U.S. Department of Justice
Drug Enforcement Administration
FOI/Records Management Section
8701 Morrissette Drive
Springfield, Virginia 22152

JUL 2 1 2014

Case Number: 14-00009-F

Subject: INFORMATION PERTAINING TO THE HEMISPHERE PROGRAM

Bruce Friedrich
Electronic Privacy Information Center
1718 Connecticut Ave NW
Suite 200
Washington, DC 20009

Dear Mr. Friedrich:

This letter responds to your Freedom of Information/Privacy Act (FOI/PA) request dated September 25, 2013, addressed to the Drug Enforcement Administration (DEA), Freedom of Information/Privacy Act Unit (SARF), seeking access to information regarding the above subject.

The processing of your request identified certain materials that will be released to you. Portions not released are being withheld pursuant to the Freedom of Information Act, 5 U.S.C. § 552, and/or the Privacy Act, 5 U.S.C. § 552a. Please refer to the list enclosed with this letter that identifies the authority for withholding the deleted material, which is indicated by a mark appearing in the block next to the exemption. An additional enclosure with this letter explains these exemptions in more detail. The documents are being forwarded to you with this letter.

The rules and regulations of the Drug Enforcement Administration applicable to Freedom of Information Act requests are contained in the Code of Federal Regulations, Title 28, Part 16, as amended. They are published in the Federal Register and are available for inspection by members of the public.

For your information, Congress excluded three discrete categories of law enforcement and national security records from the requirements of the FOIA. See 5 U.S.C. § 552(c) (2006 & Supp. IV 2010). This response is limited to those records that are subject to the requirements of the FOIA. This is a standard notification that is given to all our requesters and should not be taken as an indication that excluded records do, or do not, exist.

If you are not satisfied with the response to this request, you may administratively appeal by writing to the Director, Office of Information Policy, United States Department of Justice, Suite 11050, 1425 New York Avenue, NW, Washington, DC 20530-0001, or you may submit an appeal through OIP's eFOIA portal at http://www.justice.gov/oip/efoia-portal.html. Your appeal must be received within sixty (60) days from the date of this letter. If you submit your appeal by mail, both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal."

If you have any questions regarding this letter, you may contact Government Information Specialist J. Delo on 202-307-7748.

Sincerely,

Katherine L. Myrick, Chief
Freedom of Information/Privacy Act Unit
FOI/Records Management Section

Enclosures

Number of pages withheld: 103

Number of pages released: 216

APPLICABLE SECTIONS OF THE FREEDOM OF INFORMATION AND/OR PRIVACY ACT:

Freedom of Information Act 5 U.S.C. 552			**Privacy Act 5 U.S.C. 552a**	
[ ] (b)(1)	[X] (b)(5)	[X] (b)(7)(C)	[ ] (d)(5)	[ ] (k)(2)
[ ] (b)(2)	[X] (b)(6)	[X] (b)(7)(D)	[ ] (j)(2)	[ ] (k)(5)
[ ] (b)(3)	[X] (b)(7)(A)	[X] (b)(7)(E)	[ ] (k)(1)	[ ] (k)(6)
[ ] (b)(4)	[ ] (b)(7)(B)	[X] (b)(7)(F)		

FREEDOM OF INFORMATION ACT
SUBSECTIONS OF TITLE 5, UNITED STATES CODE, SECTION 552

(b)(1) Information which is currently and properly classified pursuant to Executive Order in the interest of the national defense or foreign policy.

(b)(2) Materials related solely to the internal rules and practices of DEA.

(b)(3) Information specifically exempted from disclosure by another federal statute.

(b)(4) Privileged or confidential information obtained from a person, usually involving commercial or financial matters.

(b)(5) Inter-agency or intra-agency documents which are subject to a privilege, such as documents the disclosure of which would have an inhibitive effect upon the development of policy and administrative direction, or which represent the work product of an attorney, or which reflect confidential communications between a client and an attorney.

(b)(6) Materials contained in sensitive records such as personnel or medical files, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(b)(7) Records or information compiled for law enforcement purposes, but only to the extent that the production of such law enforcement records or information (A) could reasonably be expected to interfere with enforcement proceedings; (B) would deprive a person of a right to a fair trial or an impartial adjudication; (C) could reasonably be expected to constitute an unwarranted invasion of personal privacy; (D) could reasonably be expected to disclose the identity of a confidential source, including a State, local or foreign agency or authority or any private institution which furnished information on a confidential basis; and, in the case of a record or information compiled by a criminal law enforcement authority in the course of a criminal investigation, or by an agency conducting a lawful national security intelligence investigation, information furnished by a confidential source; (E) would disclose techniques and procedures for law enforcement investigations or prosecutions or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law, or (F) could reasonably be expected to endanger the life or physical safety of any individual.

PRIVACY ACT
SUBSECTIONS OF TITLE 5, UNITED STATES CODE, SECTION 552a

(d)(5) Materials compiled in reasonable anticipation of a civil action or proceeding.

(j)(2) Material reporting investigative efforts pertaining to the enforcement of criminal law including efforts to prevent, control, or reduce crime or apprehend criminals.

(k)(1) Information which is currently and properly classified pursuant to Executive Order in the interest of the national defense or foreign policy.

(k)(2) Material compiled during civil investigations for law enforcement purposes.

(k)(5) Investigatory material compiled solely for the purpose of determining suitability, eligibility, or qualifications for Federal civilian employment or for access to classified information, the disclosure of which would reveal the identity of the person who furnished information pursuant to an express promise that his identity would be held in confidence, or pursuant to an implied promise of confidentiality if such information was furnished prior to September 27, 1975.

(k)(6) The substance of tests used to determine individual qualifications for appointment or promotion in Federal Government Service.

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

Please Fax When Complete

HRC Fax : (b)(7)(A),(b)(7)(E)

7E-1

WASHINGTON/BALTIMORE HIDTA

Master Case Number: | *Priority:* | *Current Date:* 2014-05-29 10:48:48

HIDTA Point of Contac Name: | *Email Results To:*

POC Phone Number: | *Email Notification Of Completion To:*

Requestor Name: | *Email Results To:*

Requestor Phone Number: | *Email Notification Of Completion To:*

DTO Name (if applicable): | **Case Name (if applicable):**

HIDTA Initiative: | *HIDTA Initiative OR Law Enforcement Agency:*

Yes ☐ *No* ☐ | *Squad Name:*

(b)(7)(A),(b)(7)(E) | *Time Zone Results Requested In:*

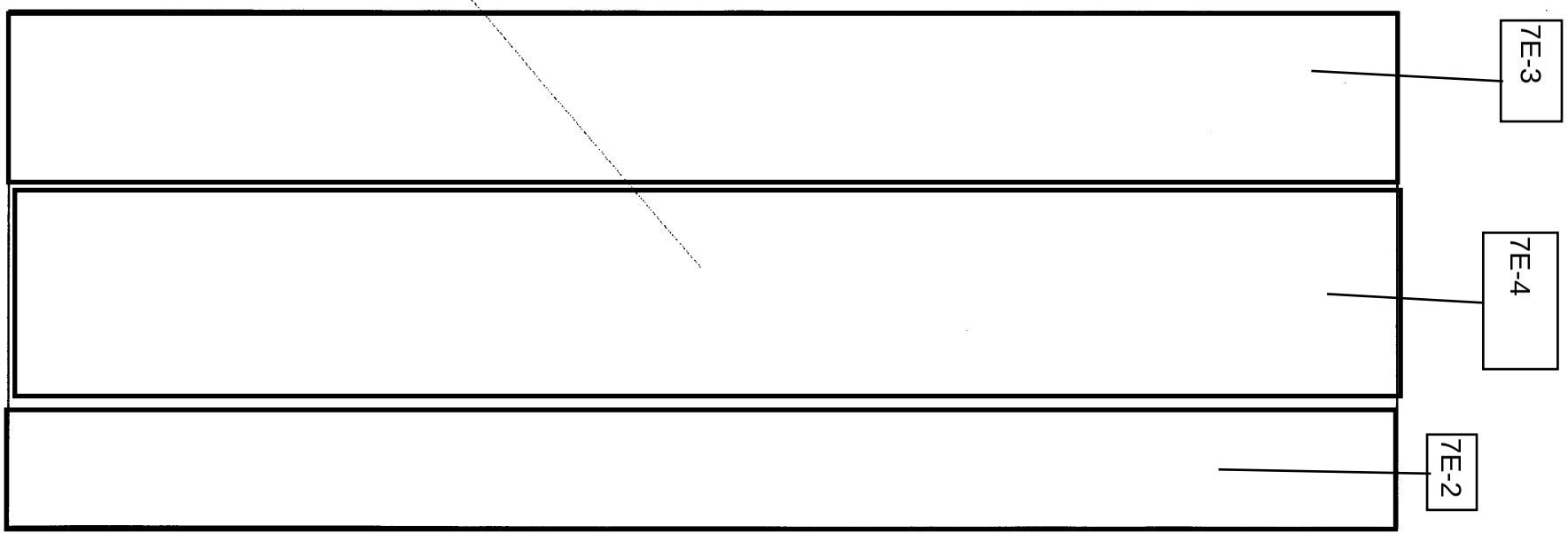
7E-2

Phone Number	Priority	Date Range	

INTRODUCTION & REQUEST
TUTORIAL

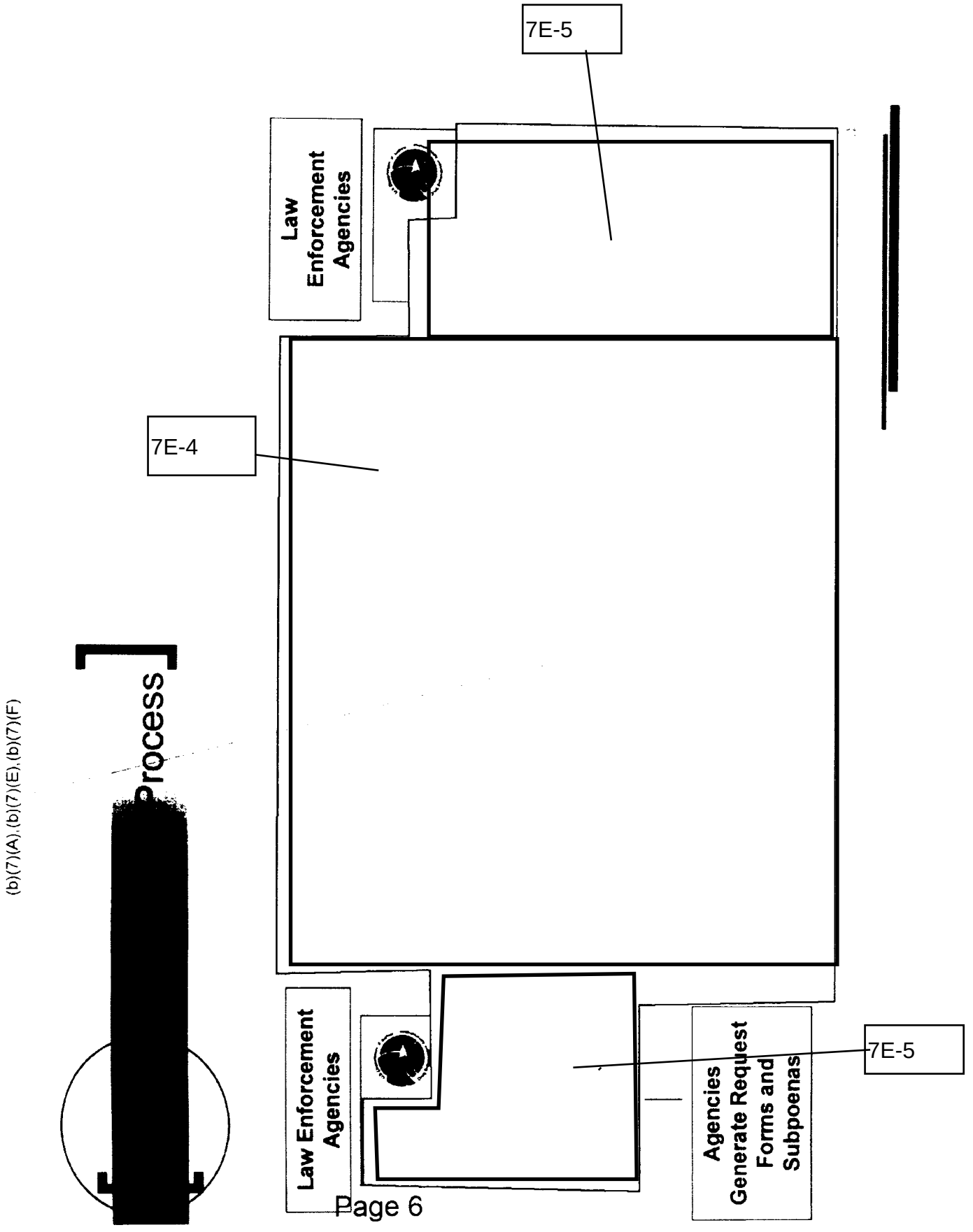
What is Hemisphere?

- The Hemisphere Project is a *law enforcement sensitive* subpoena compliance program funded by HIDTA/ONDCP

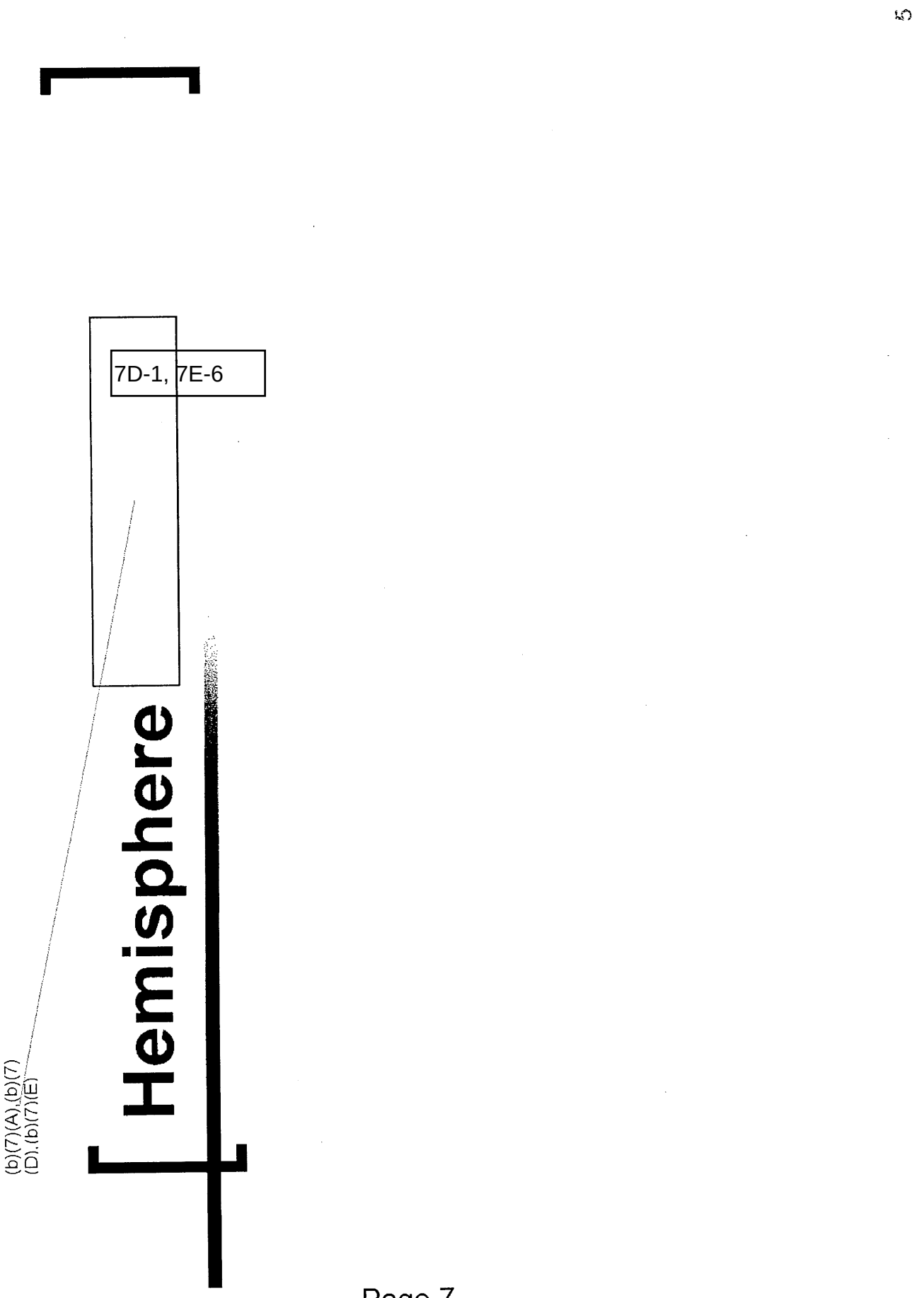


7E-4

)(7)(A),(b)(7)(E),(b)(7)(F)


7E-5
Law Enforcement Agencies
7E-4
Process
Law Enforcement Agencies
Agencies Generate Request Forms and Subpoenas
7E-5

(b)(7)(A),(b)(7)(E),(b)(7)(F)


7D-1, 7E-6
Hemisphere
(b)(7)(A),(b)(7)
(D),(b)(7)(E)

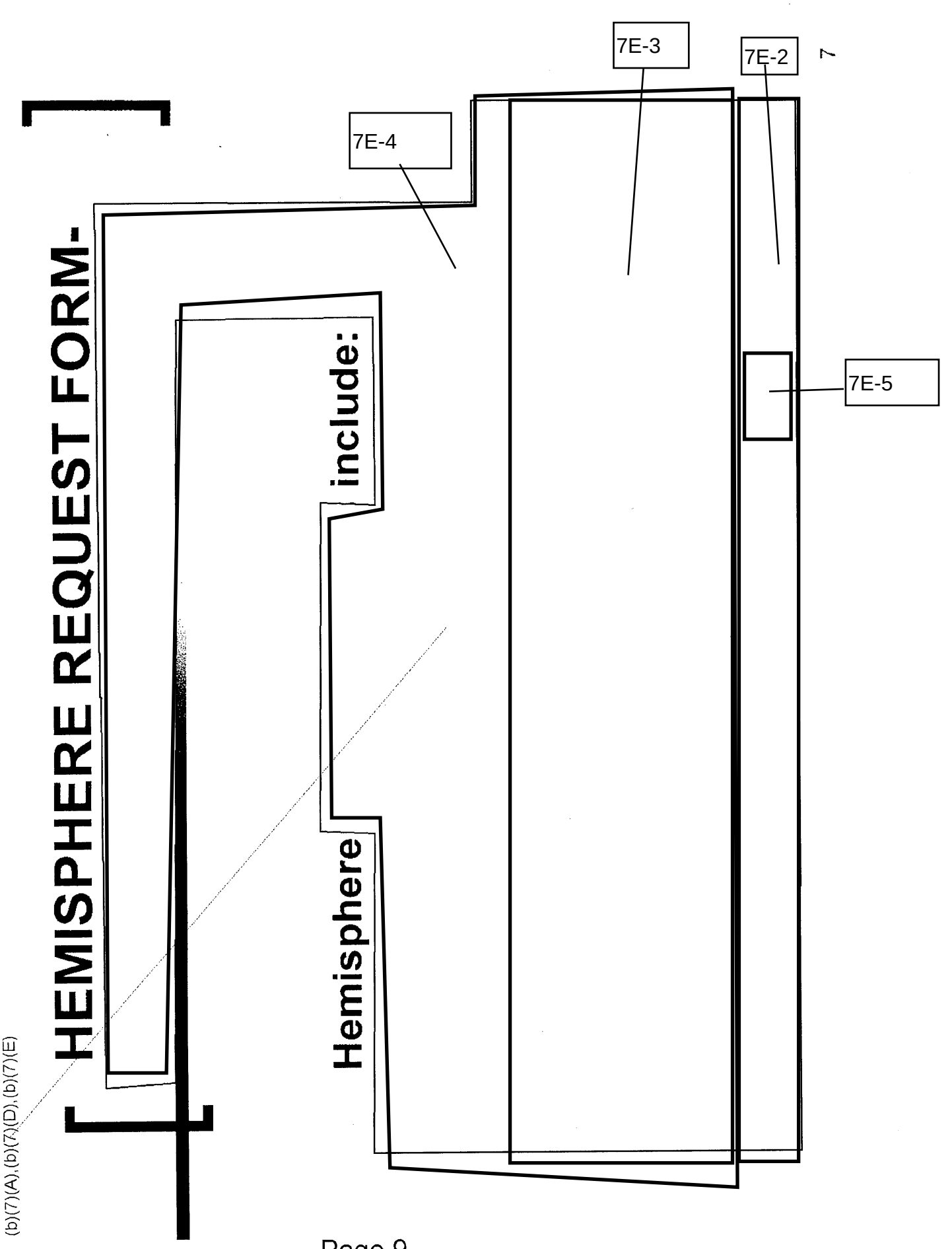
7E-3

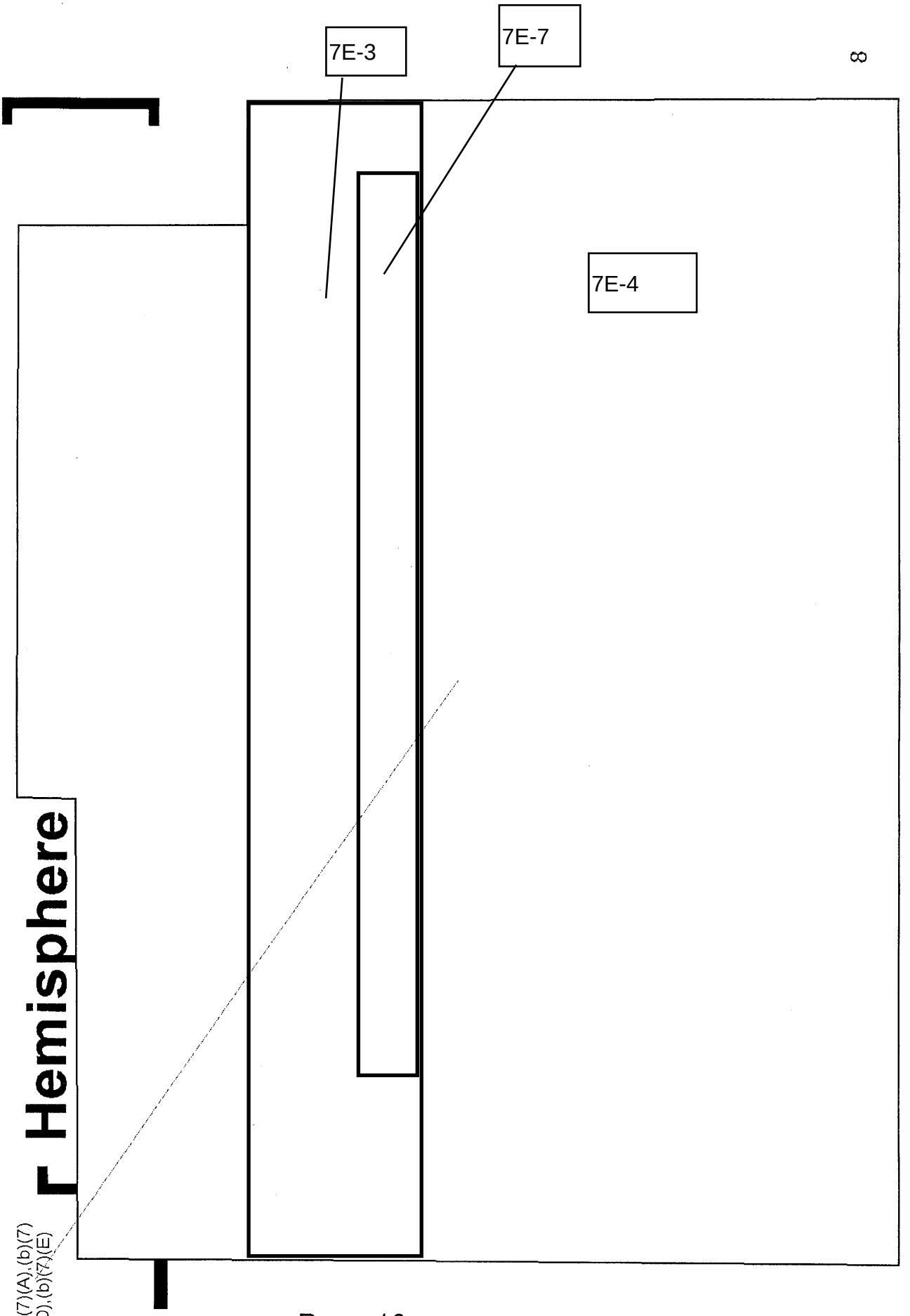
7E-4

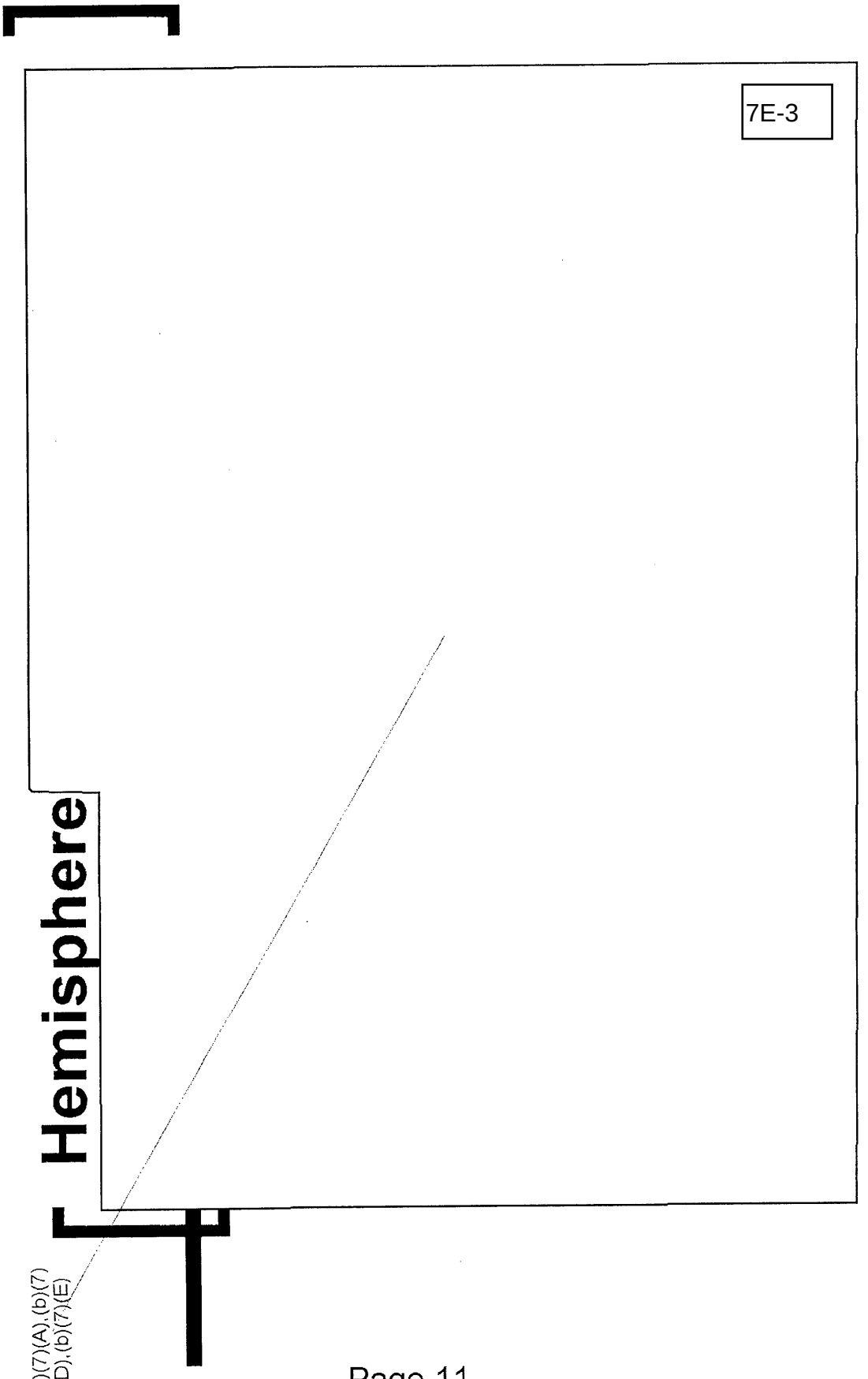
6

What is Hemisphere?

