrestment Date:	Due Date:
		SJS #	Date:

Notes

Verification

All available items relating to this case which are known to exist, at this time, are attached or previously provided pursuant to the Discovery requirements set forth in CPL § 245.

Arresting Member/Case Agent Signature

****Every updated, signed version of this form must be saved, provided to the DA's office, and printed and placed in your case folder.****