(b)(7)(A),(b)(7)(D),(b)(7)(E)


7E-3
7E-2
7
7E-4
7E-5
include:
HEMISPHERE REQUEST FORM-
Hemisphere
(b)(7)(A),(b)(7)(D),(b)(7)(E)


7E-3
7E-7
8
7E-4
Hemisphere
(b)(7)(A),(b)(7)
(D),(b)(7)(E)


7E-3
Hemisphere
(b)(7)(A),(b)(7)
(D),(b)(7)(E)

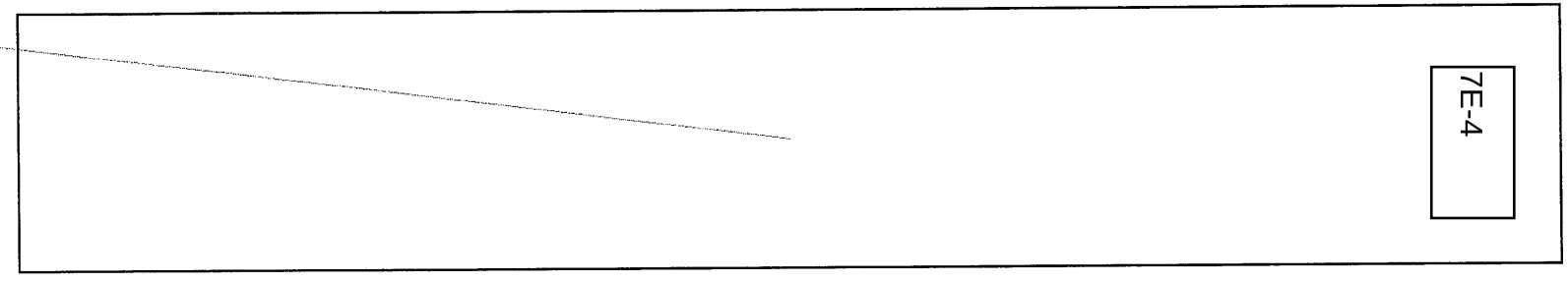
Submitting your Request

ATLANTA HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Case 1:14-cv-00317-EGS Document 15-3 Filed 09/29/14 Page 55 of 366

Submitting your Request

(b)(7)(A),(b)(7)(E)



Page 13

All Hemisphere requesters . . .

- **Must protect the HEMISPHERE Program**

HEMISPHERE

ATLANTA HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

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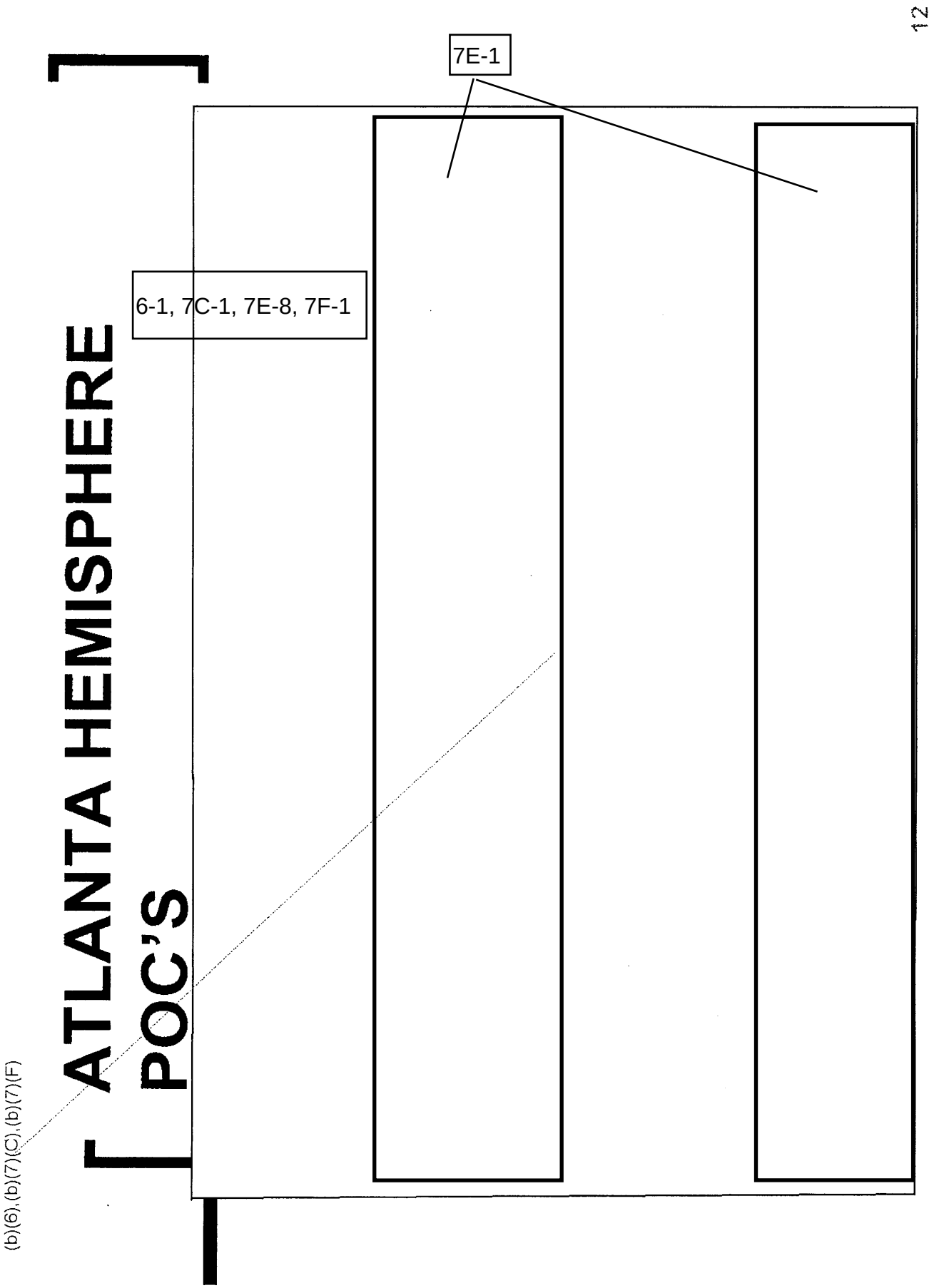
12
7E-1
6-1, 7C-1, 7E-8, 7F-1
ATLANTA HEMISPHERE
POC'S
(b)(6),(b)(7)(C),(b)(7)(F)

Subpoenas

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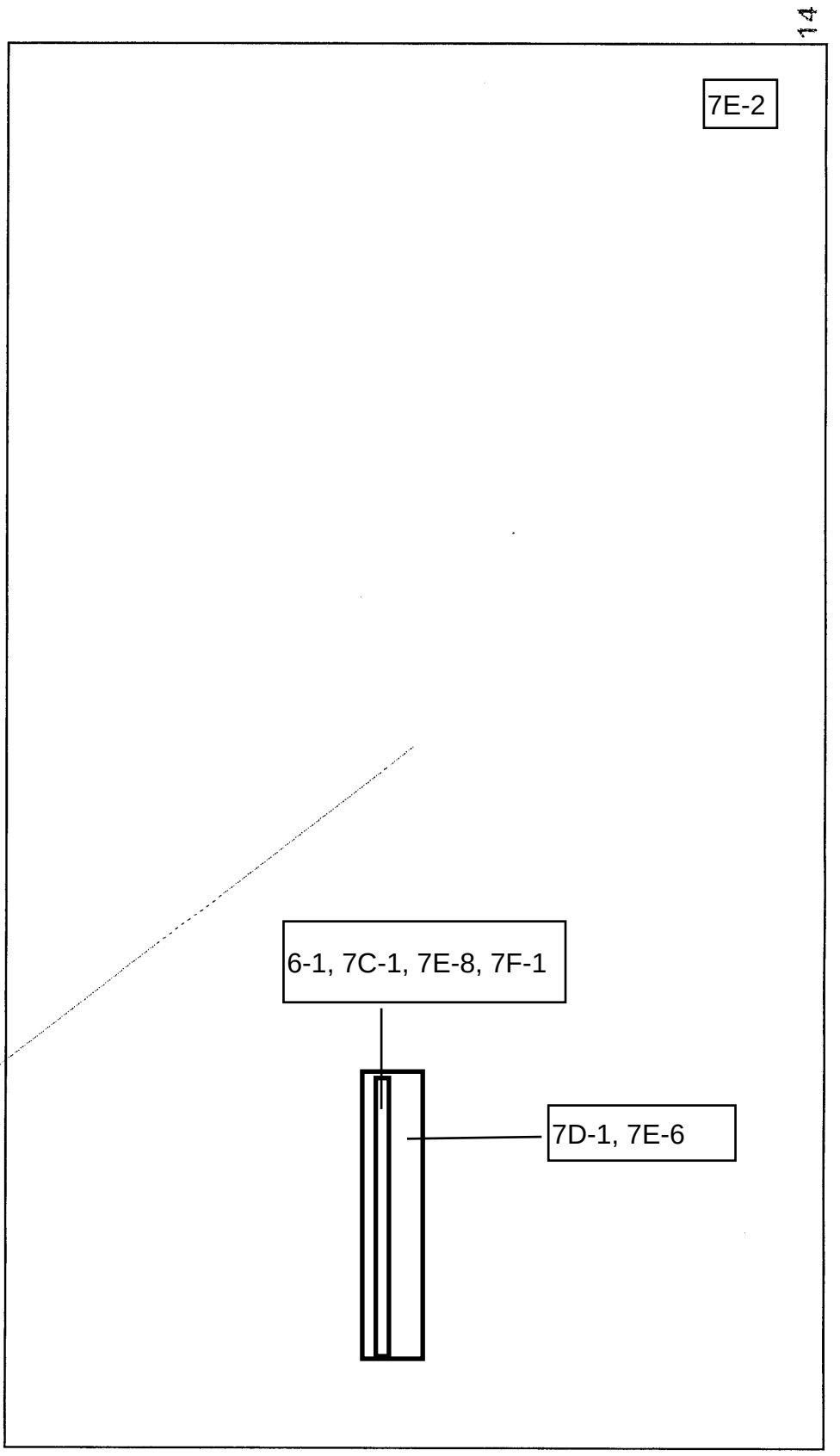
HEMISPHERE Subpoena

Language



(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)

HEMISPHERE Subpoena

[Recipient]

All Hemisphere subpoenas should have the following in the recipient/address section...

(b)(7)(A),(b)(7)(D),(b)(7)(E),(b)(7)(F)

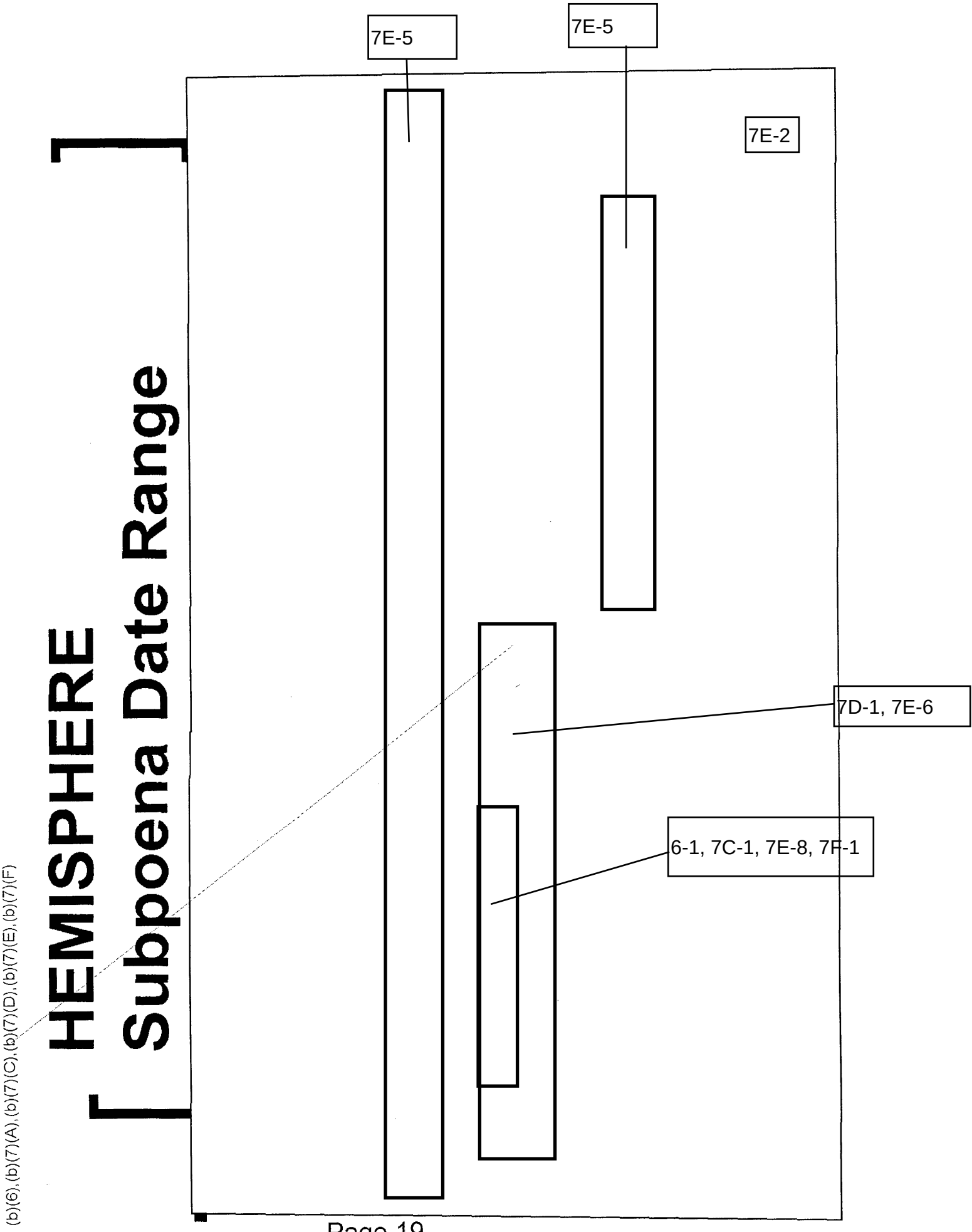
16

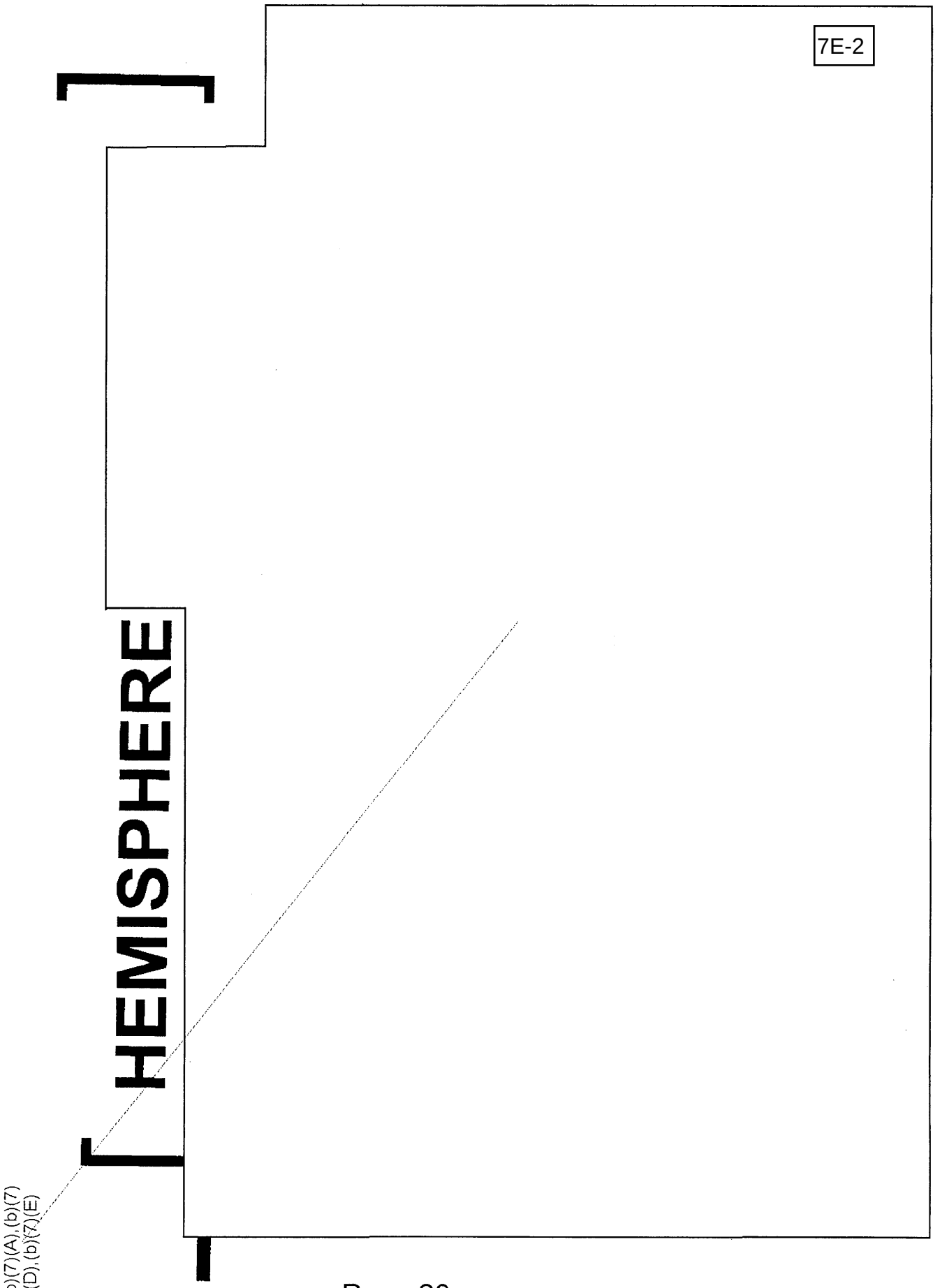
7E-2

HEMISPHERE Subpoena

Language

(b)(7)(A), (b)(7)(E)


7E-5
7E-5
7E-2
7D-1, 7E-6
6-1, 7C-1, 7E-8, 7F-1
HEMISPHERE
Subpoena Date Range
(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)


7E-2
HEMISPHERE
(b)(7)(A),(b)(7)(D),(b)(7)(E)

Sample Subpoenas

ATLANTA HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

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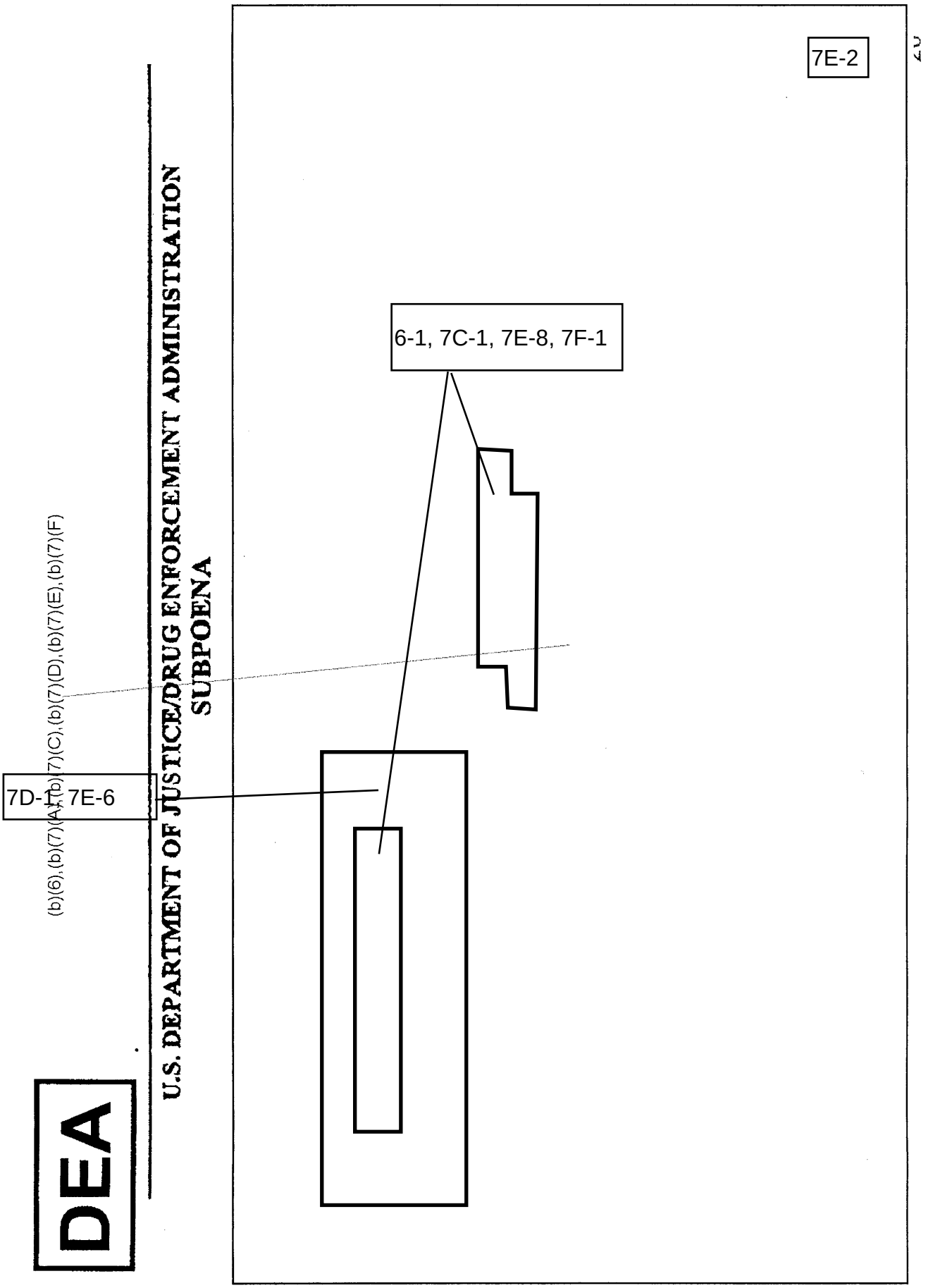
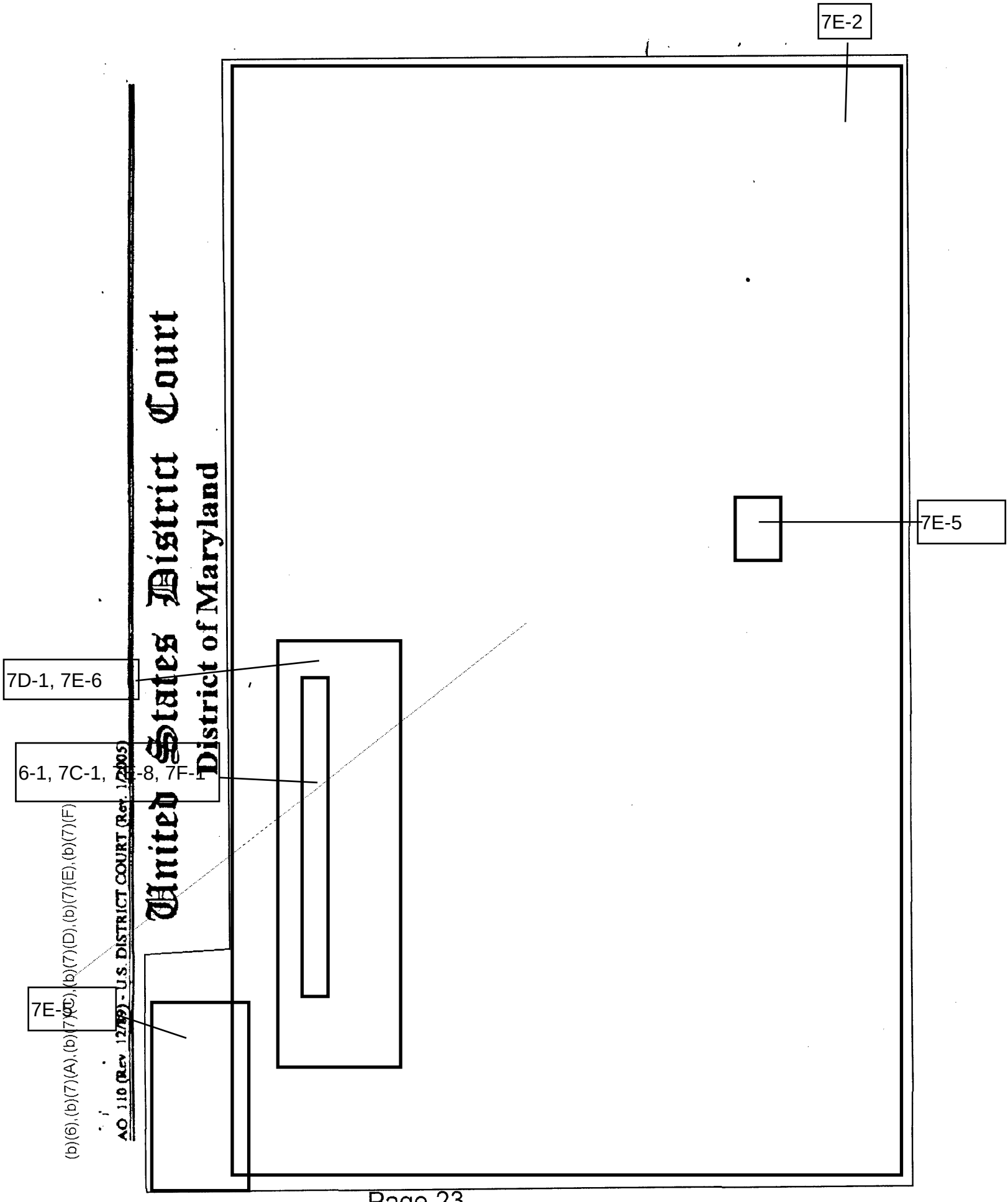
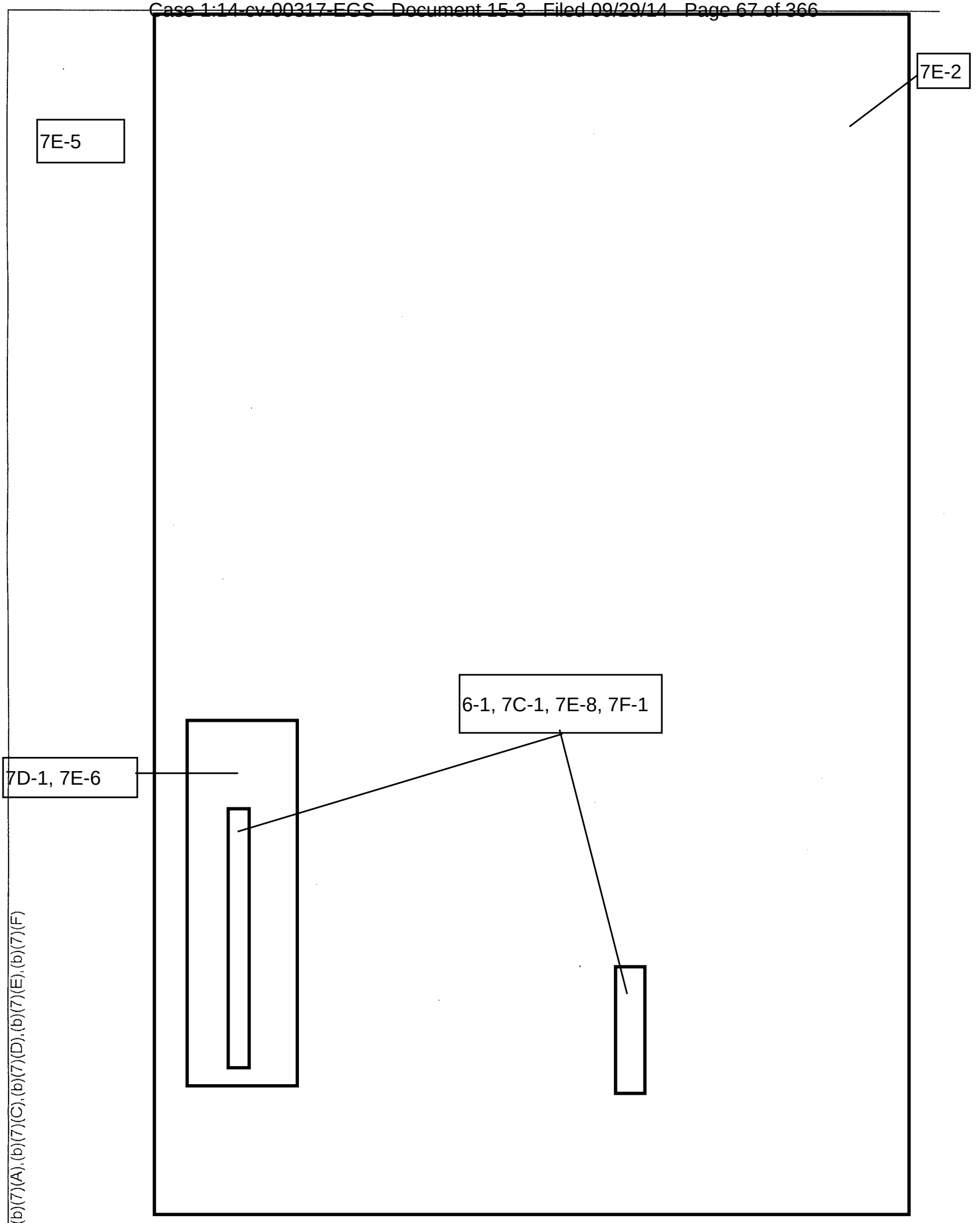

DEA
U.S. DEPARTMENT OF JUSTICE/DRUG ENFORCEMENT ADMINISTRATION
SUBPOENA
(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)
7E-2
6-1, 7C-1, 7E-8, 7F-1
7D-1, 7E-6


7E-2
7E-5
7D-1, 7E-6
6-1, 7C-1, 7E-8, 7F-1
7E-
United States District Court
District of Maryland
AO 110 (Rev. 12/03) - U.S. DISTRICT COURT (Rel. 1/2005)
(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)



(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)

23

7D-1, 7E-6

7E-5

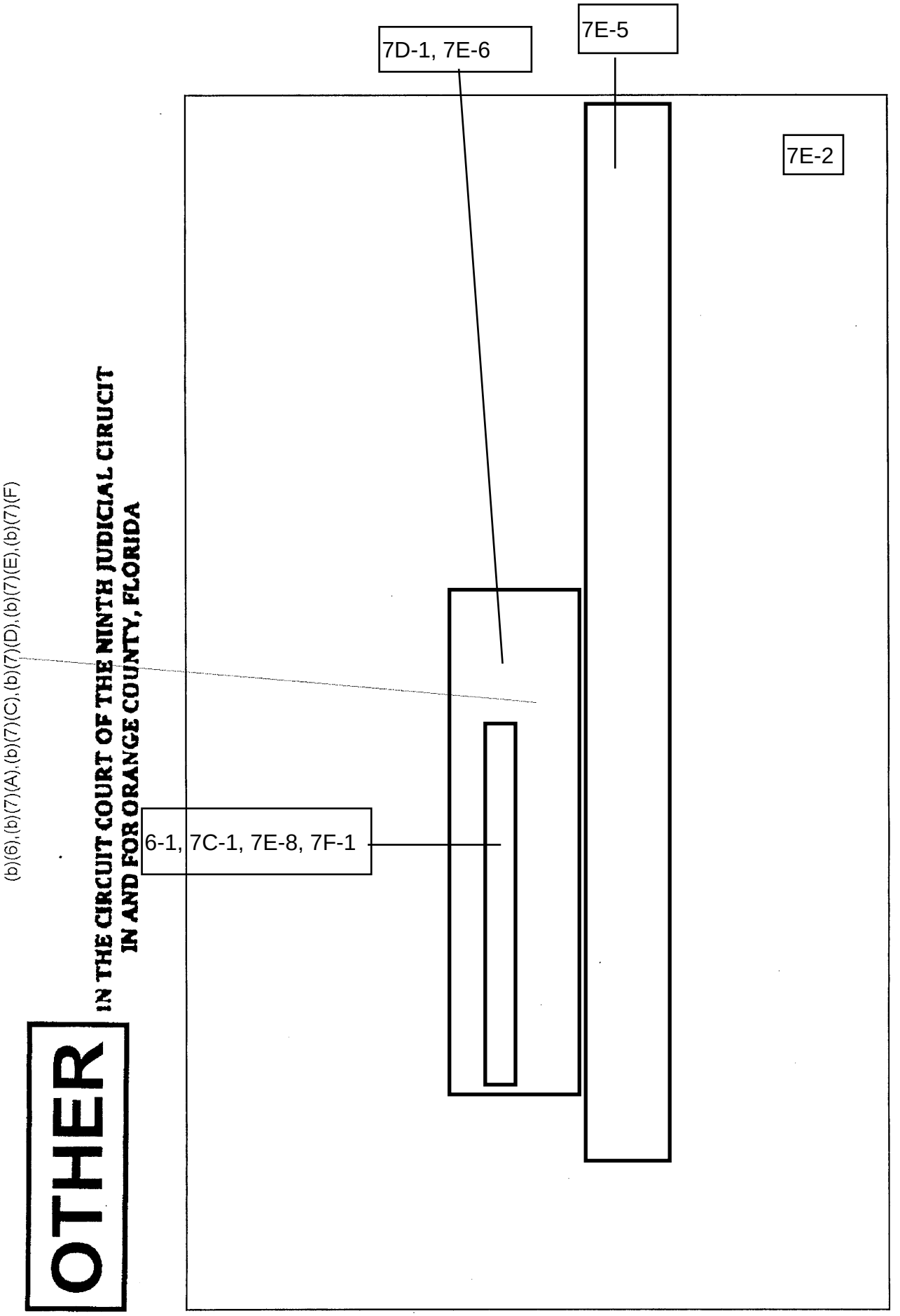
7E-2

DEPARTMENT DE JUSTICIA
SAN JUAN, PUERTO RICO

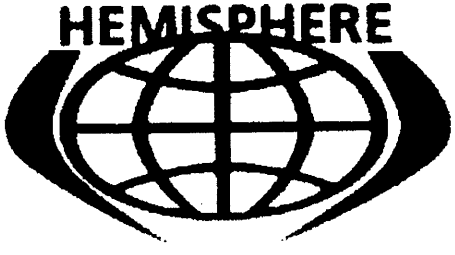
SUBPOENA

OTHER

(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)


7D-1, 7E-6
7E-5
7E-2
6-1, 7C-1, 7E-8, 7F-1
(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)
IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRUCIT
IN AND FOR ORANGE COUNTY, FLORIDA
OTHER

HEMISPHERE Request Form



ATLANTA HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Page 27

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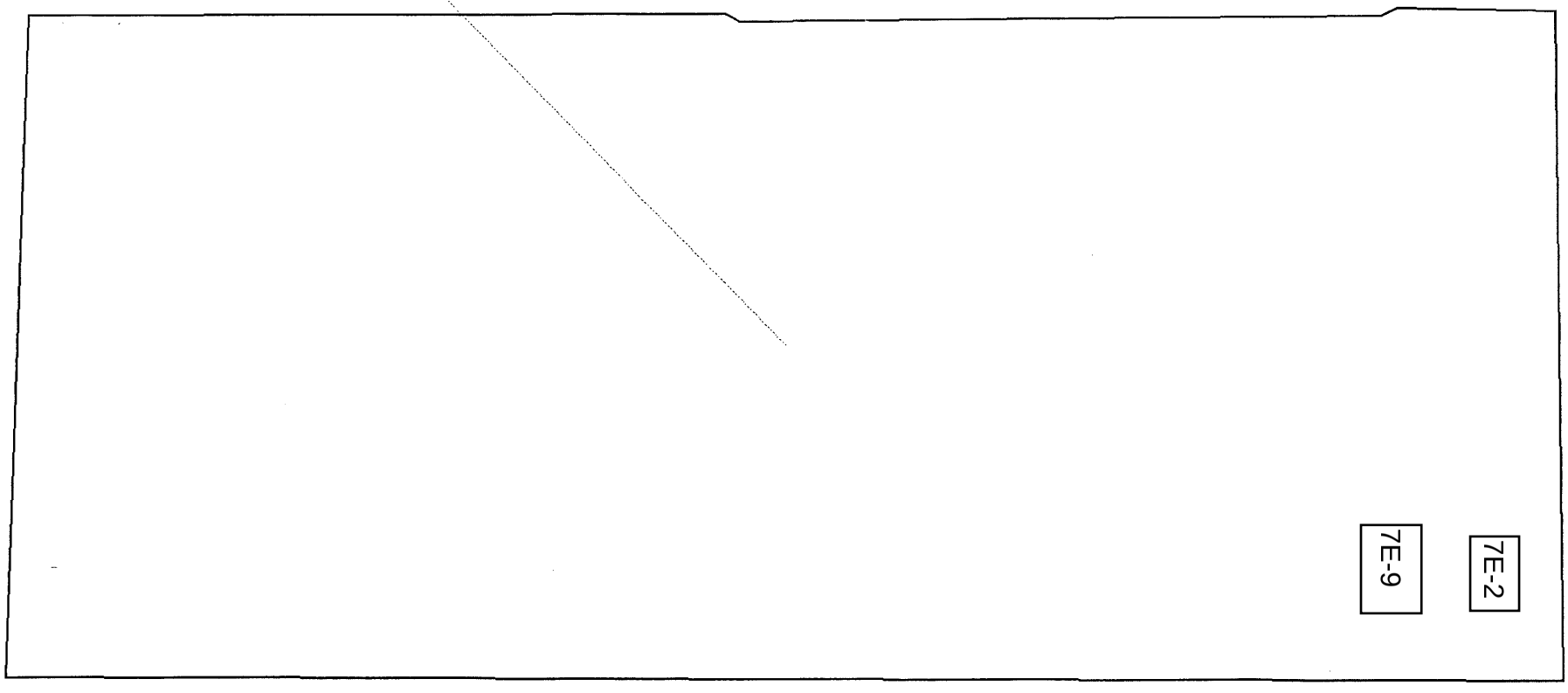
(b)(7)(A),(b)(7)(D),(b)(7)(E)

HEMISPHERE REQUEST FORM- PRIORITY RATING

Priority section: This section determines the urgency level of the request



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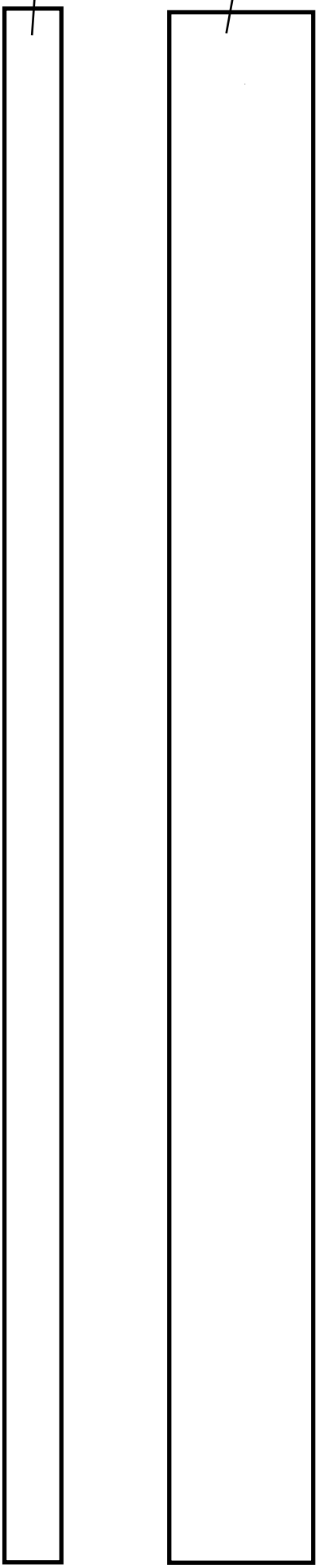
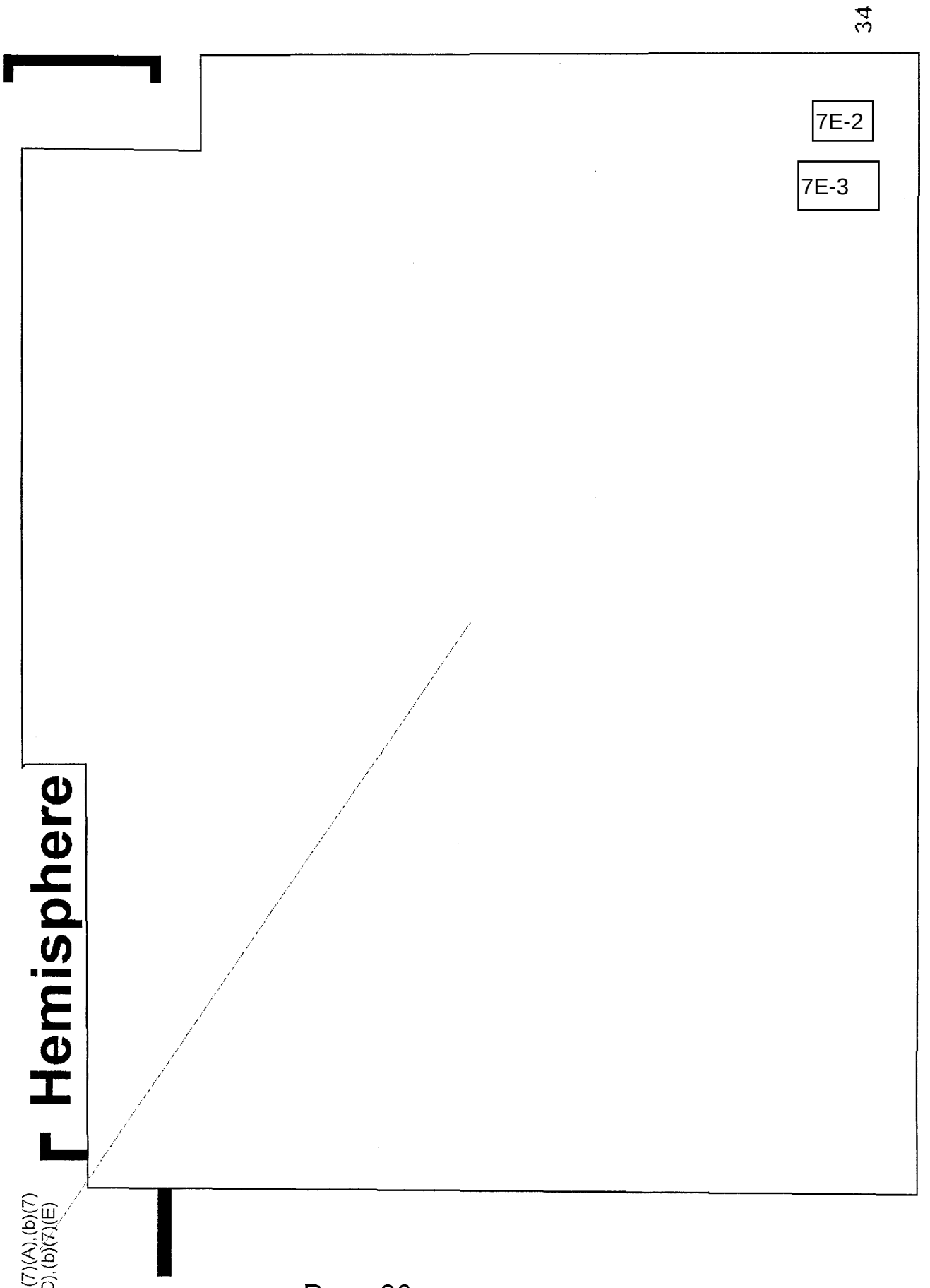
7E-3

7E-3

7E-2



)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)


34
7E-2
7E-3
Hemisphere
(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-3

(7)(A),(b)(7)(D),(b)(7)(E)

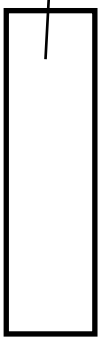
7E-3

b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-3

7E-7

6-1, 7C-1, 7E-8, 7F-1



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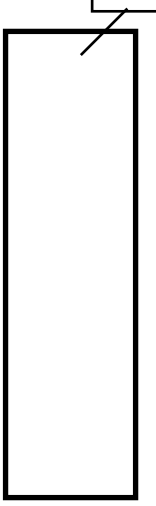
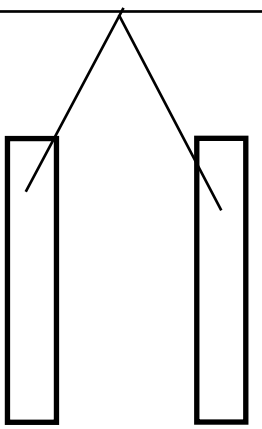
7E-3

7E-7

7E-1



6-1, 7C-1, 7E-8, 7F-1

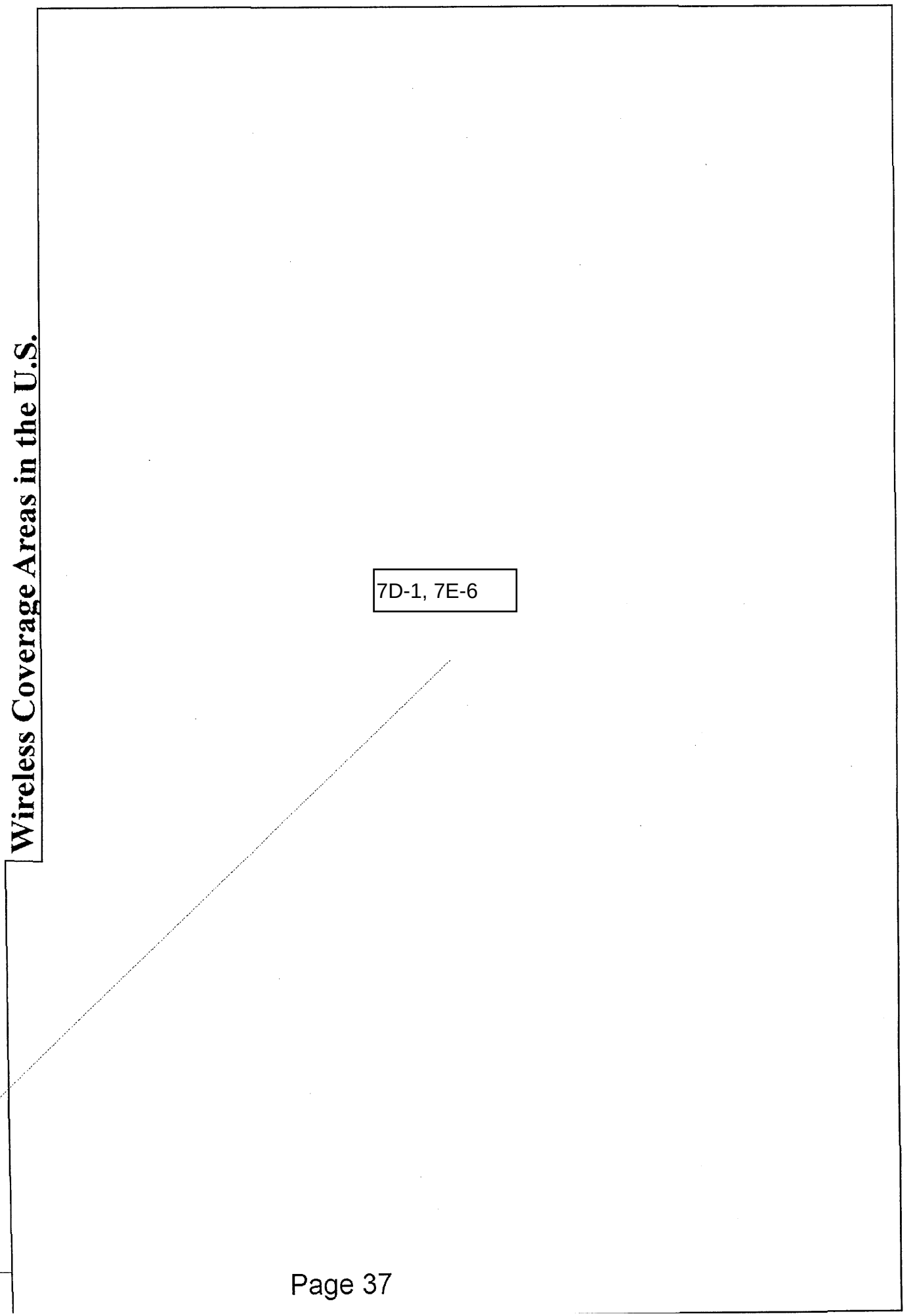


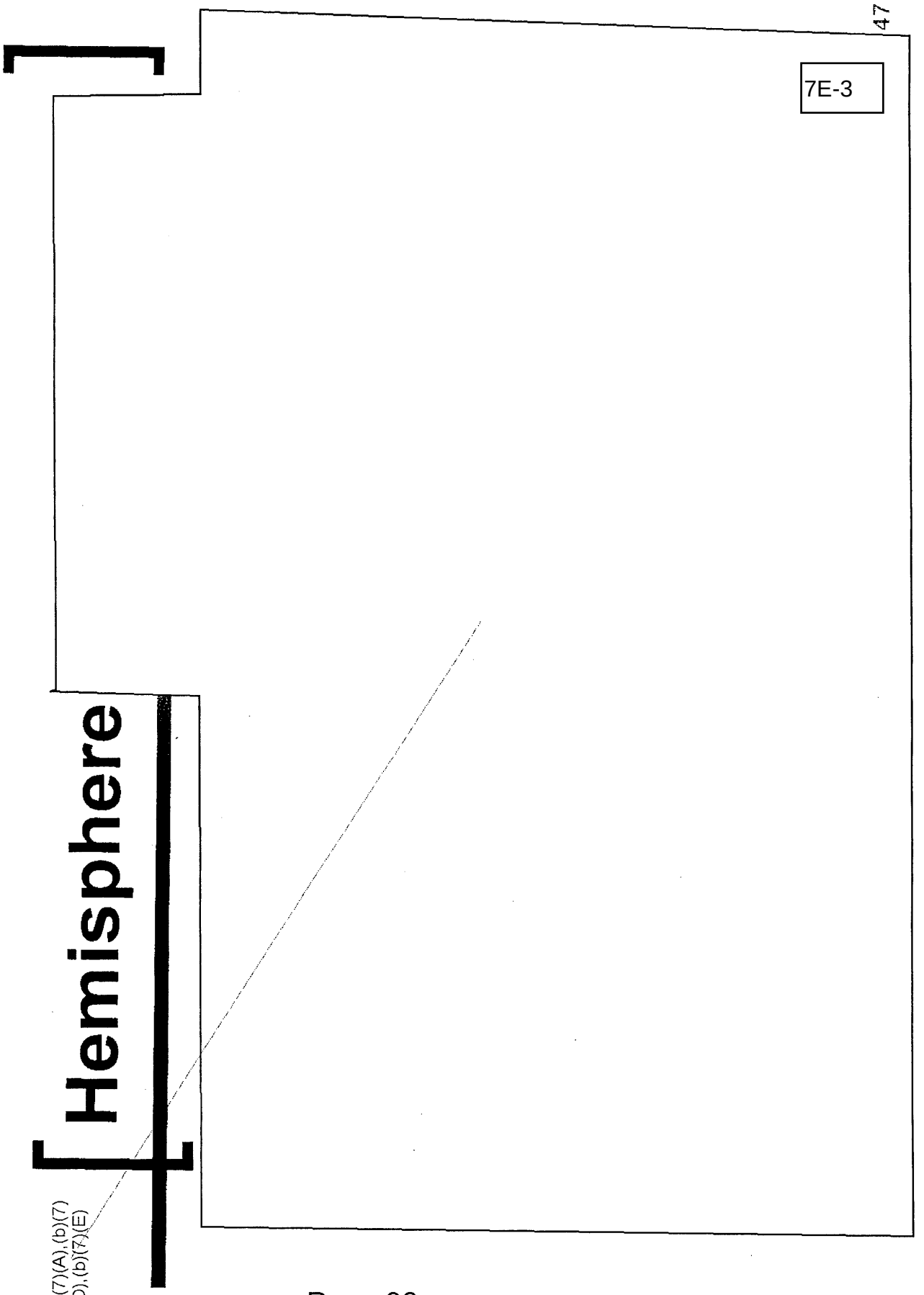
(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)

Any Questions?

HEMISPHERE

INTERPRETING RESULTS


Wireless Coverage Areas in the U.S.
7D-1, 7E-6
(b)(7)(A),(b)(7)(D)


47
7E-3
Hemisphere
(b)(7)(A),(b)(7)
(D),(b)(7)(E)

Receiving your Request Results

ATLANTA HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

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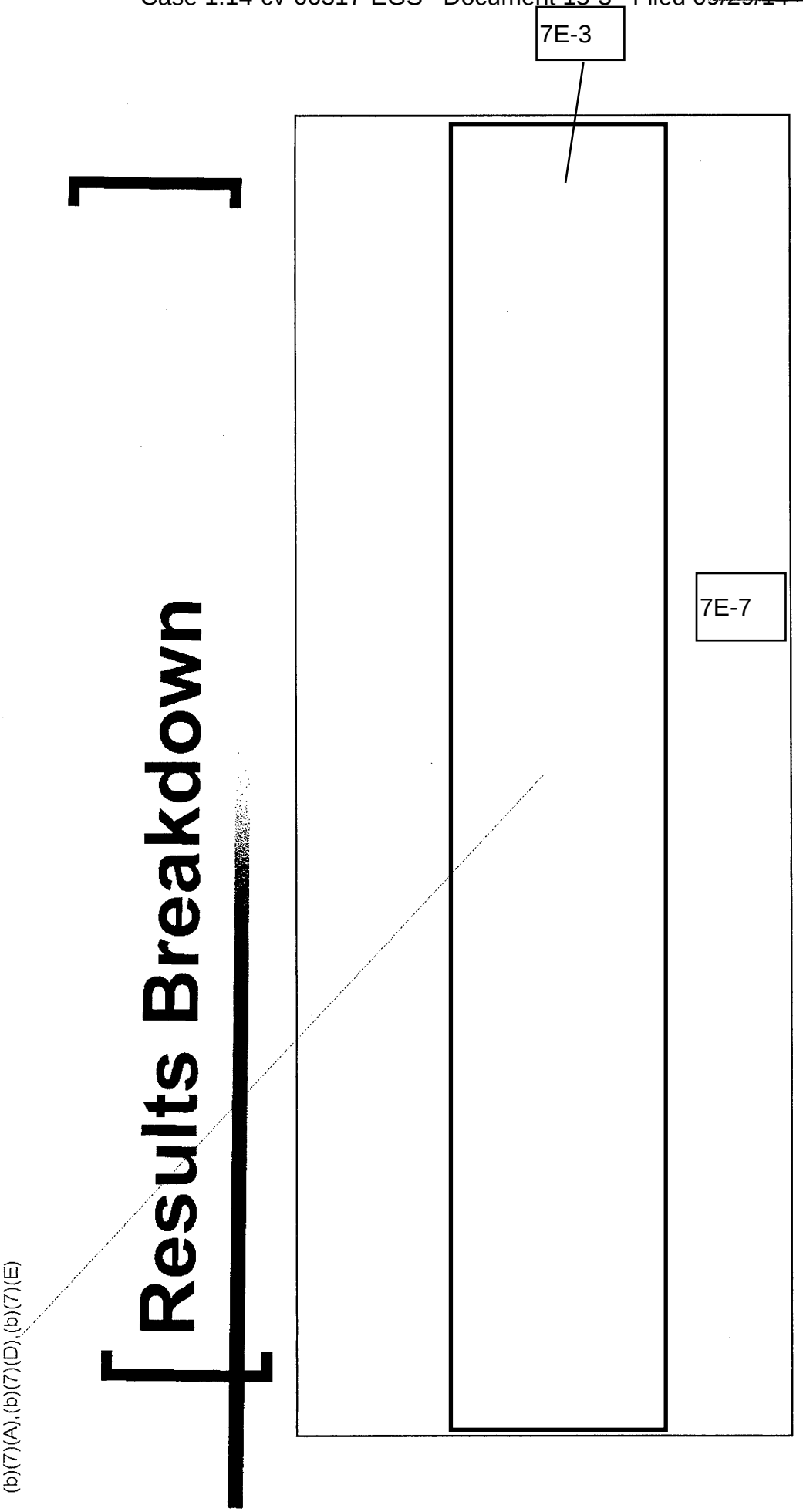
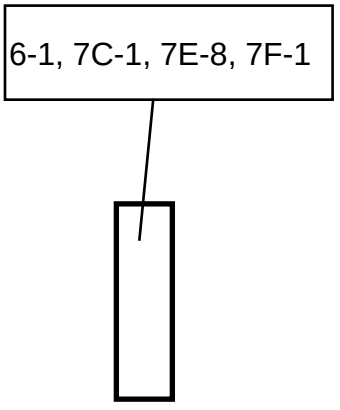

7E-3
7E-7
49
Results Breakdown
(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7



)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)

51

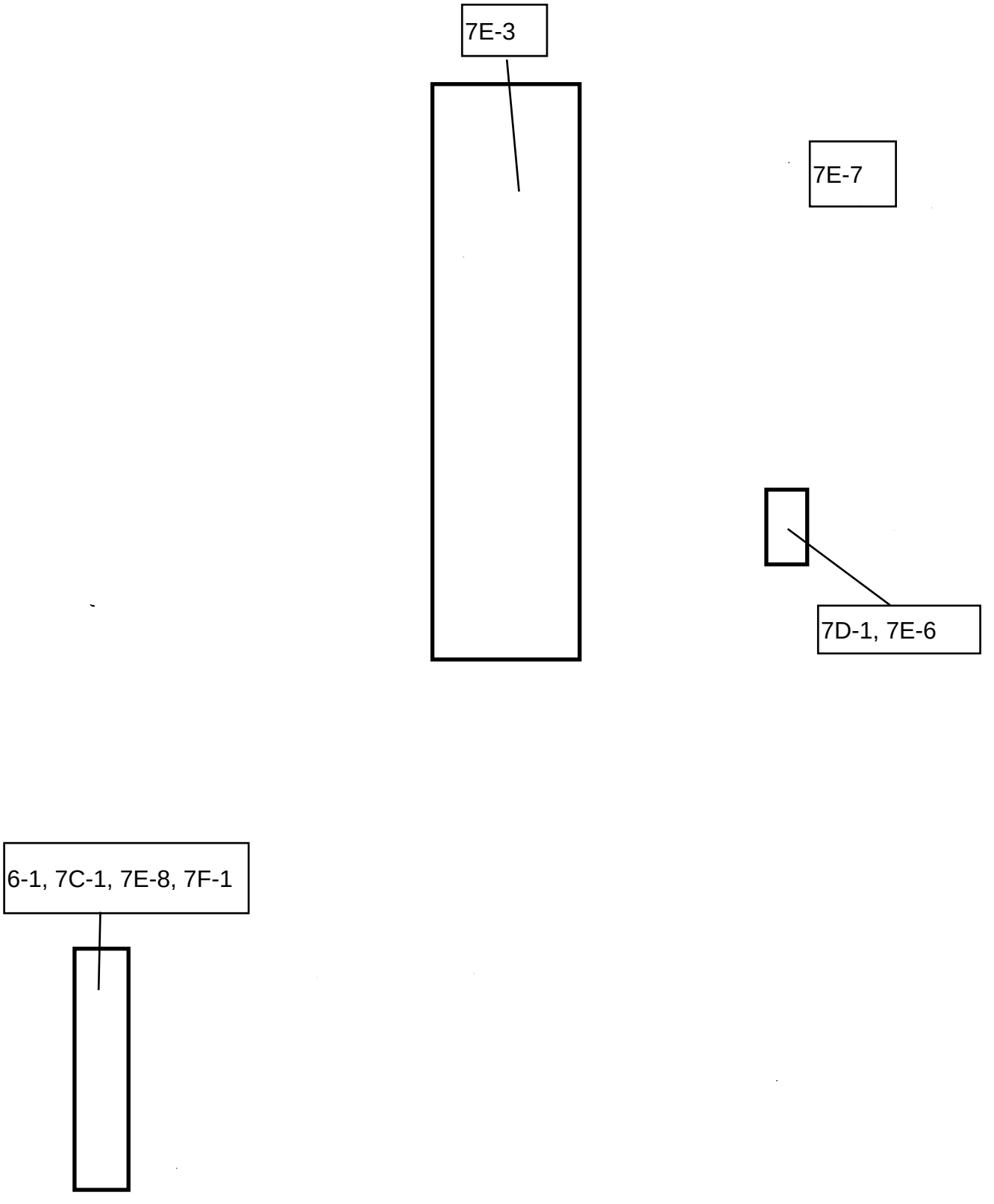
[redacted]

7E-7

(b)(7)(A),(b)(7)(E)

HEMISPHERE

ATLANTA HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy



)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)

7E-7

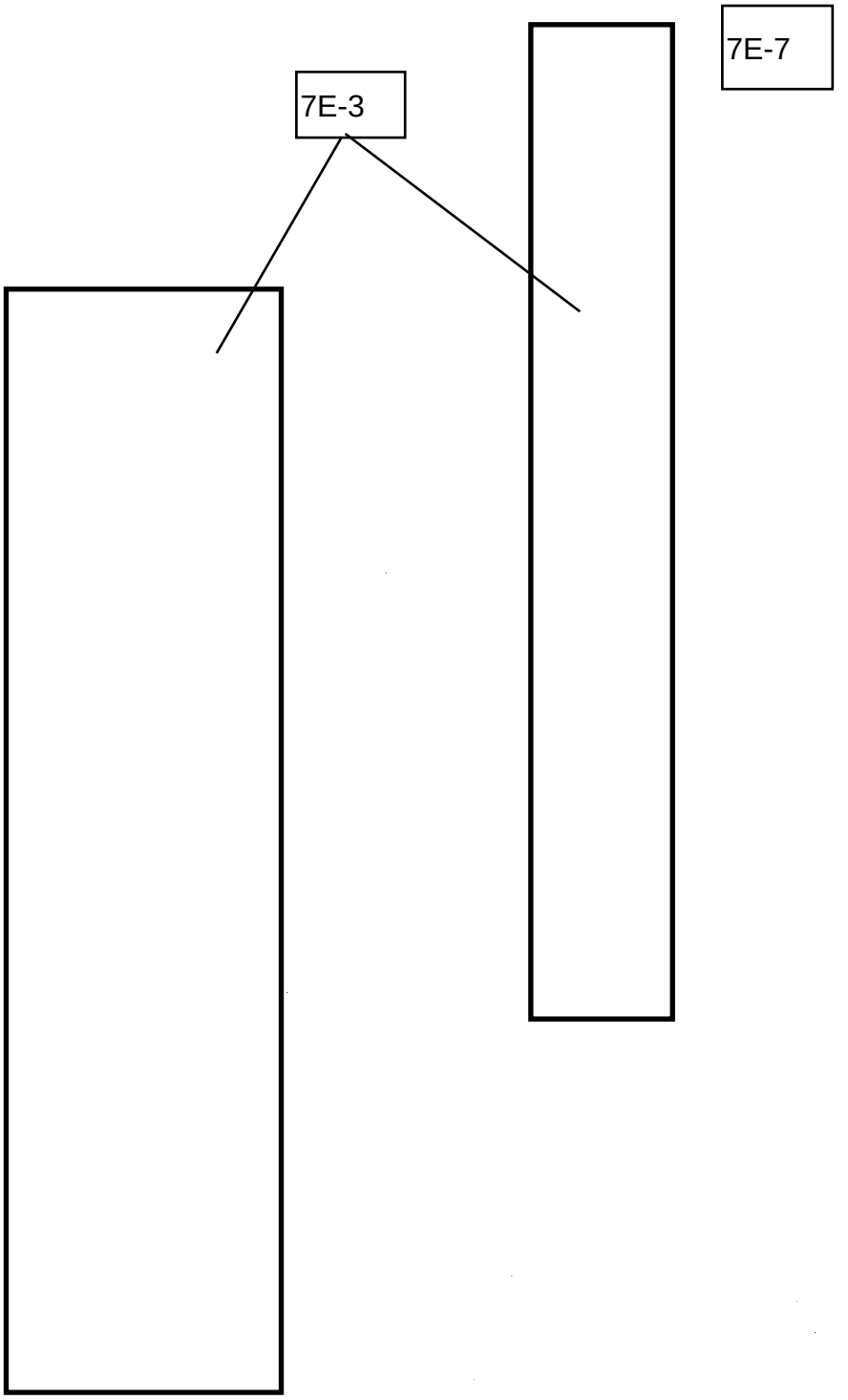
b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

7E-7

)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

7E-7

(b)(7)(A),(b)(7)(E)



)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

7E-7

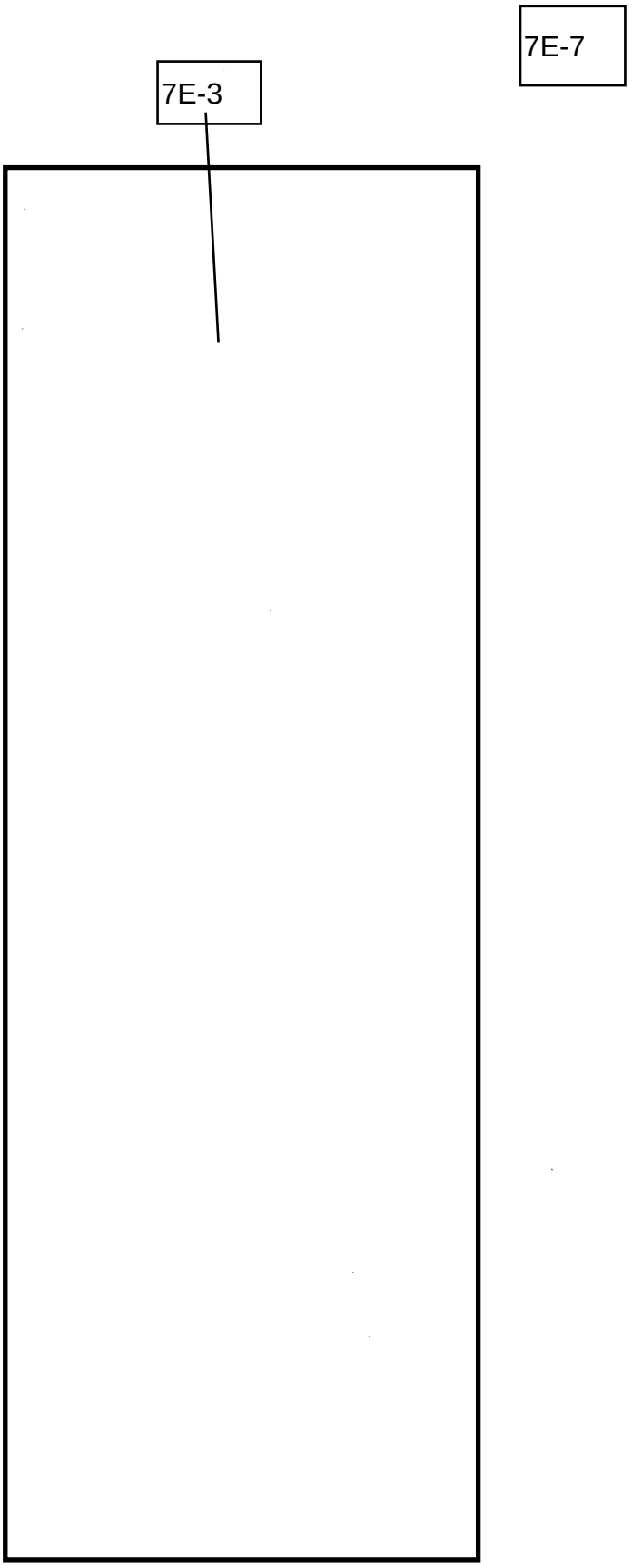
b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

7E-7

)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

7E-7

b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)



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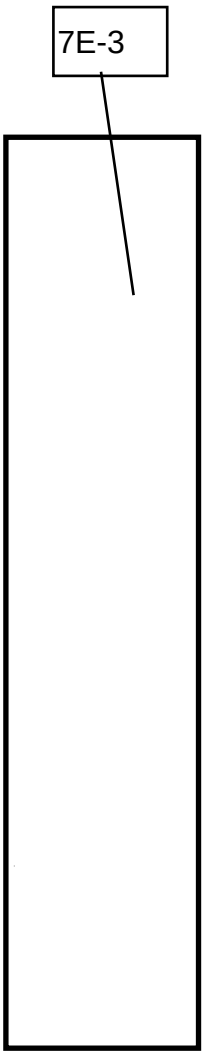
7E-7



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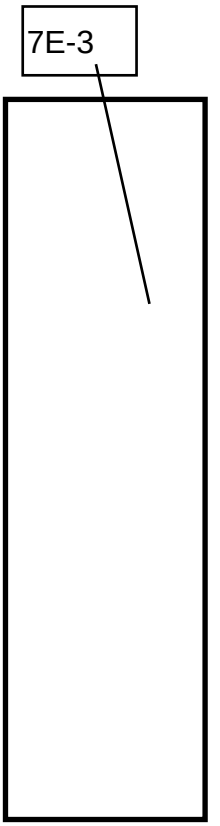
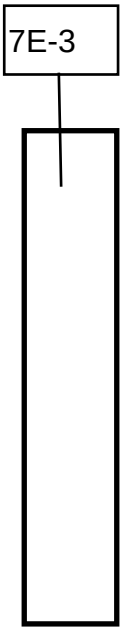
7E-7





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7E-7

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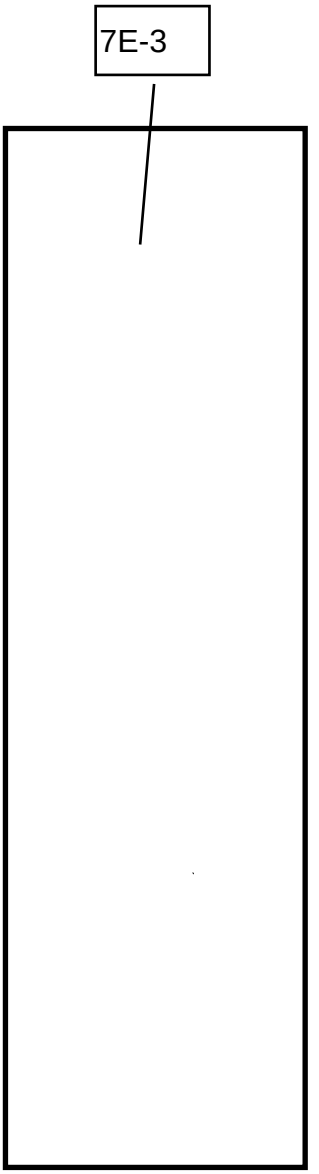
7E-7



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7E-7

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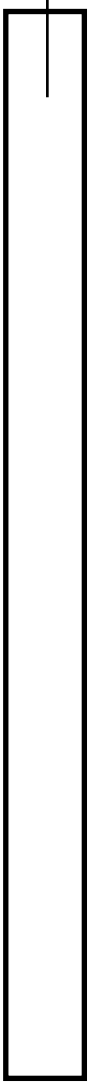
7E-7

7E-3



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7E-7

(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

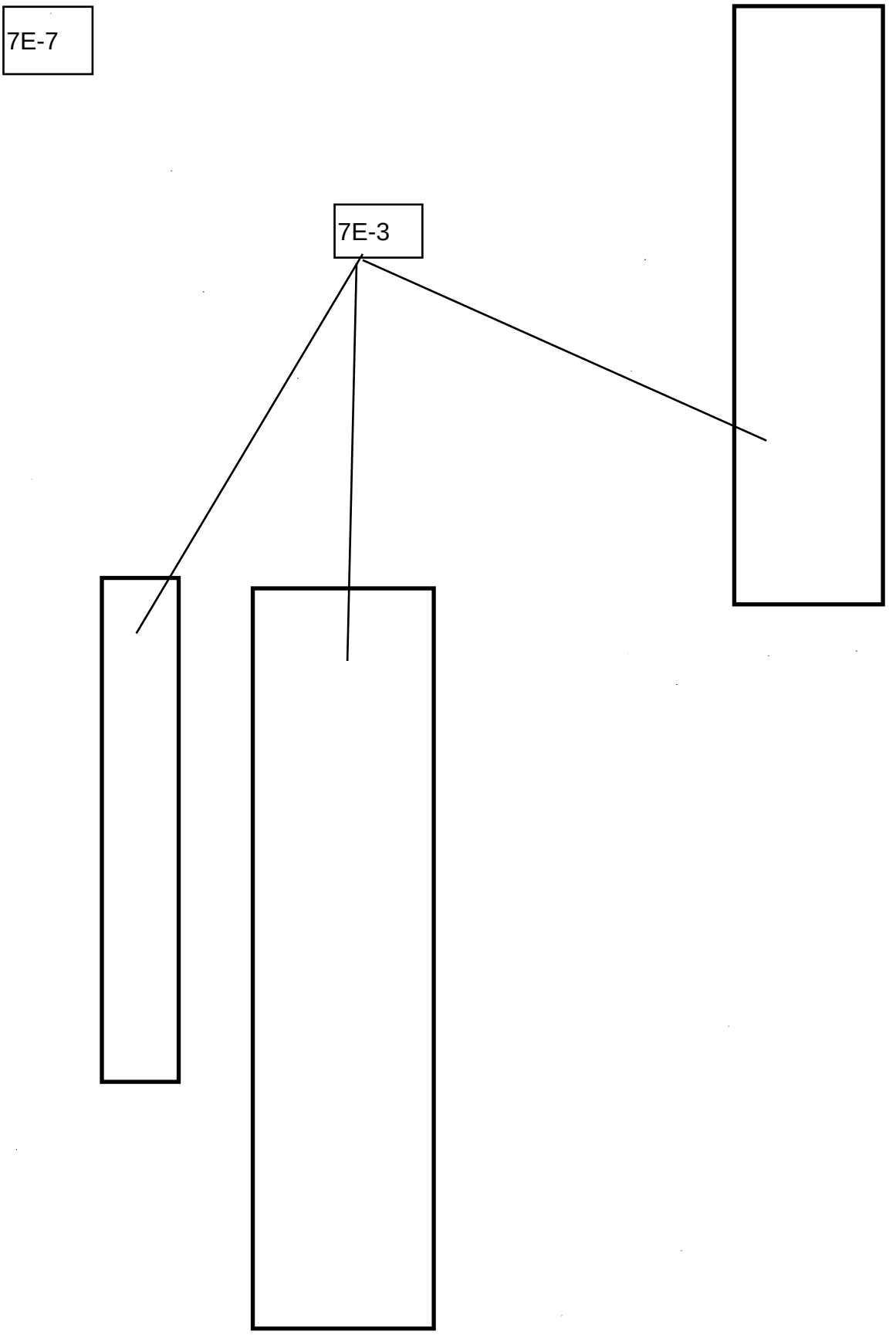
7E-7

(b)(7)(A),(b)(7)(D),(b)(7)(E)

Hemisphere Features

7E-3

(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)



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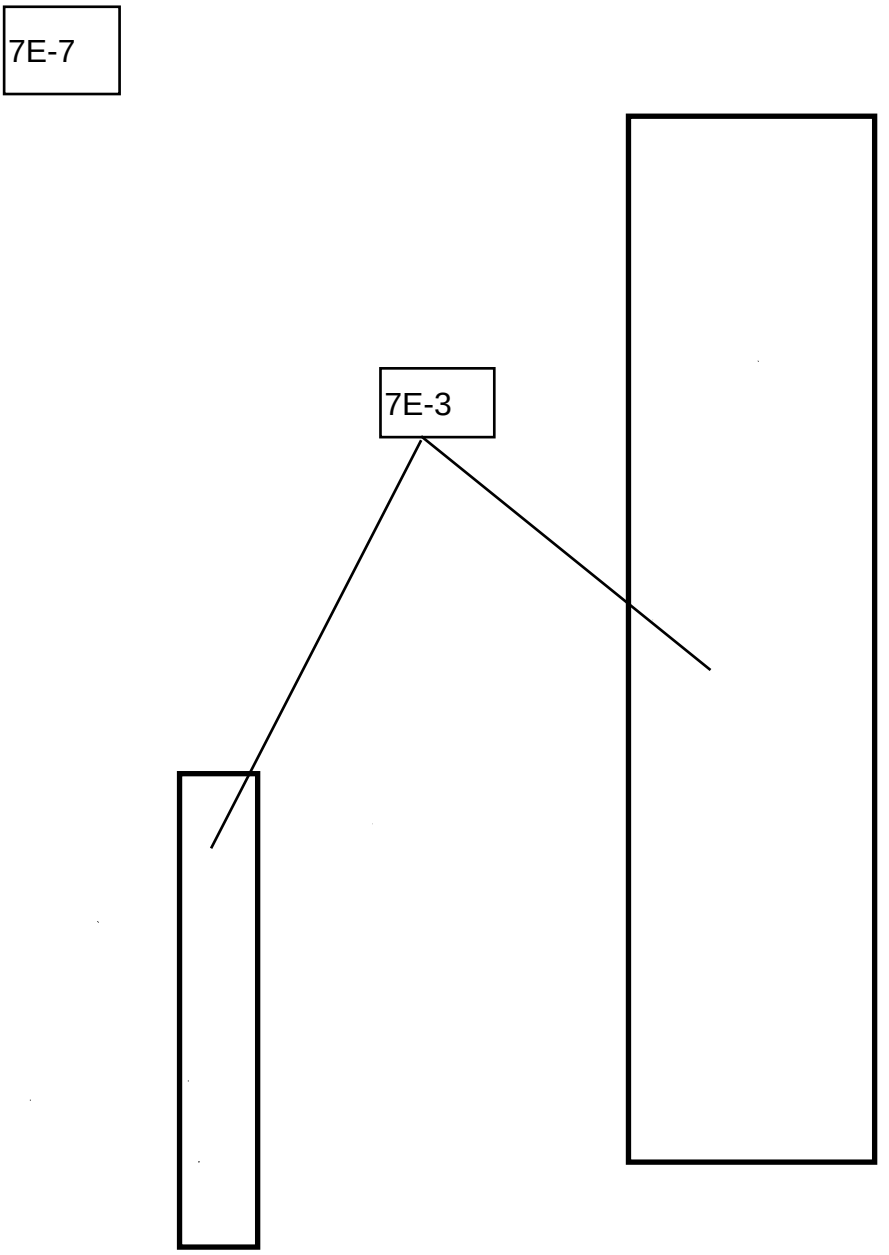

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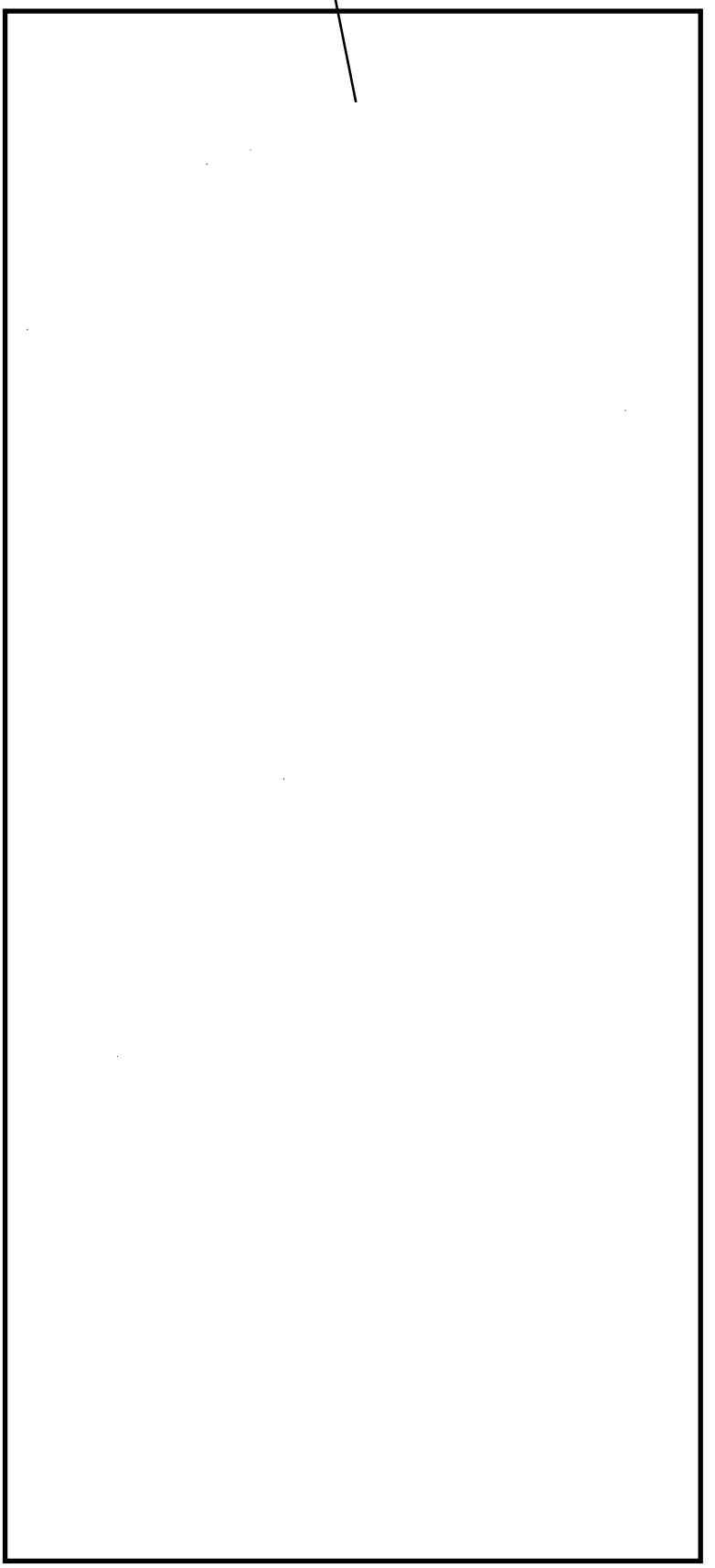
7E-3

7E-7



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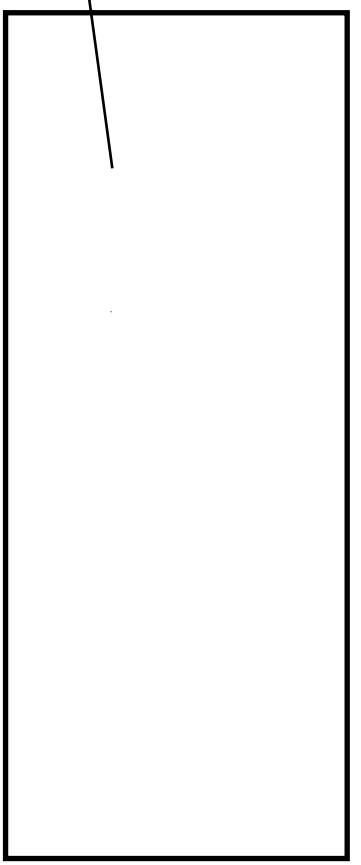
7E-7

7E-3



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7E-7

77

ATLANTA HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

HEMISPHERE

7E-3

7E-7

(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-3

7E-7

(b)(7)(A),(b)(7)(D),(b)(7)(E)

(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

7E-7

80

ATLANTA HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

HEMISPHERE

7E-7

(b)(7)(A),(b)(7)(D),(b)(7)(E)

(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

7E-7

82

ATLANTA HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

HEMISPHERE

7E-7

(b)(7)(A),(b)(7)(D),(b)(7)(E)

(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

7E-7

84

ATLANTA HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

HEMISPHERE

7E-7

(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7

)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7

(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

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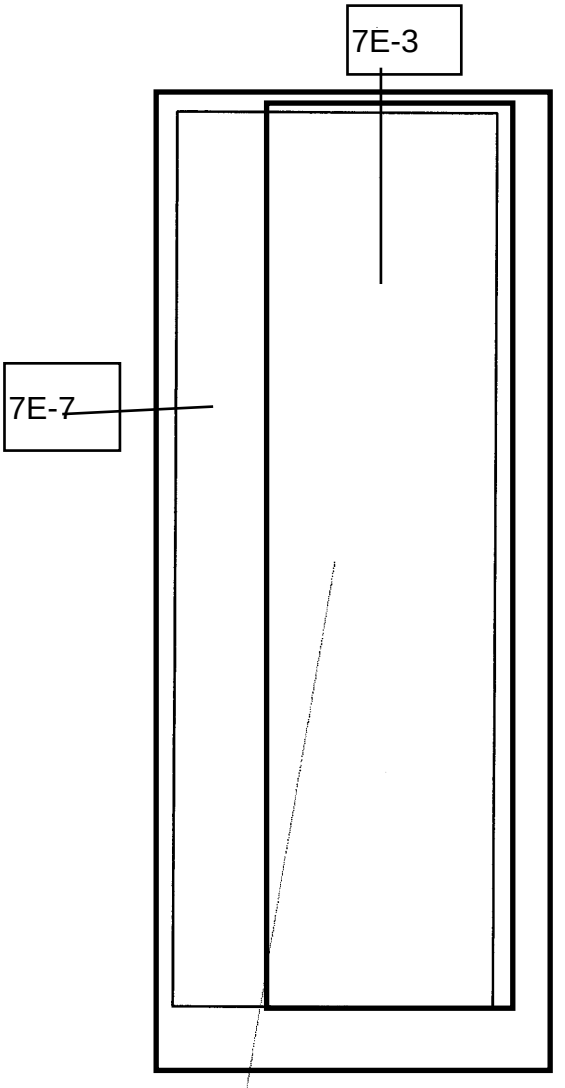
7E-7

88

[redacted]

Hemisphere Reports



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(D),(b)(7)(E)

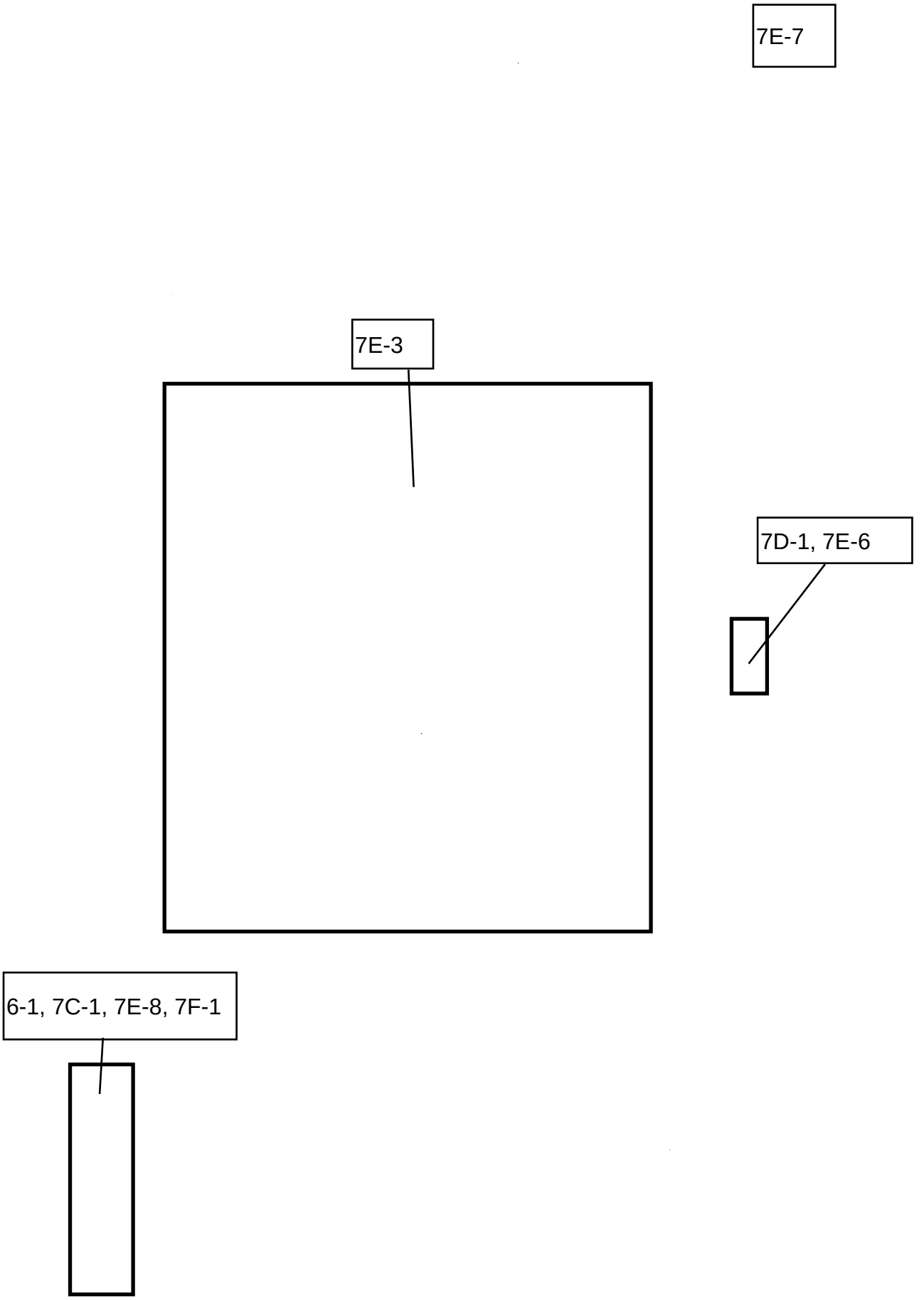
(b)(7)(A),(b)(7)(D),(b)(7)(E)

[7E-7 7E-3 **Report**]

HEMISPHERE

ATLANTA HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Case 1:14-cv-00317-EGS Document 15-3 Filed 09/29/14 Page 122 of 366



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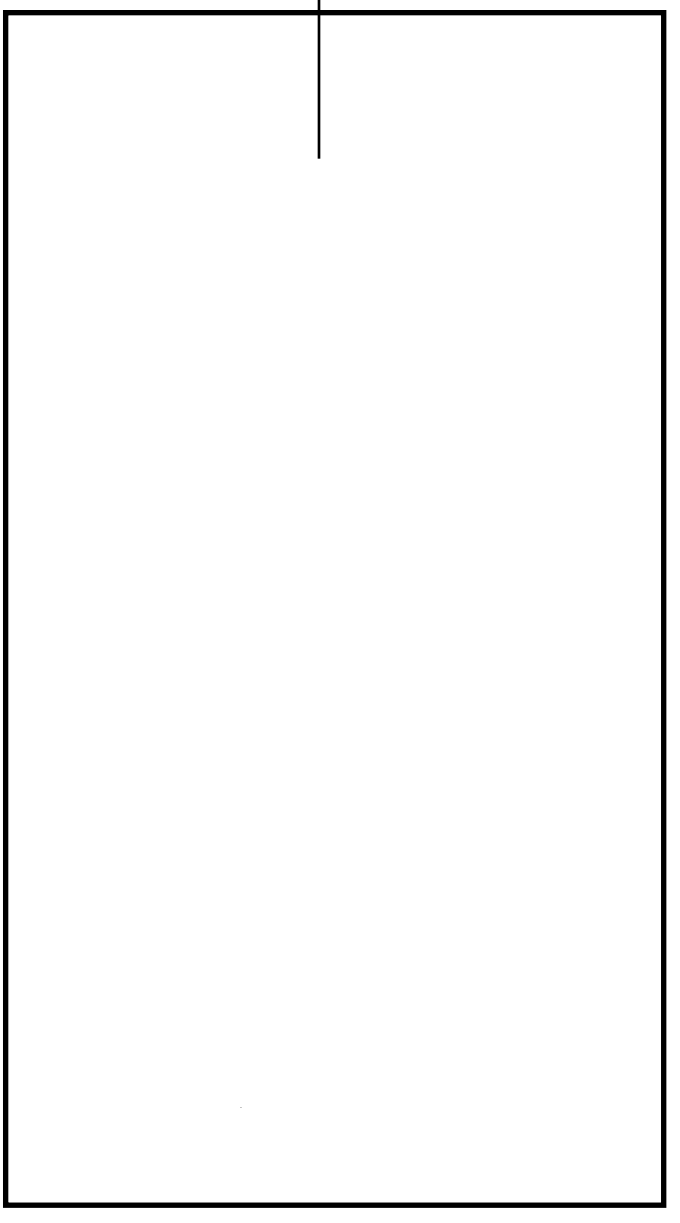
(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

7E-7

7E-3



92

[redacted]

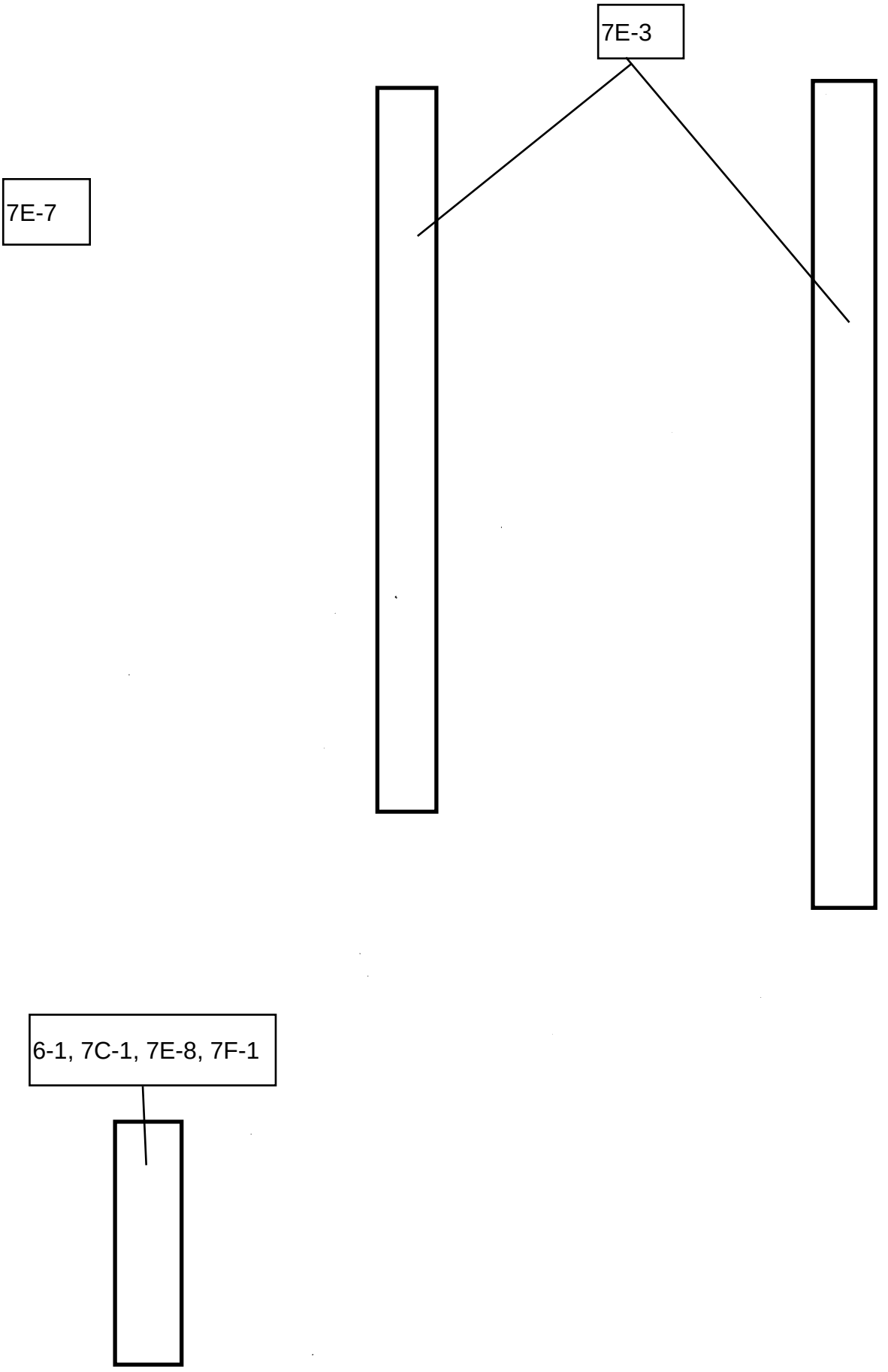
7E-3

7E-7

(b)(7)(A),(b)(7)(D),(b)(7)(E)

ATLANTA HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

HEMISPHERE



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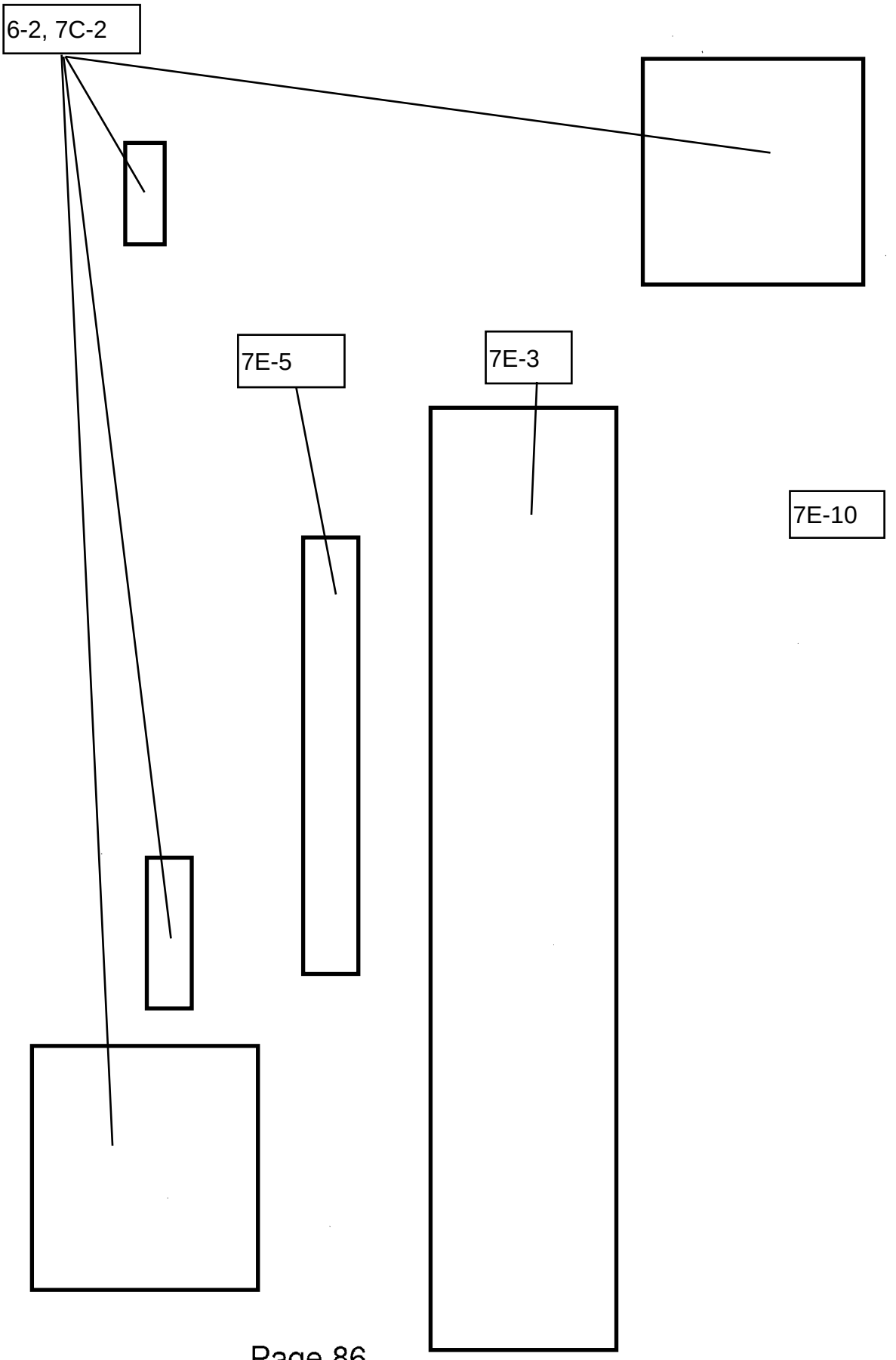
94

Any Questions?

HEMISPHERE

Success Stories

(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)



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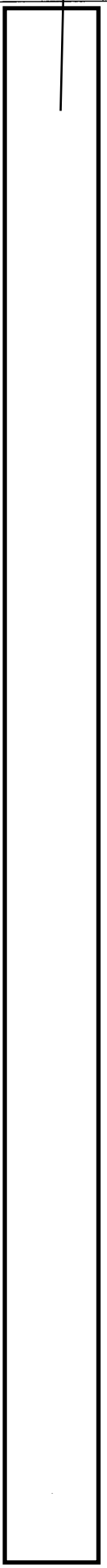
7E-3

7E-10



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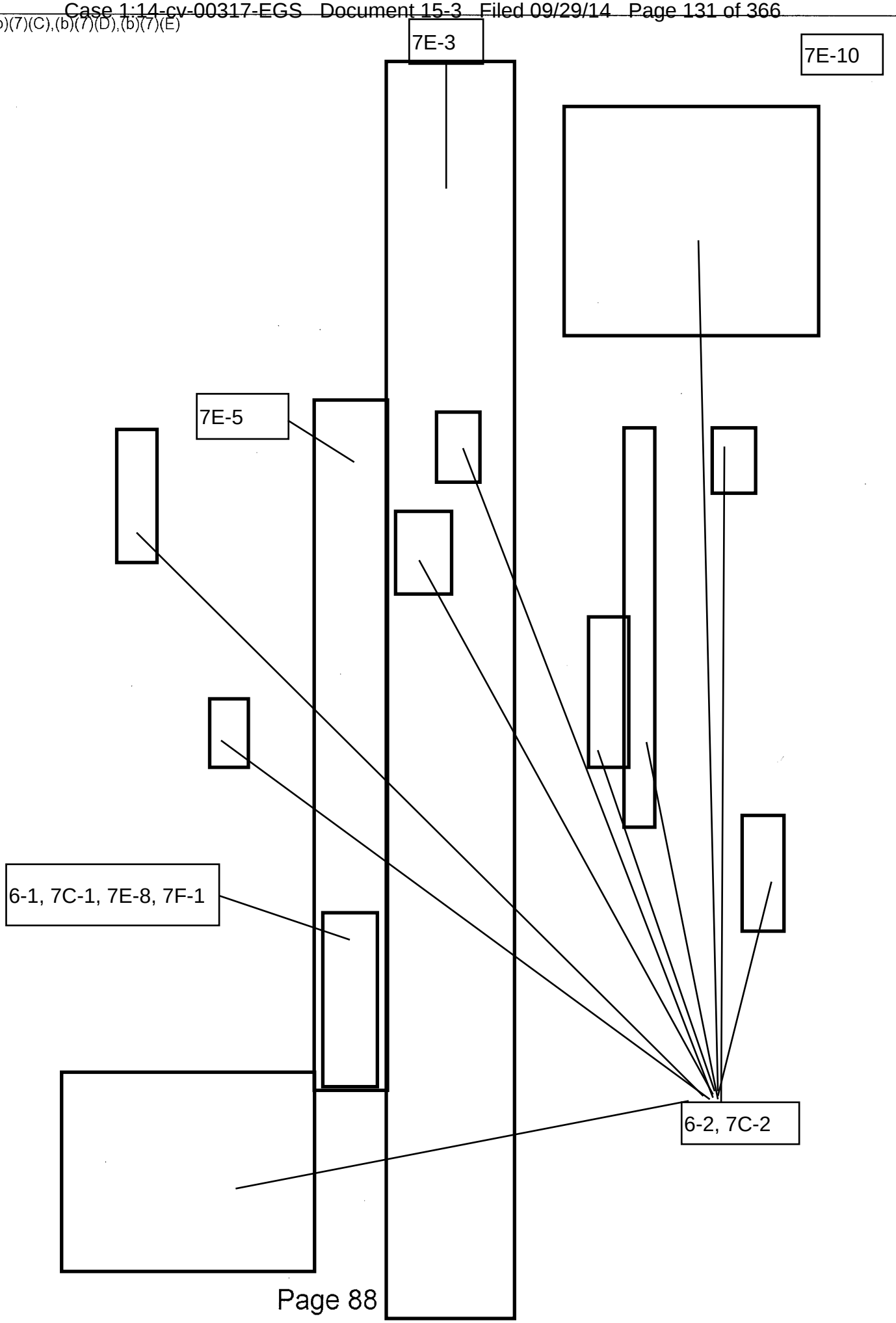

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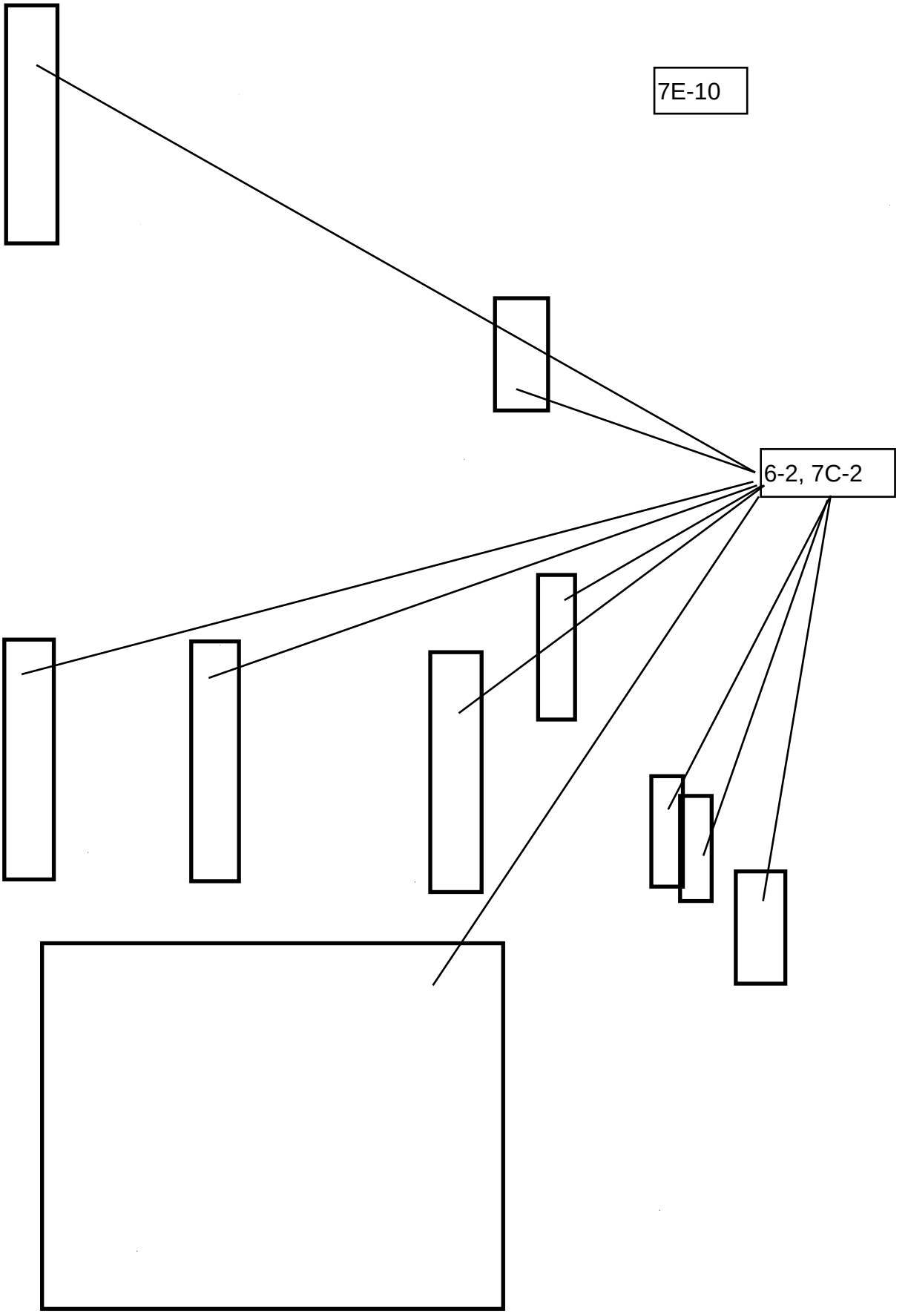

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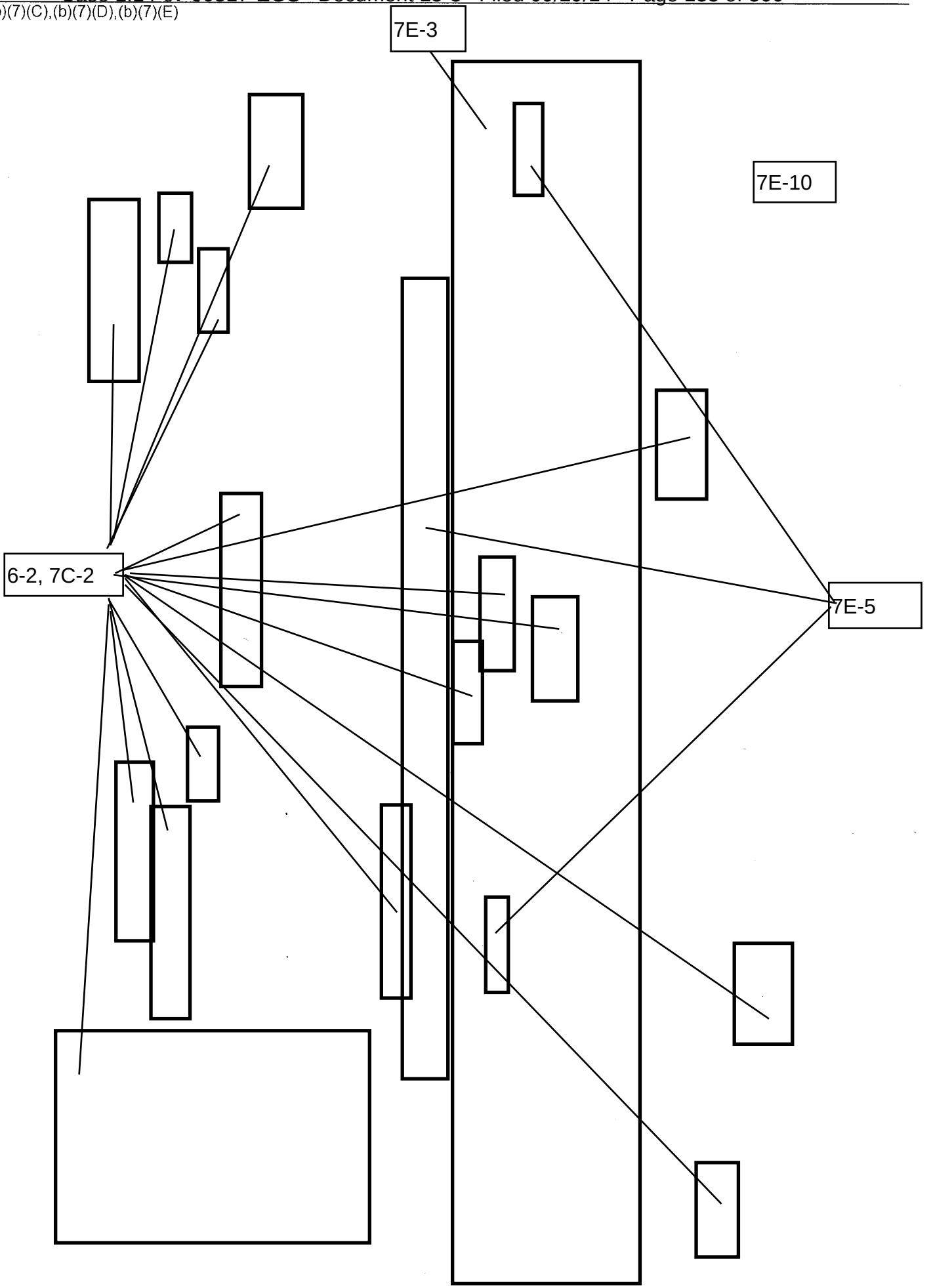


101

Hemisphere Summary

Hemisphere Summary

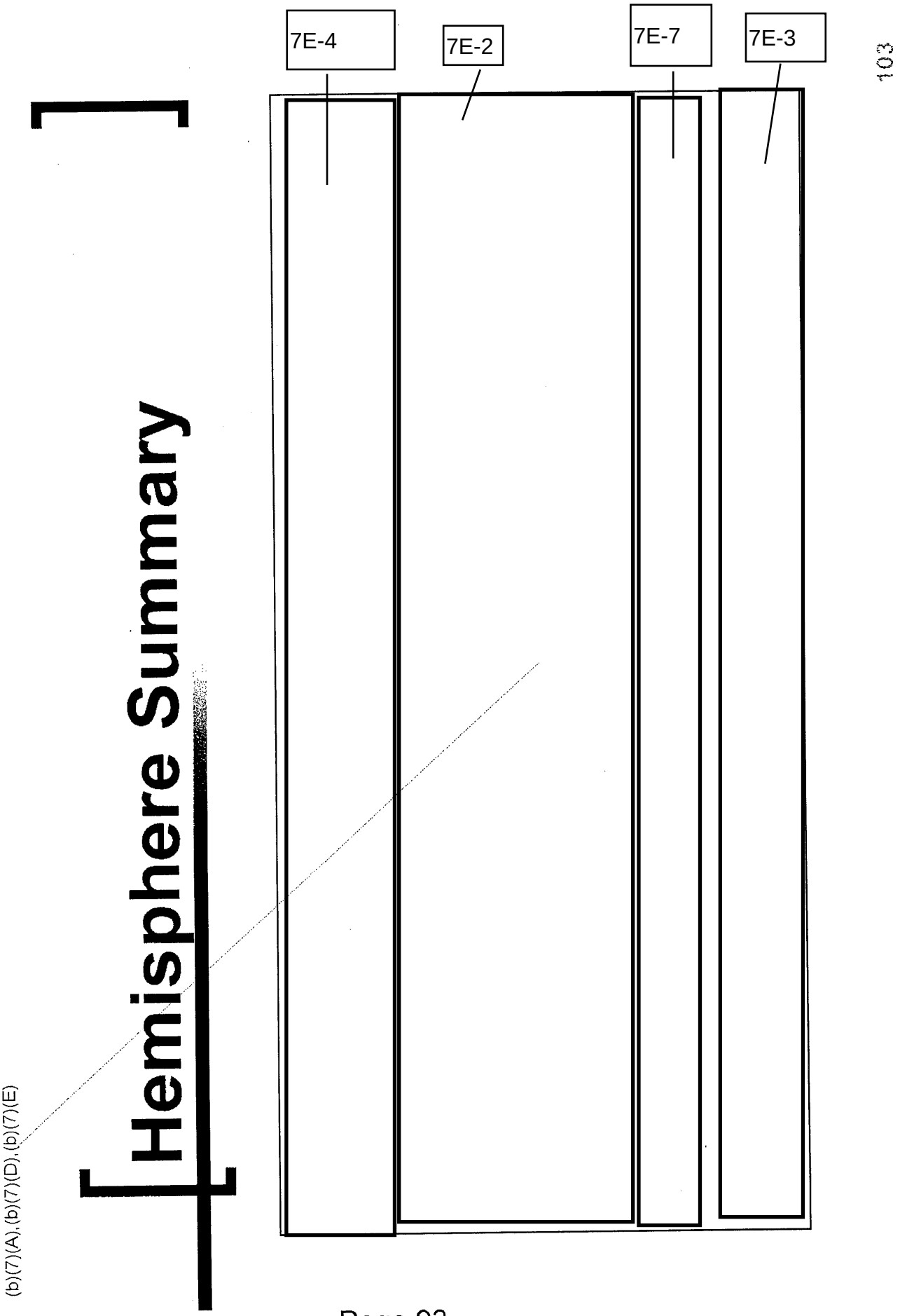
(b)(7)(A),(b)(7)(E),(b)(7)(F)

- The Hemisphere Project is a ***law enforcement sensitive*** program funded by ONDCP

7E-2

7E-4

102

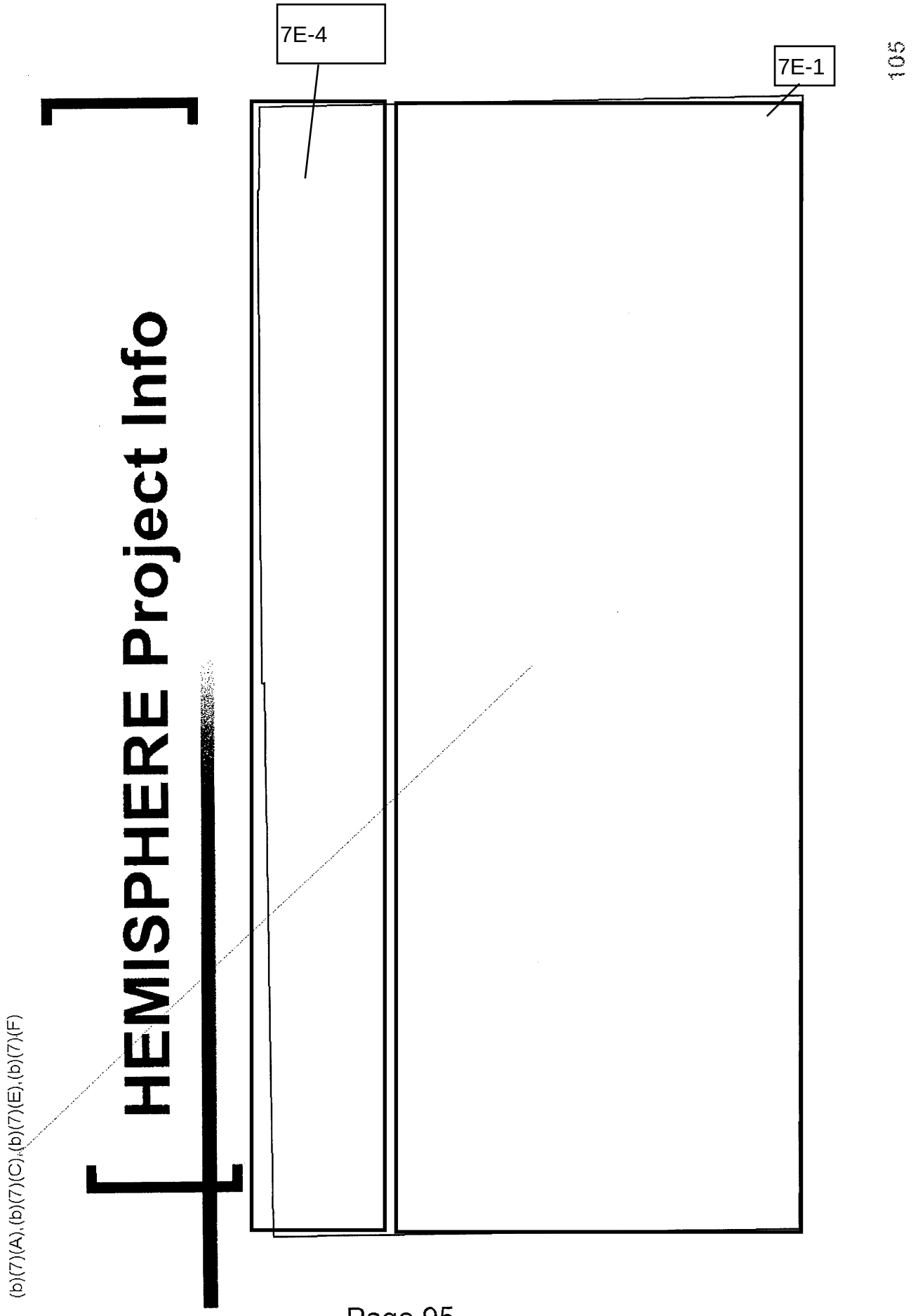

7E-4
7E-2
7E-7
7E-3
103
Hemisphere Summary
(b)(7)(A),(b)(7)(D),(b)(7)(E)

(b)(7)(A),(b)(7)(D),(b)(7)(E)

Hemisphere Summary

7E-3

104


7E-4
7E-1
105
HEMISPHERE Project Info
(b)(7)(A),(b)(7)(C),(b)(7)(E),(b)(7)(F)

106

Any Questions?

HEMISPHERE

HEMISPHERE Request Form

HEMISPHERE

ATLANTA HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

ATLANTA HIDTA

Print Entire Form

Please Fax When Complete

HRC Fax : (b)(7)(A),(b)(7)(E) 7E-1

Master Case Number:

Priority:

Current Date: 2008-11-05 13:07:55

HIDTA Point of Contac Name:

Email Results To:

POC Phone Number:

Email Notification Of Com To:

Name:

Email Results To:

Number:

Email Notification Of Co

Case # assigned by the requesting agency

(b)(7)(A),(b)(7)(E) 7E-9 7E-2

DTO Name (if applicable):

Case Name (if applicable):

HIDTA Initiative:

HIDTA Initiative OR Law Enforcement Agency:

Yes ☐ No ☐

Squad Name:

Time Zone Results Requested In:

HEMISPHERE REQUEST FORM-PRIORITY RATING

(b)(7)(A),(b)(7)(D), (b)(7)(E)

Priority section: This section determines the urgency level of the request

7E-2

7E-9

7E-3

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

ATLANTA HIDTA

Print Entire Form

Please Fax When Complete

HRC Fax : (b)(7)(A),(b)(7)(E) 7E-1

Master Case Number: | Priority: | Current Date: 2008-11-05 13:07:55

HIDTA Point of Contac Name: | Email Results To:

OC Phone Number: | Email Notification Of Completion To:

Requestor Name: | Email Results To:

Phone Numb | Email Notification Of Comple

DTO ...ble): | Case Name (if appl

HIDTA Initiative: | HIDTA Init... Enforcement A...

Yes ☐ No ☐

Squad Name:

Time Zone Results Requested In:

Name of your HIDTA Point of Contact

Telephone # of your HIDTA Point of Contact

E-mail of your HIDTA Point of Contact

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

ATLANTA HIDTA

Print Entire Form

Please Fax When Complete

HRC Fax : (b)(7)(A),(b)(7)(E) 7E-1

Master Case Number: | Priority: | Current Date: 2008-11-05 13:07:55

HIDTA Point of Contac Name: | Email Results To:

POC Phone Number: | Email Notification Of Completion To:

Requestor Name: | Email Results To:

Requestor Phone Number: | Email Notification Of Completion To:

DTO Name ... able): | Case Name ... licable):

... nitiative OR ... rcement A...

Yes ☐ No ☐

Squad

Time Zone Res... Requested In:

Requesters Name

Requesters Telephone #

Requesters E-Mail

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

ATLANTA HIDTA

Print Entire Form

Please Fax When Complete

HRC Fax : (b)(7)(A),(b)(7)(E) 7E-1

Master Case Number: | Priority: | Current Date: 2008-11-05 13:07:55

HIDTA Point of Contac Name: | Email Results To:

Email Notification Of Completion To:

Name of the Drug Trafficking Organization

Name assigned by the agency to the case.

Email Results To:

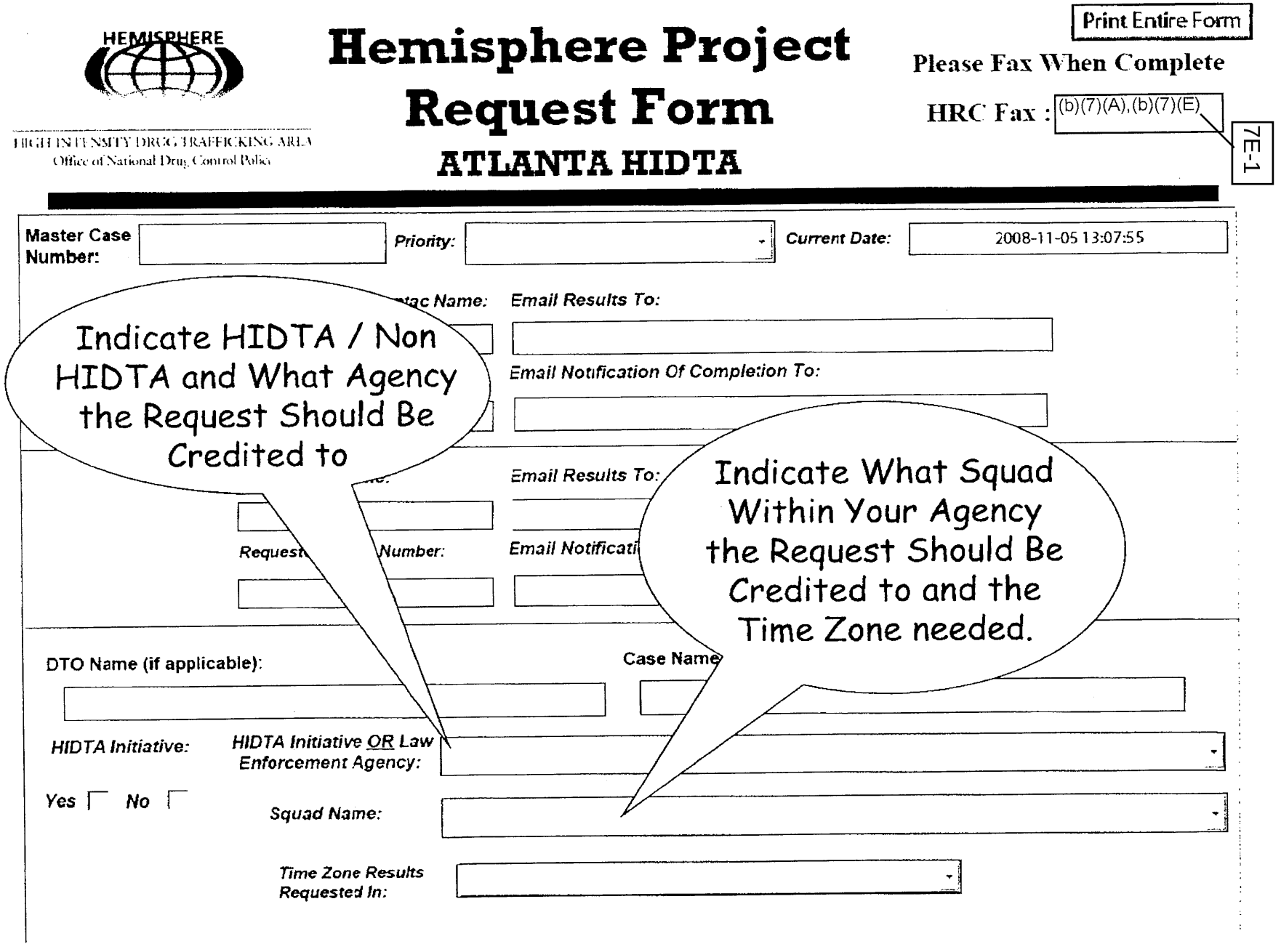
Email Notification Of Completion To:

DTO Name (if applicable): | Case Name (if applicable):

HIDTA Initiative: | HIDTA Initiative OR Law Enforcement Agency:

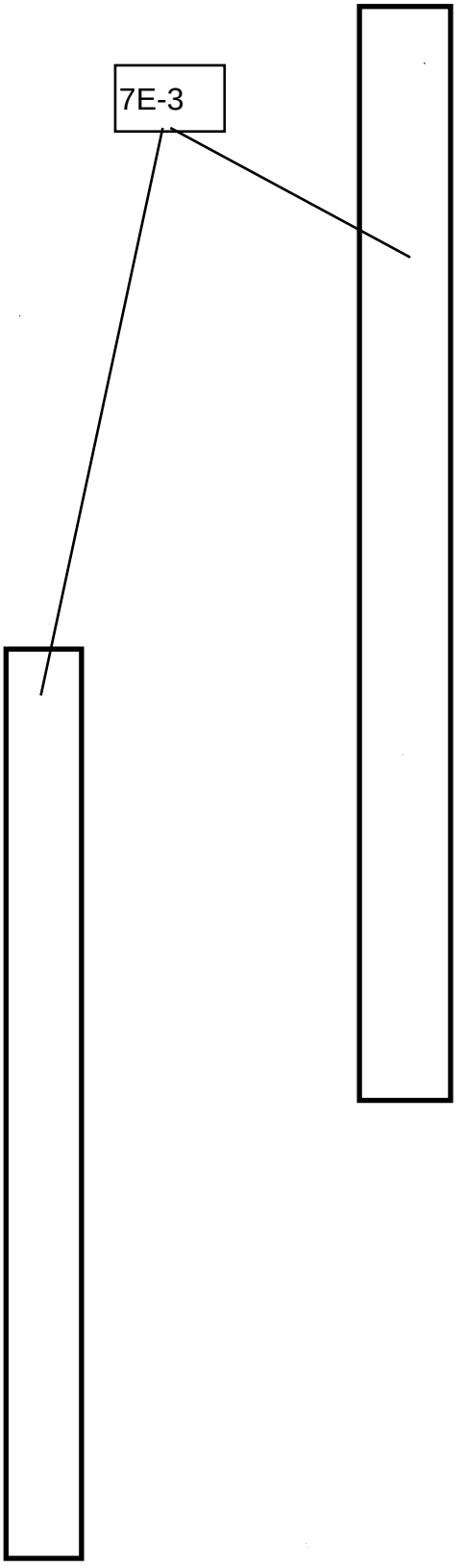
Yes ☐ No ☐ | Squad Name:

Time Zone Results Requested In:



Case 1:14-cv-00317-EGS Document 15-3 Filed 09/29/14 Page 146 of 366

7E-2



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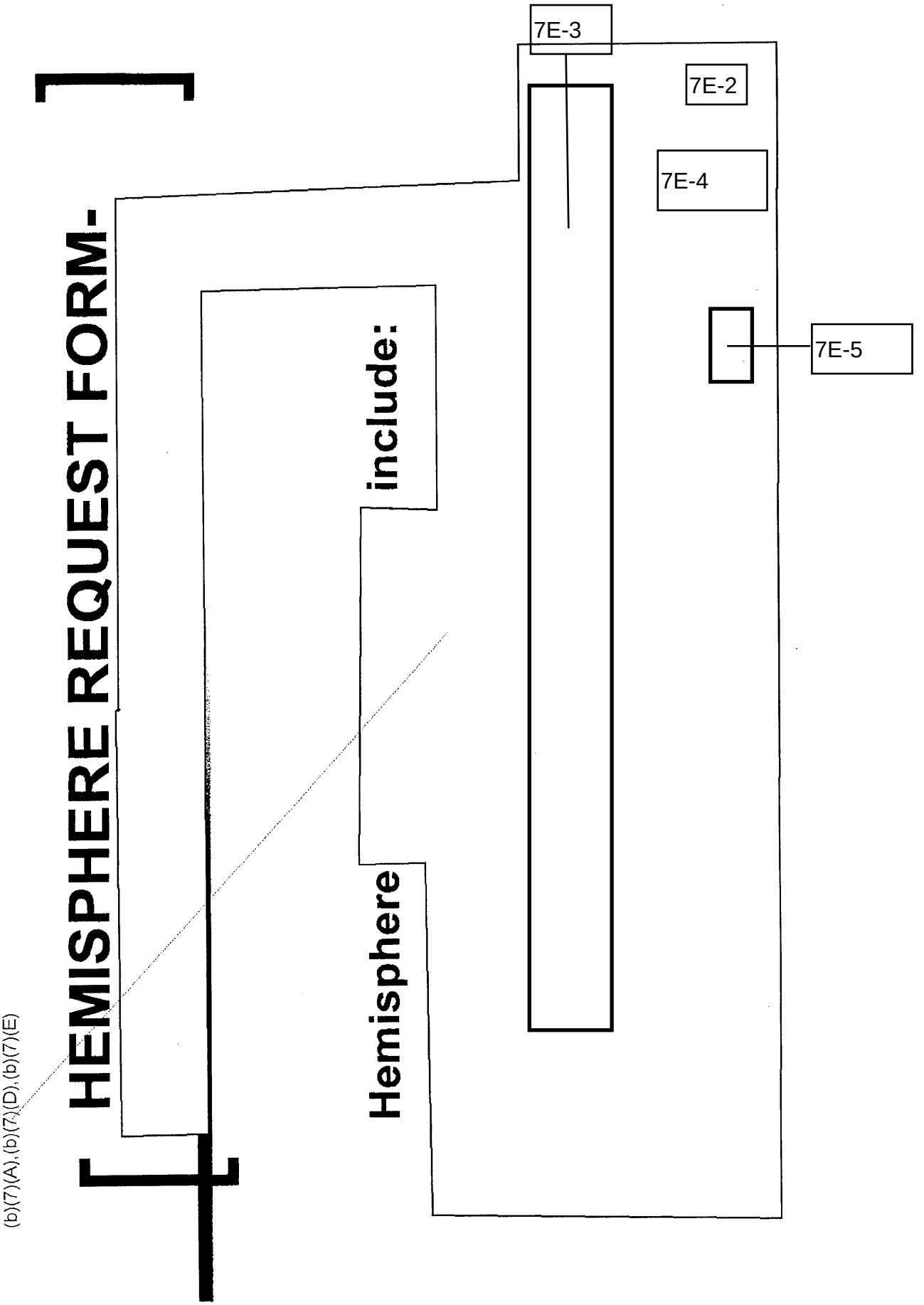
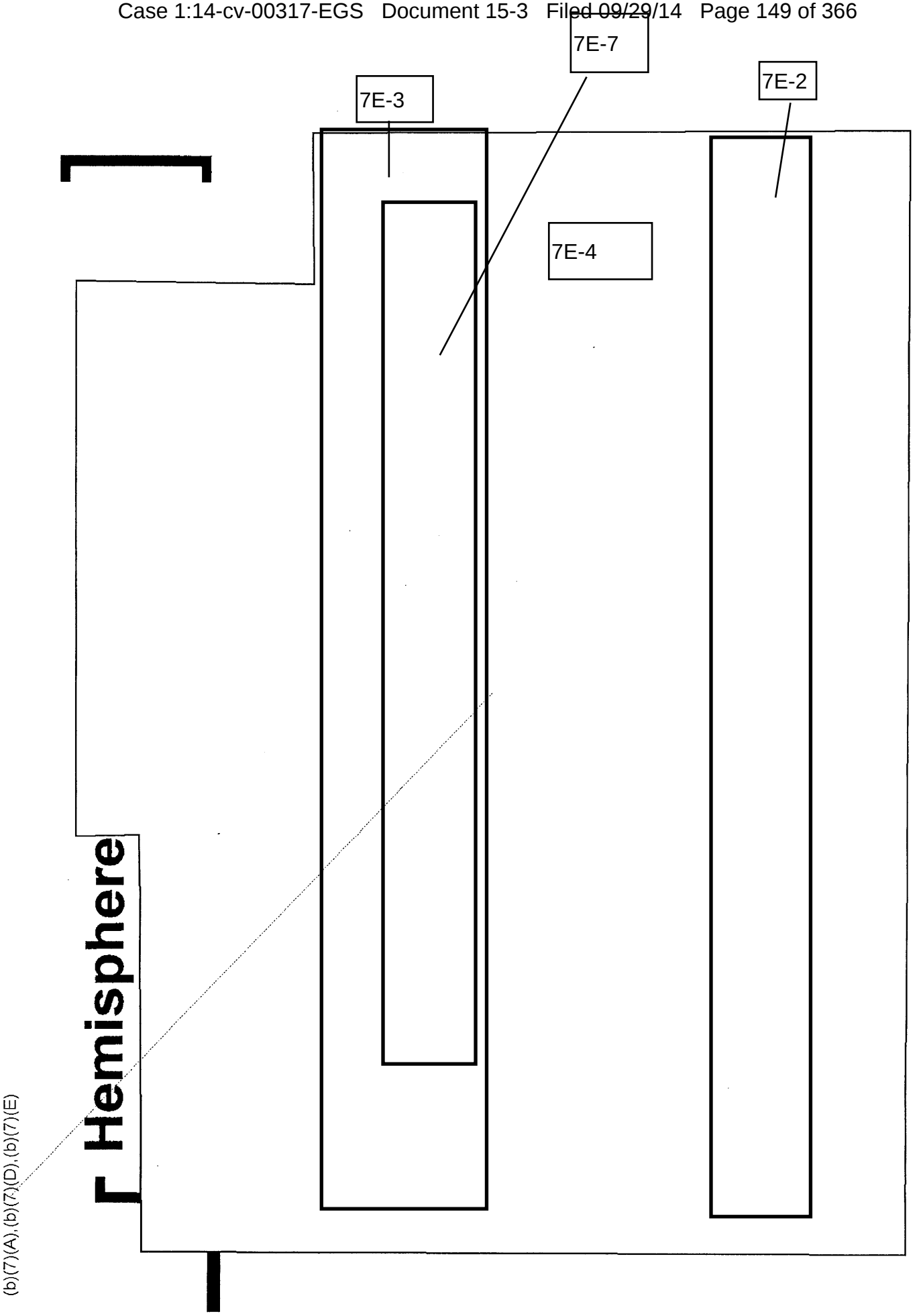

7E-3
7E-2
7E-4
7E-5
include:
Hemisphere
HEMISPHERE REQUEST FORM-
(b)(7)(A),(b)(7)(D),(b)(7)(E)



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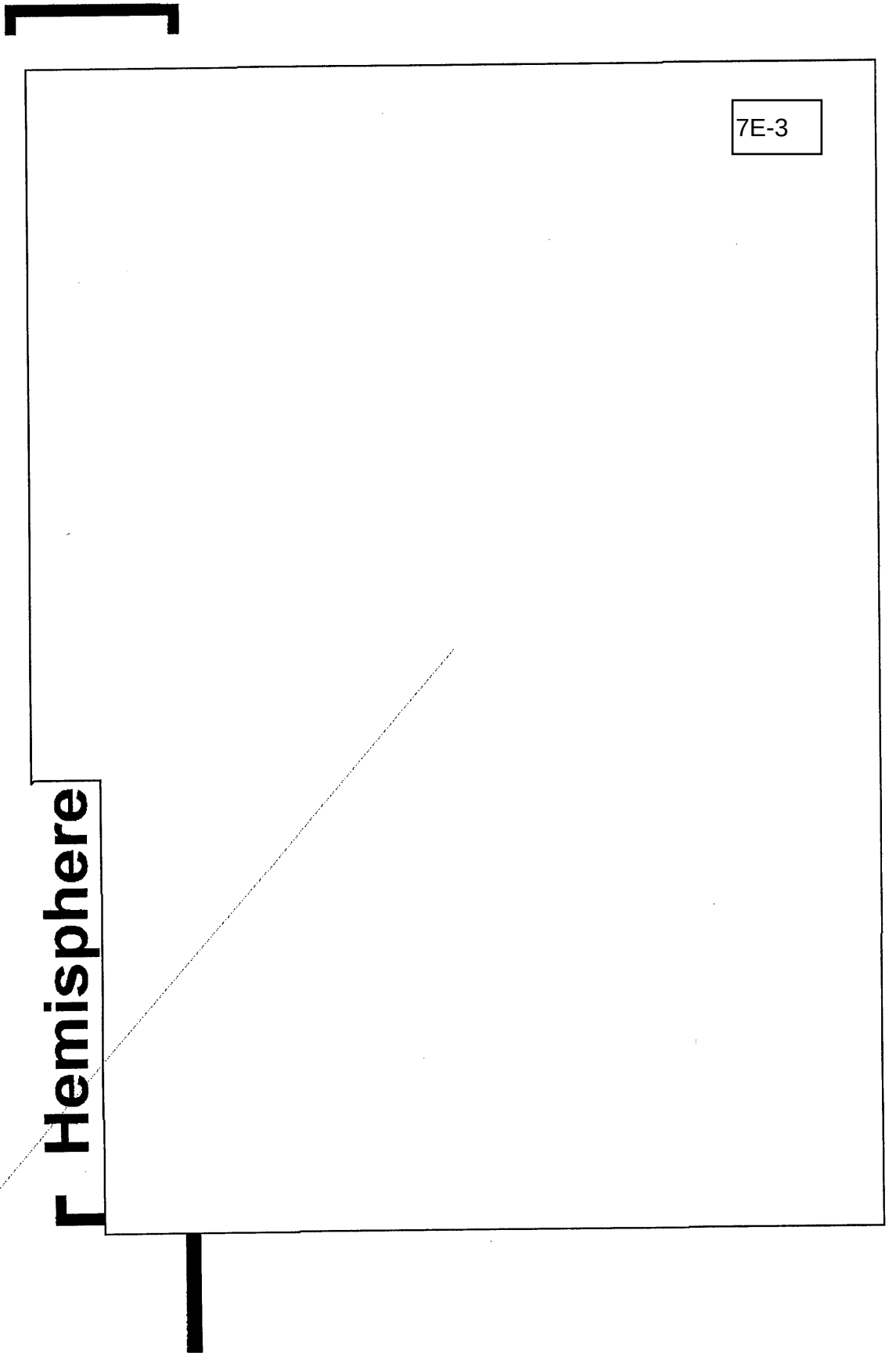
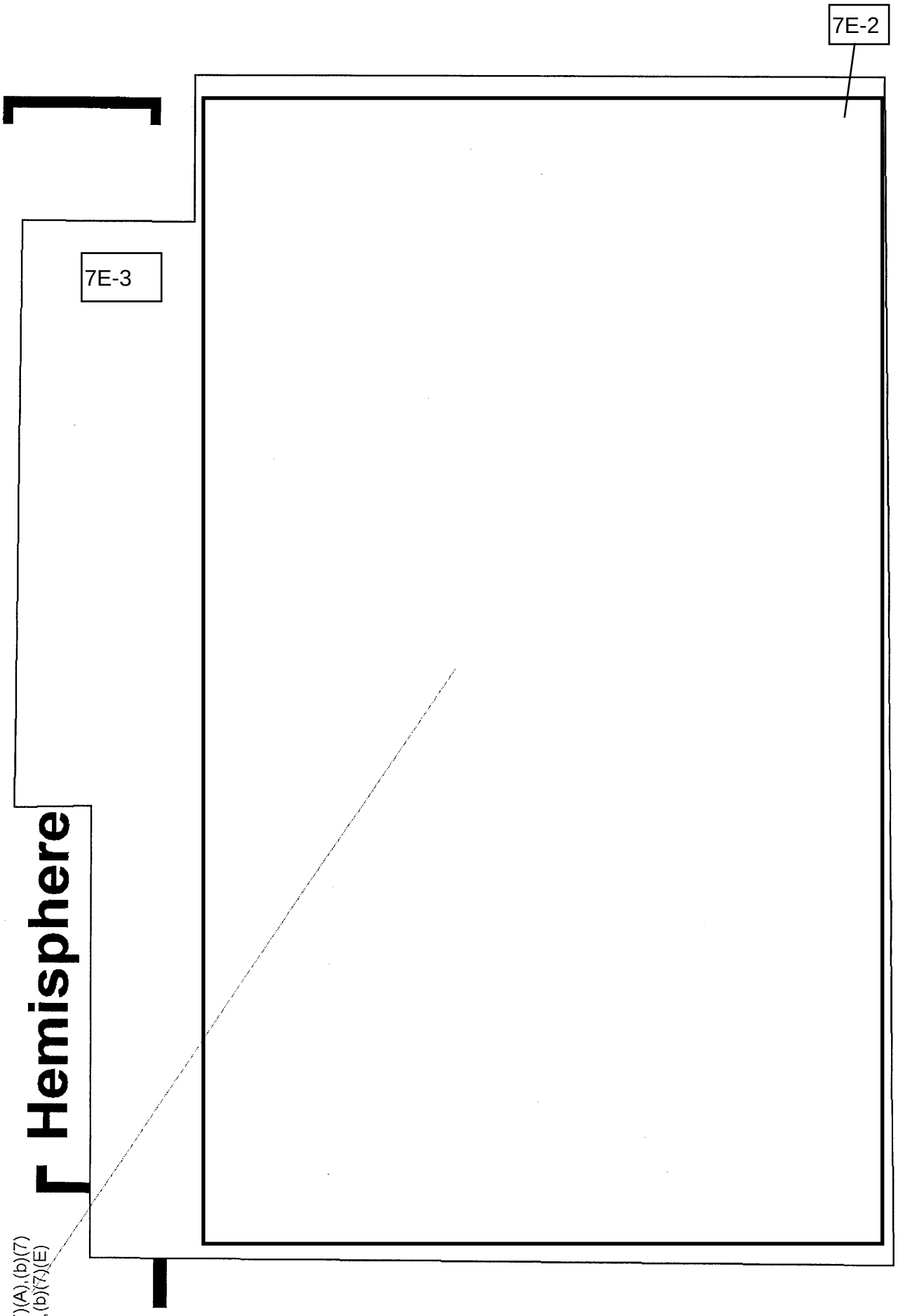
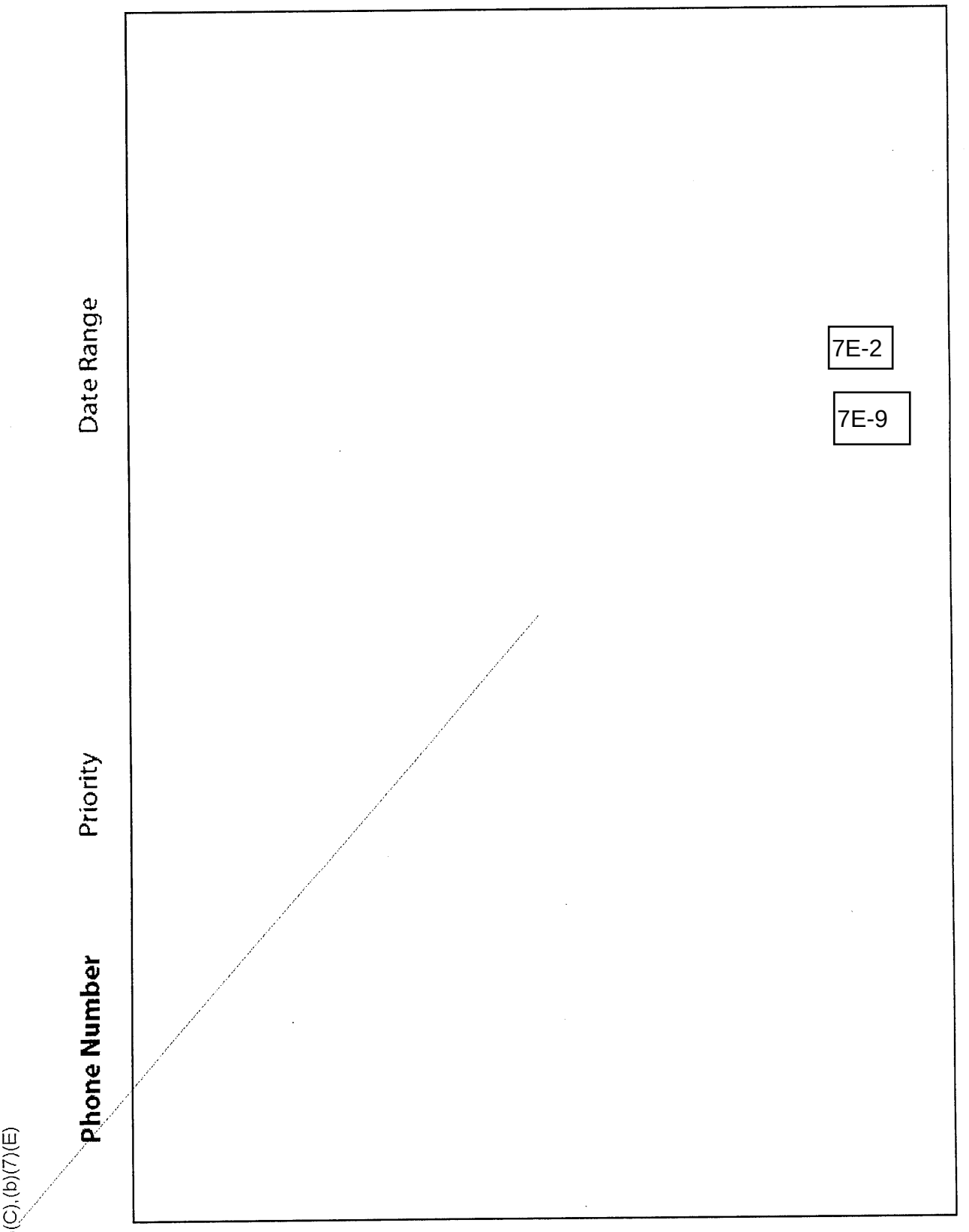


(b)(7)(A),(b)(7)(D),(b)(7)(E)

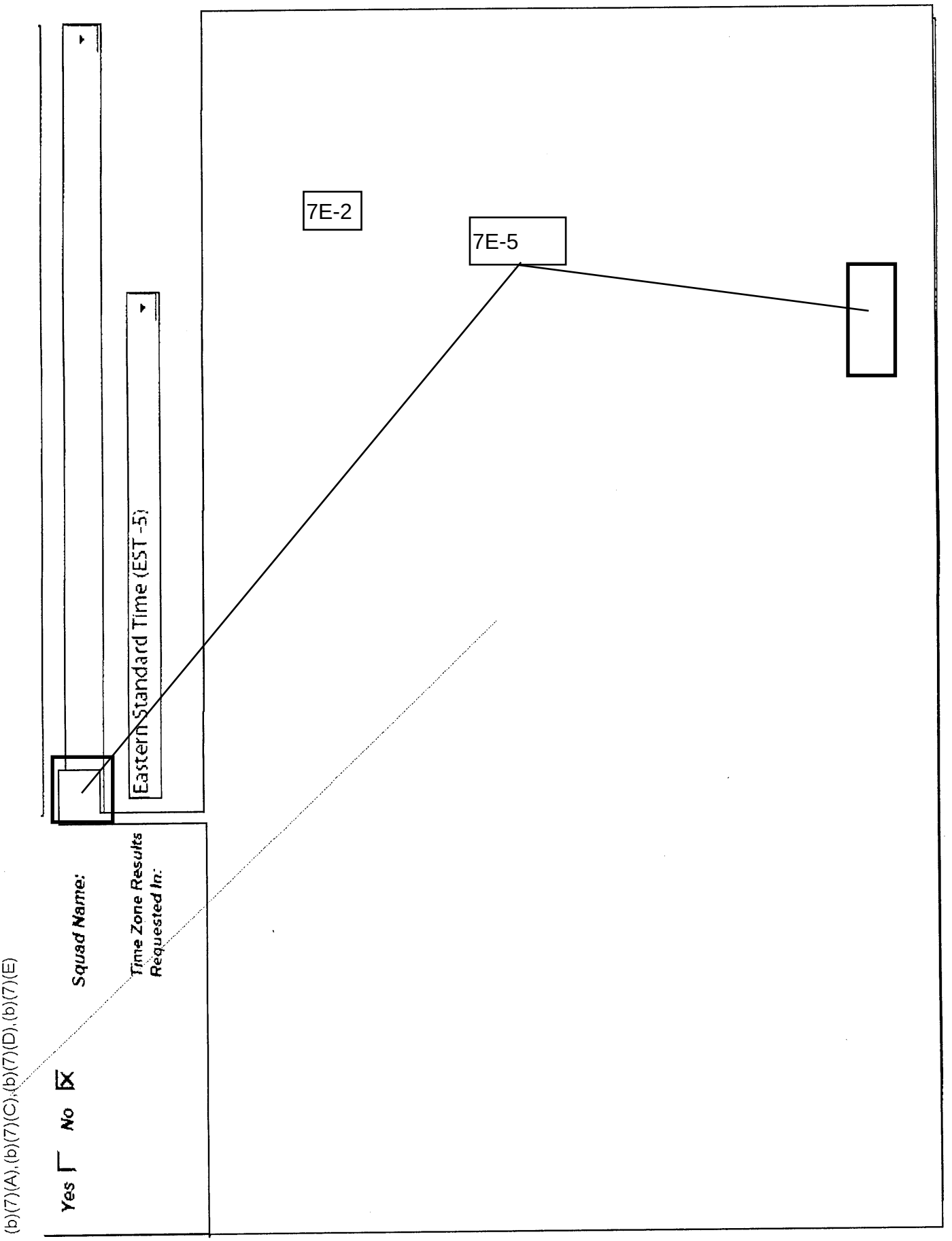

7E-2
7E-3
Hemisphere
(b)(7)(A),(b)(7)
(D),(b)(7)(E)

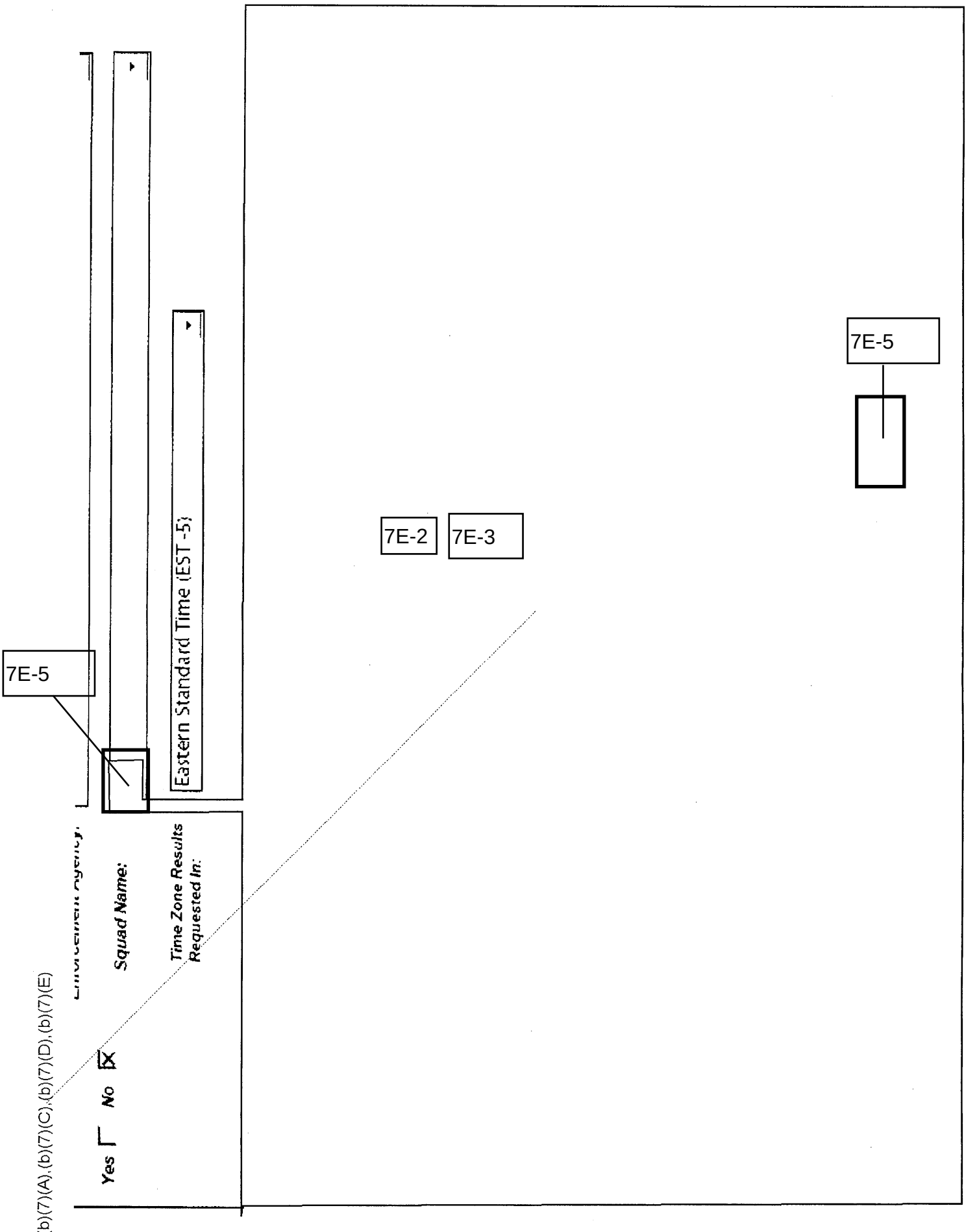


(b)(7)(A),(b)(7)(C),(b)(7)(E)

[

[Sample Requests


7E-2
7E-5
Eastern Standard Time (EST -5)
Squad Name:
Time Zone Results Requested In:
Yes
No
(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)


7E-5
7E-2
7E-3
7E-5
Eastern Standard Time (EST -5)
Squad Name:
Time Zone Results Requested In:
Yes
No
(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

Yes ☐ No ☒

Squad Name: DEA

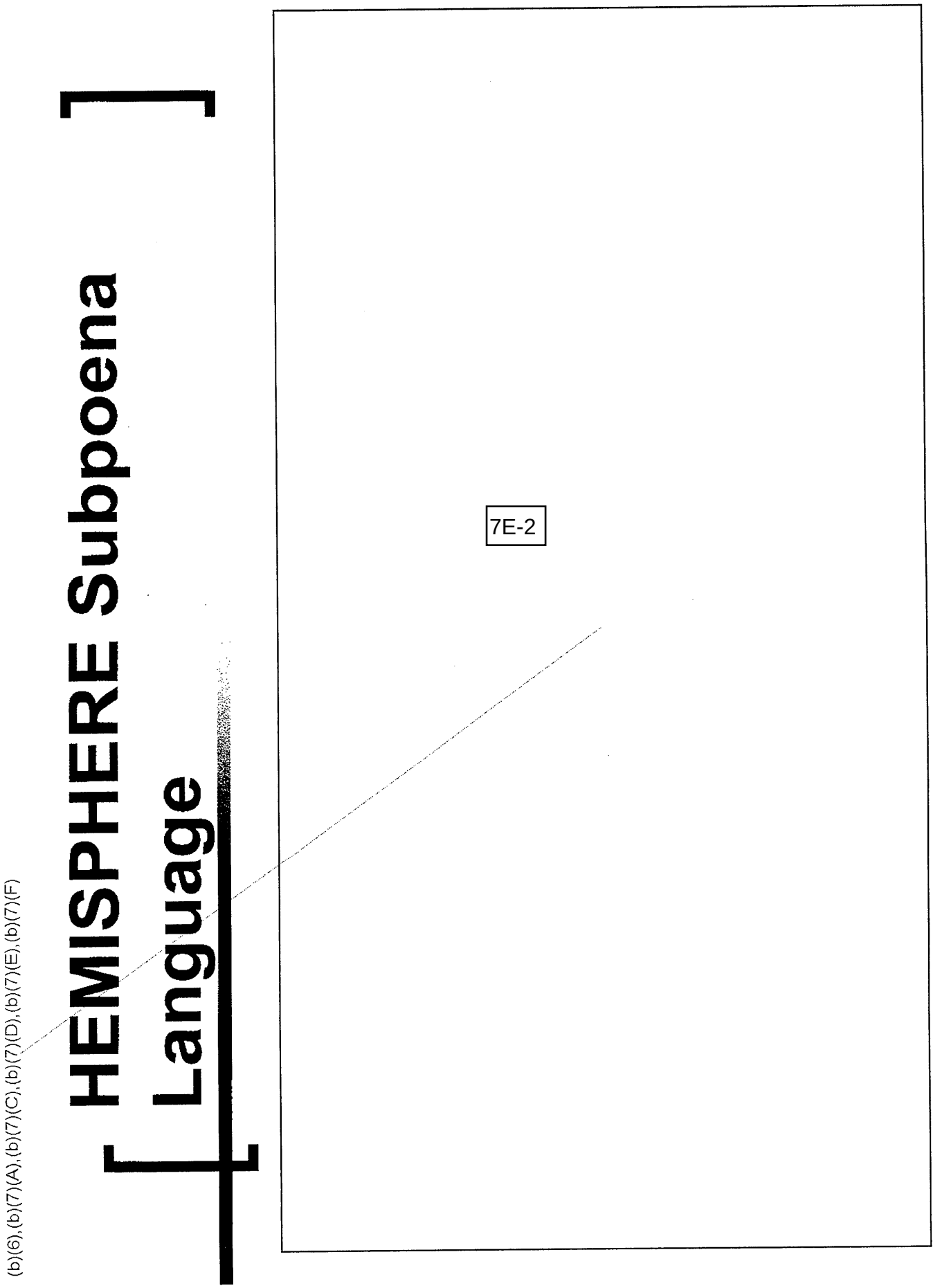
Time Zone Results Requested In: Eastern Standard Time (EST -5)

7E-2 7E-3

(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

Subpoenas

HEMISPHERE
ATLANTA HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

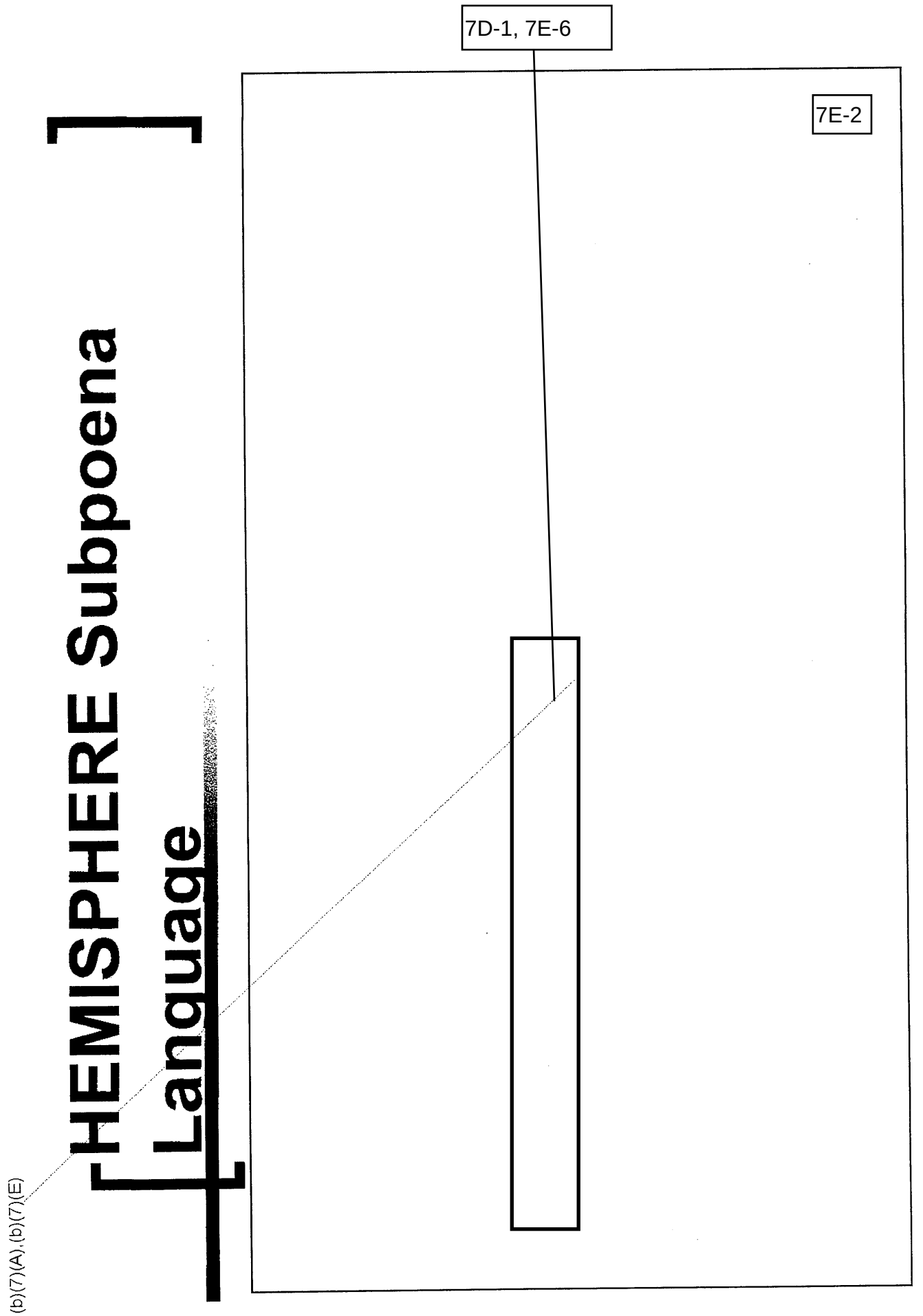


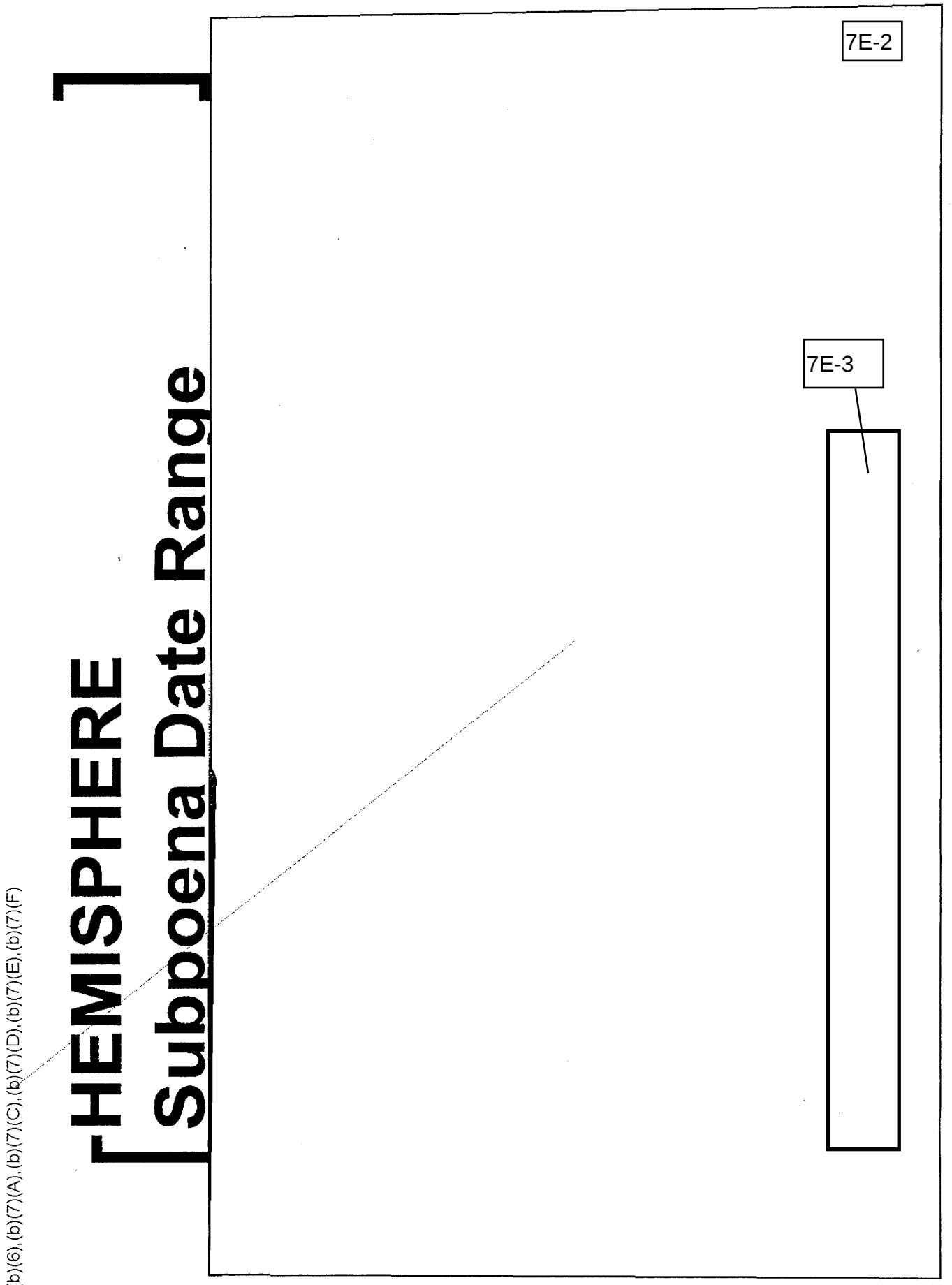
(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)

(b)(7)(A),(b)(7)(D),(b)(7)(E),(b)(7)(F)

[HEMISPHERE Subpoena Recipient]

All Hemisphere subpoenas should have the following in the recipient/address section…


7D-1, 7E-6
7E-2
HEMISPHERE Subpoena
Language
(b)(7)(A), (b)(7)(E)



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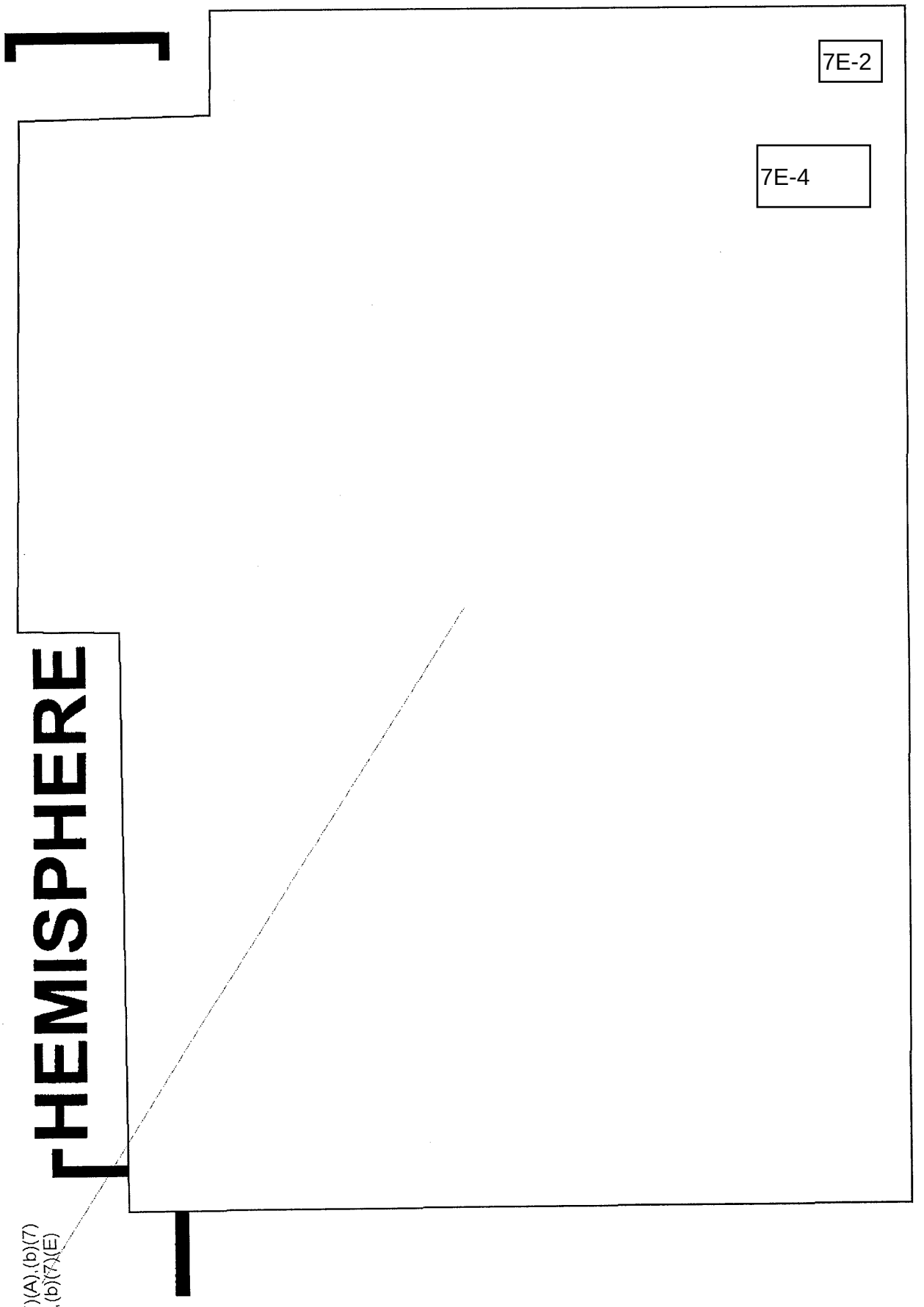
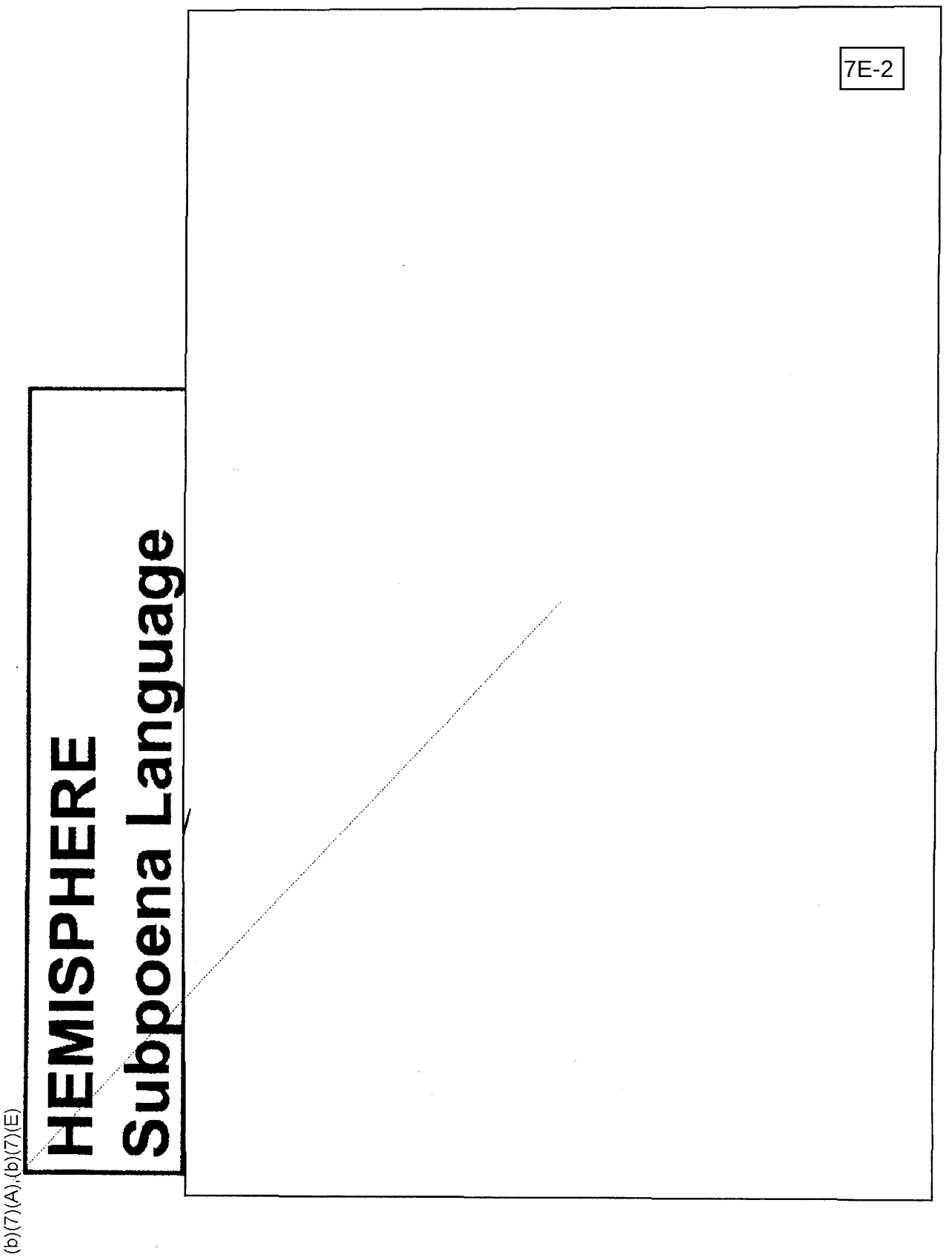

7E-2
7E-4
HEMISPHERE
(b)(7)(A),(b)(7)
(D),(b)(7)(E)


7E-2
HEMISPHERE
Subpoena Language
(b)(7)(A),(b)(7)(E)

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

APPALACHIA HIDTA

Please Fax When Complete 7E-1

HRC Fax : (b)(7)(A),(b)(7)(E)

Master Case Number:		*Priority:*		*Current Date:*	2014-05-29 10:53:55

HIDTA Point of Contac Name: | *Email Results To:*

POC Phone Number: | *Email Notification Of Completion To:*

Requestor Name: | *Email Results To:*

Requestor Phone Number: | *Email Notification Of Completion To:*

DTO Name (if applicable): | **Case Name (if applicable):**

HIDTA Initiative: | *HIDTA Initiative OR Law Enforcement Agency:*

Yes ☐ *No* ☐ | *Squad Name:*

(b)(7)(A),(b)(7)(E) | *Time Zone Results Requested In:*

7E-2

Phone Number	Priority	Date Range	

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

ATLANTA HIDTA

Please Fax When Complete 7E-1

HRC Fax : (b)(7)(A),(b)(7)(E)

Master Case Number:

Priority:

Current Date: 2014-05-29 10:54:10

HIDTA Point of Contac Name:

Email Results To:

POC Phone Number:

Email Notification Of Completion To:

Requestor Name:

Email Results To:

Requestor Phone Number:

Email Notification Of Completion To:

DTO Name (if applicable):

Case Name (if applicable):

HIDTA Initiative:

HIDTA Initiative OR Law Enforcement Agency:

Yes ☐ ***No*** ☐

Squad Name:

(b)(7)(A),(b)(7)(E)

Time Zone Results Requested In:

7E-2

Phone Number	Priority	Date Range	

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

CENTRAL FLORIDA HIDTA

Please Fax When Complete

HRC Fax : (b)(7)(A),(b)(7)(E)

7E-1

Master Case Number:		*Priority:*	*Current Date:* 2014-05-29 10:54:25

HIDTA Point of Contac Name:

Email Results To:

POC Phone Number:

Email Notification Of Completion To:

Requestor Name:

Email Results To:

Requestor Phone Number:

Email Notification Of Completion To:

DTO Name (if applicable):

Case Name (if applicable):

HIDTA Initiative:

HIDTA Initiative OR Law Enforcement Agency:

Yes ☐ *No* ☐

Squad Name:

(b)(7)(A),(b)(7)(E)

Time Zone Results Requested In:

7E-2

Phone Number	Priority	Date Range	

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

LAKE COUNTY HIDTA

Please Fax When Complete 7E-1

HRC Fax : (b)(7)(A),(b)(7)(E)

Master Case Number:		*Priority:*		*Current Date:*	*2014-05-29 10:54:37*

HIDTA Point of Contac Name:

Email Results To:

POC Phone Number:

Email Notification Of Completion To:

Requestor Name:

Email Results To:

Requestor Phone Number:

Email Notification Of Completion To:

DTO Name (if applicable):

Case Name (if applicable):

HIDTA Initiative:

HIDTA Initiative OR Law Enforcement Agency:

Yes ☐ *No* ☐

Squad Name:

(b)(7)(A),(b)(7)(E)

Time Zone Results Requested In:

7E-2

Phone Number	Priority	Date Range	

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

MICHIGAN HIDTA

Please Fax When Complete

HRC Fax : (b)(7)(A),(b)(7)(E)

7E-1

Master Case Number:

Priority:

Current Date: *2014-05-29 10:54:50*

HIDTA Point of Contac Name:

Email Results To:

POC Phone Number:

Email Notification Of Completion To:

Requestor Name:

Email Results To:

Requestor Phone Number:

Email Notification Of Completion To:

DTO Name (if applicable):

Case Name (if applicable):

HIDTA Initiative:

HIDTA Initiative OR Law Enforcement Agency:

Yes ☐ ***No*** ☐

Squad Name:

(b)(7)(A) (b)(7)(E)

Time Zone Results Requested In:

7E-2

Phone Number	Priority	Date Range	

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

NEW ENGLAND HIDTA

7E-1

Please Fax When Complete

HRC Fax : (b)(7)(A),(b)(7)(E)

Master Case Number: | ***Priority:*** | ***Current Date:*** 2014-05-29 10:55:03

HIDTA Point of Contac Name: | ***Email Results To:***

POC Phone Number: | ***Email Notification Of Completion To:***

Requestor Name: | ***Email Results To:***

Requestor Phone Number: | ***Email Notification Of Completion To:***

DTO Name (if applicable): | **Case Name (if applicable):**

HIDTA Initiative: | ***HIDTA Initiative OR Law Enforcement Agency:***

Yes ☐ ***No*** ☐ | ***Squad Name:***

(b)(7)(A),(b)(7)(E)

Time Zone Results Requested in:

7E-2

Phone Number	Priority	Date Range	

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

NEW YORK/NEW JERSEY HIDTA

Please Fax When Complete

HRC Fax : (b)(7)(A),(b)(7)(E)

7E-1

Master Case Number: | ***Priority:*** | ***Current Date:*** 2014-05-29 10:55:20

HIDTA Point of Contac Name: | ***Email Results To:***

POC Phone Number: | ***Email Notification Of Completion To:***

Requestor Name: | ***Email Results To:***

Requestor Phone Number: | ***Email Notification Of Completion To:***

DTO Name (if applicable): | **Case Name (if applicable):**

HIDTA Initiative: | ***HIDTA Initiative OR Law Enforcement Agency:***

Yes ☐ ***No*** ☐ | ***Squad Name:***

(b)(7)(A),(b)(7)(E) | ***Time Zone Results Requested In:***

7E-2

Phone Number	Priority	Date Range	

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

NORTH FLORIDA HIDTA

Please Fax When Complete 7E-1

HRC Fax : (b)(7)(A),(b)(7)(E)

Master Case Number:		*Priority:*		*Current Date:*	2014-05-29 10:55:32

HIDTA Point of Contac Name:

Email Results To:

POC Phone Number:

Email Notification Of Completion To:

Requestor Name:

Email Results To:

Requestor Phone Number:

Email Notification Of Completion To:

DTO Name (if applicable):

Case Name (if applicable):

HIDTA Initiative:

HIDTA Initiative OR Law Enforcement Agency:

Yes ☐ *No* ☐

Squad Name:

(b)(7)(A),(b)(7)(E)

Time Zone Results Requested In:

7E-2

Phone Number	Priority	Date Range	

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

OHIO HIDTA

Please Fax When Complete

HRC Fax : (b)(7)(A),(b)(7)(E)

7E-1

Master Case Number:

Priority:

Current Date: 2014-05-29 10:55:44

HIDTA Point of Contec Name:

Email Results To:

POC Phone Number:

Email Notification Of Completion To:

Requestor Name:

Email Results To:

Requestor Phone Number:

Email Notification Of Completion To:

DTO Name (If applicable):

Case Name (If applicable):

HIDTA Initiative:

HIDTA Initiative OR Law Enforcement Agency:

Yes ☐ ***No*** ☐

Squad Name:

(b)(7)(A) (b)(7)(E)

Time Zone Results Requested In:

7E-2

Phone Number	Priority	Date Range	

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

PHILADELPHIA/CAMDEN HIDTA

Please Fax When Complete 7E-1

HRC Fax (b)(7)(A),(b)(7)(E)

Master Case Number: | ***Priority:*** | ***Current Date:*** 2014-05-29 10:55:55

HIDTA Point of Contac Name: | ***Email Results To:***

POC Phone Number: | ***Email Notification Of Completion To:***

Requestor Name: | ***Email Results To:***

Requestor Phone Number: | ***Email Notification Of Completion To:***

DTO Name (if applicable): | **Case Name (if applicable):**

HIDTA Initiative: | ***HIDTA Initiative OR Law Enforcement Agency:***

Yes ☐ ***No*** ☐ | ***Squad Name:***

(b)(7)(A),(b)(7)(E)

Time Zone Results Requested in:

7E-2

Phone Number	Priority	Date Range	

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

PUERTO RICO/VIRGIN IS. HIDTA

Please Fax When Complete 7E-1

HRC Fax : (b)(7)(A),(b)(7)(E)

Master Case Number:

Priority:

Current Date: 2014-05-29 10:56:07

HIDTA Point of Contac Name:

Email Results To:

POC Phone Number:

Email Notification Of Completion To:

Requestor Name:

Email Results To:

Requestor Phone Number:

Email Notification Of Completion To:

DTO Name (If applicable):

Case Name (If applicable):

HIDTA Initiative:

HIDTA Initiative OR Law Enforcement Agency:

Yes ☐ ***No*** ☐

Squad Name:

(b)(7)(A),(b)(7)(E)

Time Zone Results Requested In:

7E-2

Phone Number	Priority	Date Range	

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

SOUTH FLORIDA HIDTA

Please Fax When Complete

South Florida ISC Fax: (b)(7)(A),(b)(7)(E) 7E-1

Master Case Number: | ***Priority:*** | ***Current Date:*** 2014-05-29 10:56:18

HIDTA Point of Contac Name: | ***Email Results To:***

POC Phone Number: | ***Email Notification Of Completion To:***

Requestor Name: | ***Email Results To:***

Requestor Phone Number: | ***Email Notification Of Completion To:***

DTO Name (if applicable): | **Case Name (if applicable):**

HIDTA Initiative: | ***HIDTA Initiative OR Law Enforcement Agency:***

Yes ☐ ***No*** ☐ | ***Squad Name:***

(b)(7)(A) (b)(7)(E) | ***Time Zone Results Requested In:***

7E-2

Phone Number	Priority	Date Range	

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

Please Fax When Complete

HRC Fax : (b)(7)(A),(b)(7)(E)

7E-1

WASHINGTON/BALTIMORE HIDTA

Master Case Number: | ***Priority:*** | ***Current Date:*** 2014-05-29 10:56:31

HIDTA Point of Contac Name: | ***Email Results To:***

POC Phone Number: | ***Email Notification Of Completion To:***

Requestor Name: | ***Email Results To:***

Requestor Phone Number: | ***Email Notification Of Completion To:***

DTO Name (if applicable): | **Case Name (if applicable):**

HIDTA Initiative: Yes ☐ No ☐

HIDTA Initiative OR Law Enforcement Agency:

Squad Name:

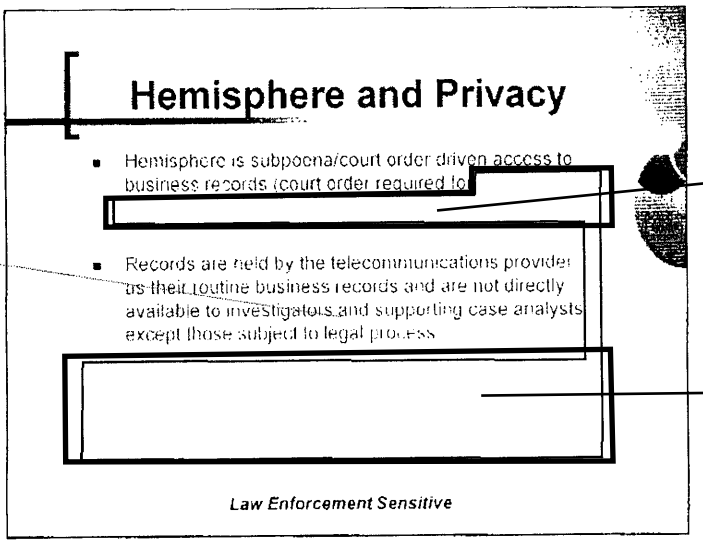
(b)(7)(A),(b)(7)(E)

Time Zone Results Requested in:

7E-2

Phone Number	Priority	Date Range	

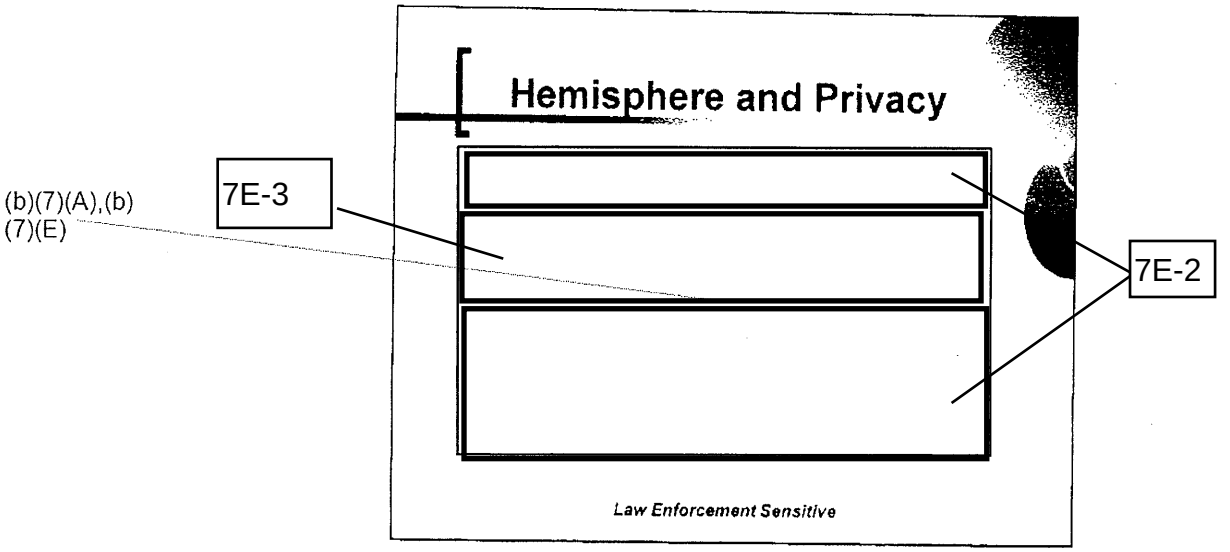
(b)(7)(A),(b)(7)(E)



7E-3

7E-2

• Federal courts have consistently held to the Third Party rule


Hemisphere and Privacy
(b)(7)(A),(b)(7)(E)
7E-3
7E-2
Law Enforcement Sensitive

HEMISPHERE

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

HOUSTON HIDTA

Please Fax When Complete

HRC Fax : (b)(7)(A),(b)(7)(E)

7E-1

Master Case Number: | ***Priority:*** | ***Current Date:*** 2013-12-02 09:32:52

HIDTA Point of Contact Name: | ***Email Results To:***

POC Phone Number: | ***Email Notification Of Completion To:***

Requestor Name: | ***Email Results To:***

Requestor Phone Number: | ***Email Notification Of Completion To:***

DTO Name (If applicable): | **Case Name (If applicable):**

HIDTA Initiative: Yes ☐ No ☐

HIDTA Initiative OR Law Enforcement Agency:

Squad Name:

(b)(7)(A) (b)(7)(E)

Time Zone Results Requested In:

7E-2

Phone Number	Priority	Date Range	

7D-1, 7E-6

7E-2

HEMISPHERE SUBPOENA-

Official Language

All Hemisphere subpoenas should have the following in the recipient/address section…

(b)(7)(A),(b)(7)(D),(b)(7)(E),(b)(7)(F)

HEMISPHERE SUBPOENA-
Official Language

7E-2

(b)(7)(A),(b)(7)(E)

HEMISPHERE

HOUSTON HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

Please Fax When Complete

HISC Fax : (b)(7)(A),(b)(7)(E) 7E-1

Master Case Number: | **Sub-Case Number:** | **Date/Time:**

DTO Name (if applicable): | **Case Name (if applicable):**

HIDTA Initiative: Yes ☐ No ☐

HIDTA Initiative OR Law Enforcement Agency:

Squad Name:

From: | ***Secure Phone Number:*** | ***Priority:***

To: | ***Deliver Results To:***

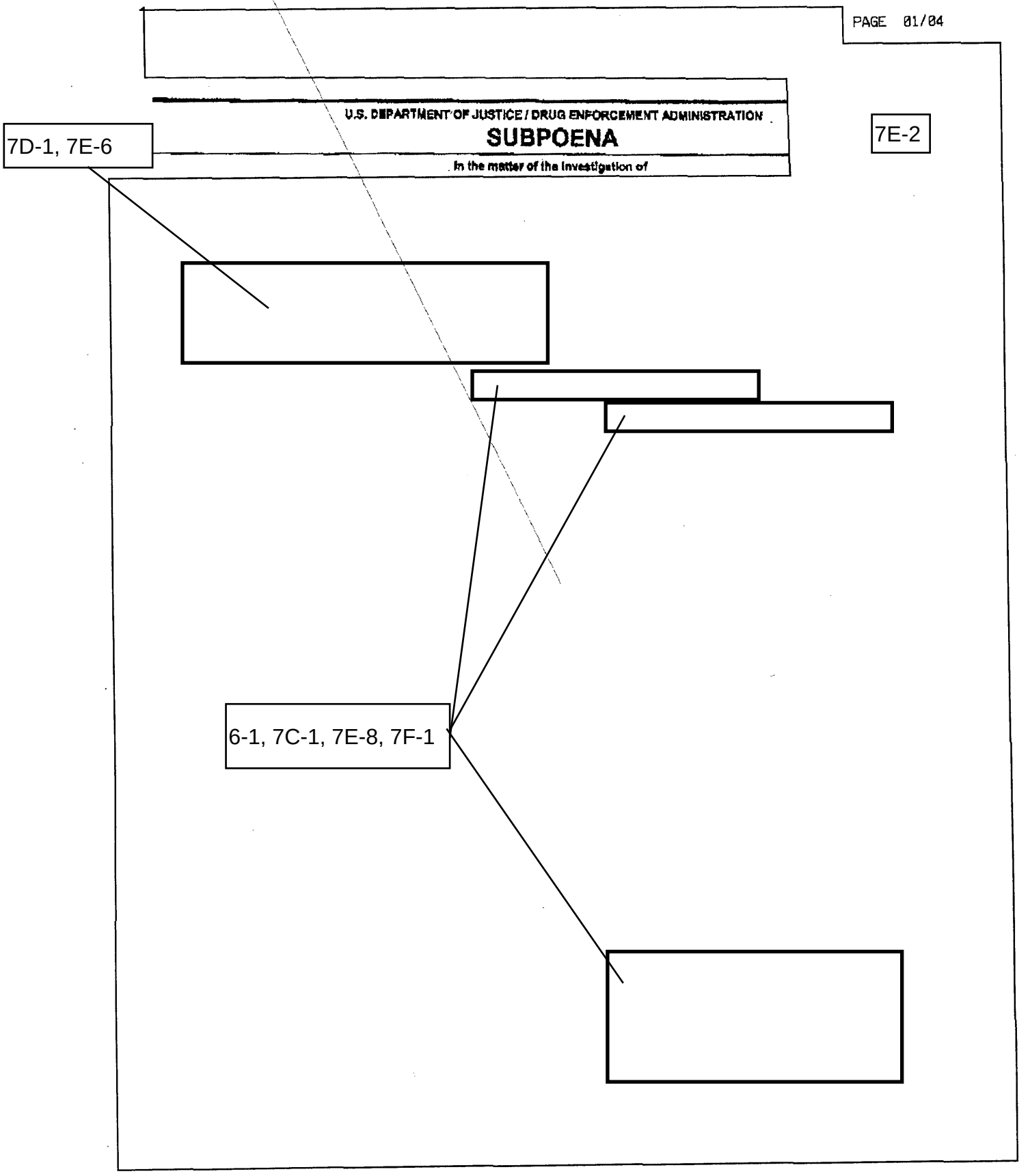
Email Address:

(b)(7)(A),(b)(7)(E)

7E-2

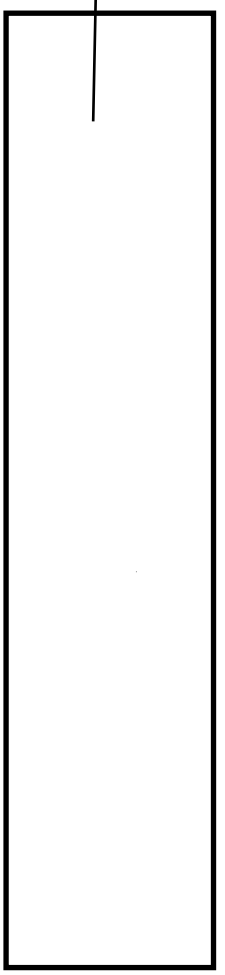
Phone Number	Previous Tasking Info	Priority	Date Range	

(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)



7E-2

7E-3



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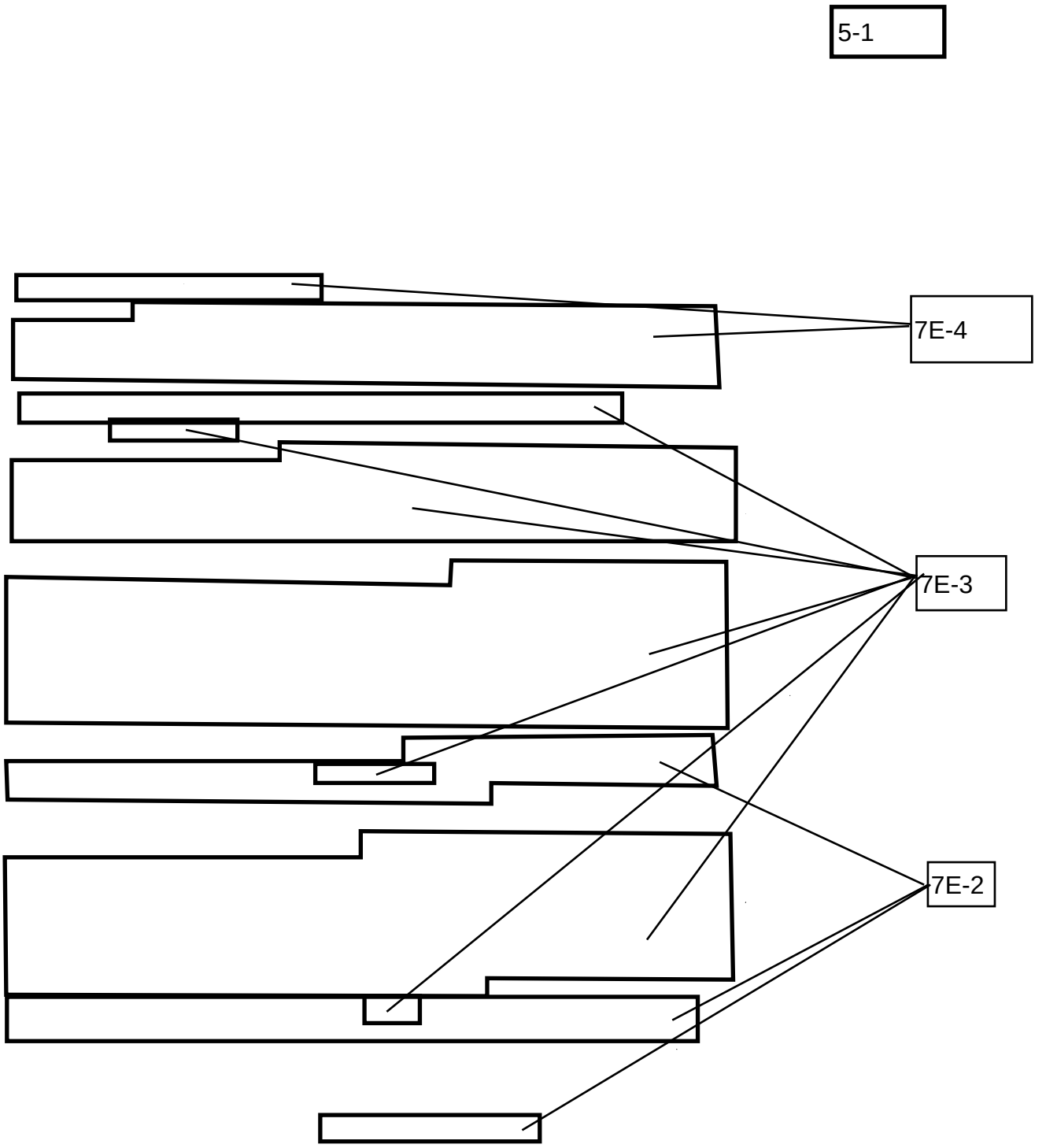
(b)(5),(b)(7)(A),(b)(7)(D),(b)(7)(E),(b)(7)(F)



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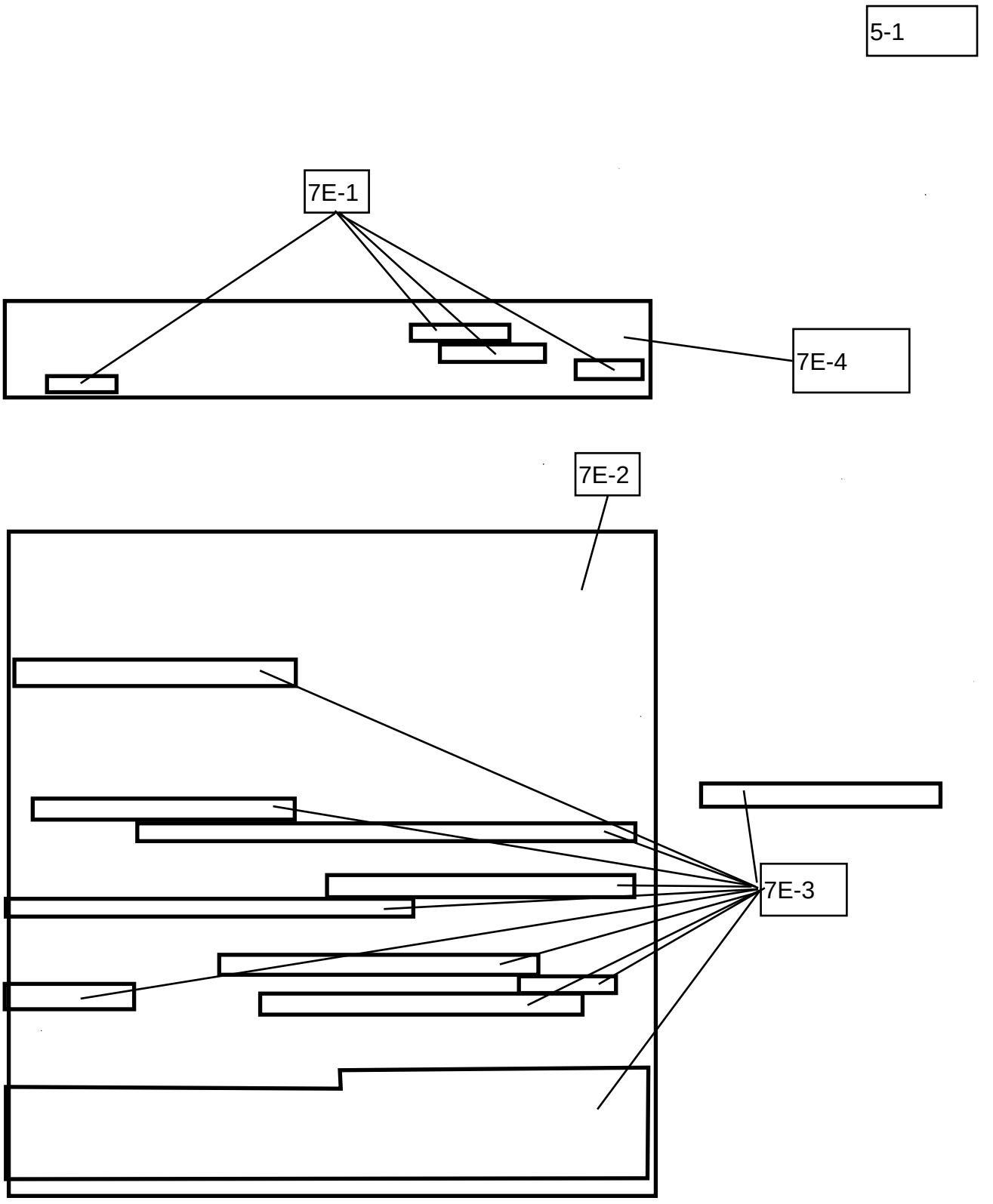

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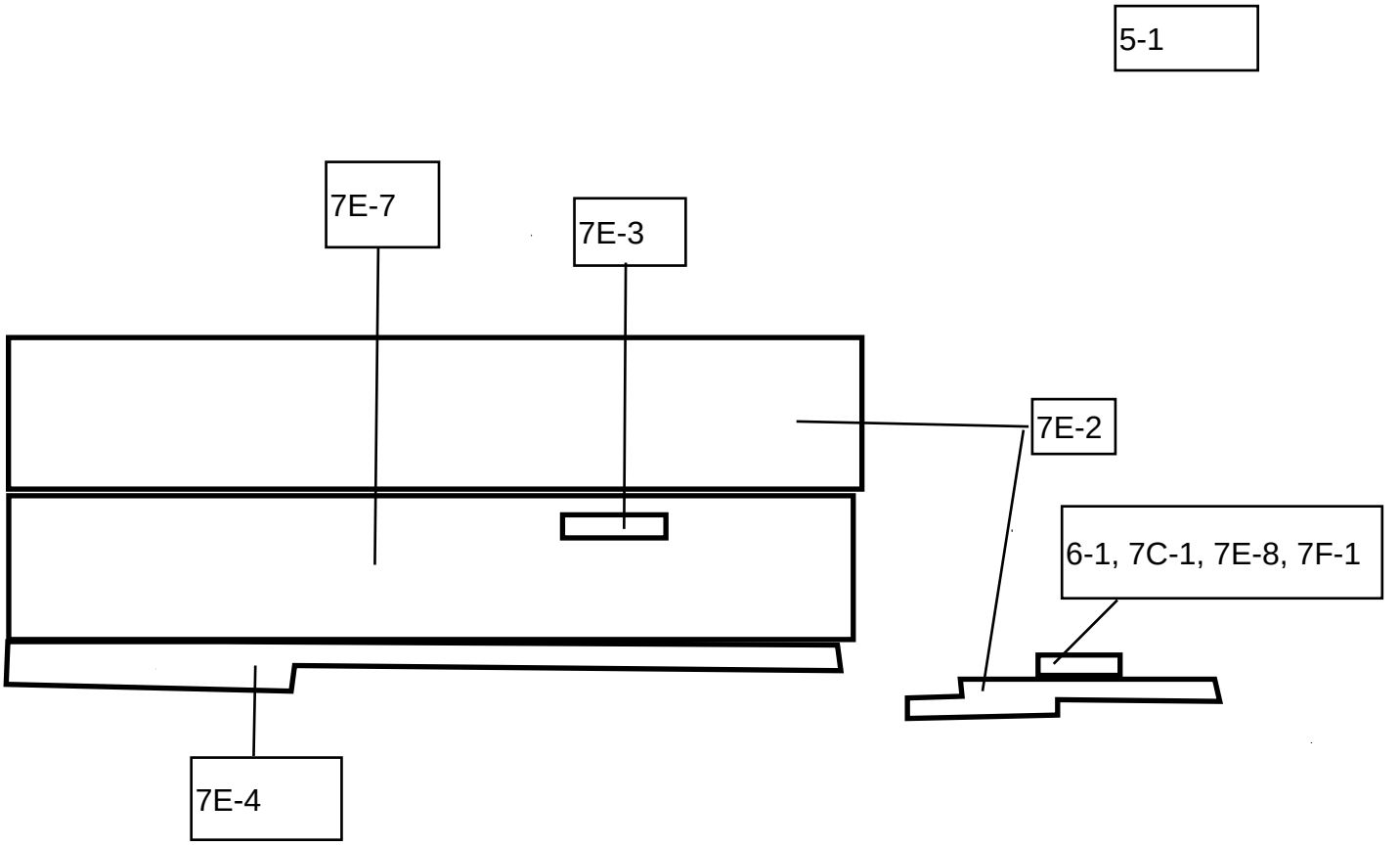

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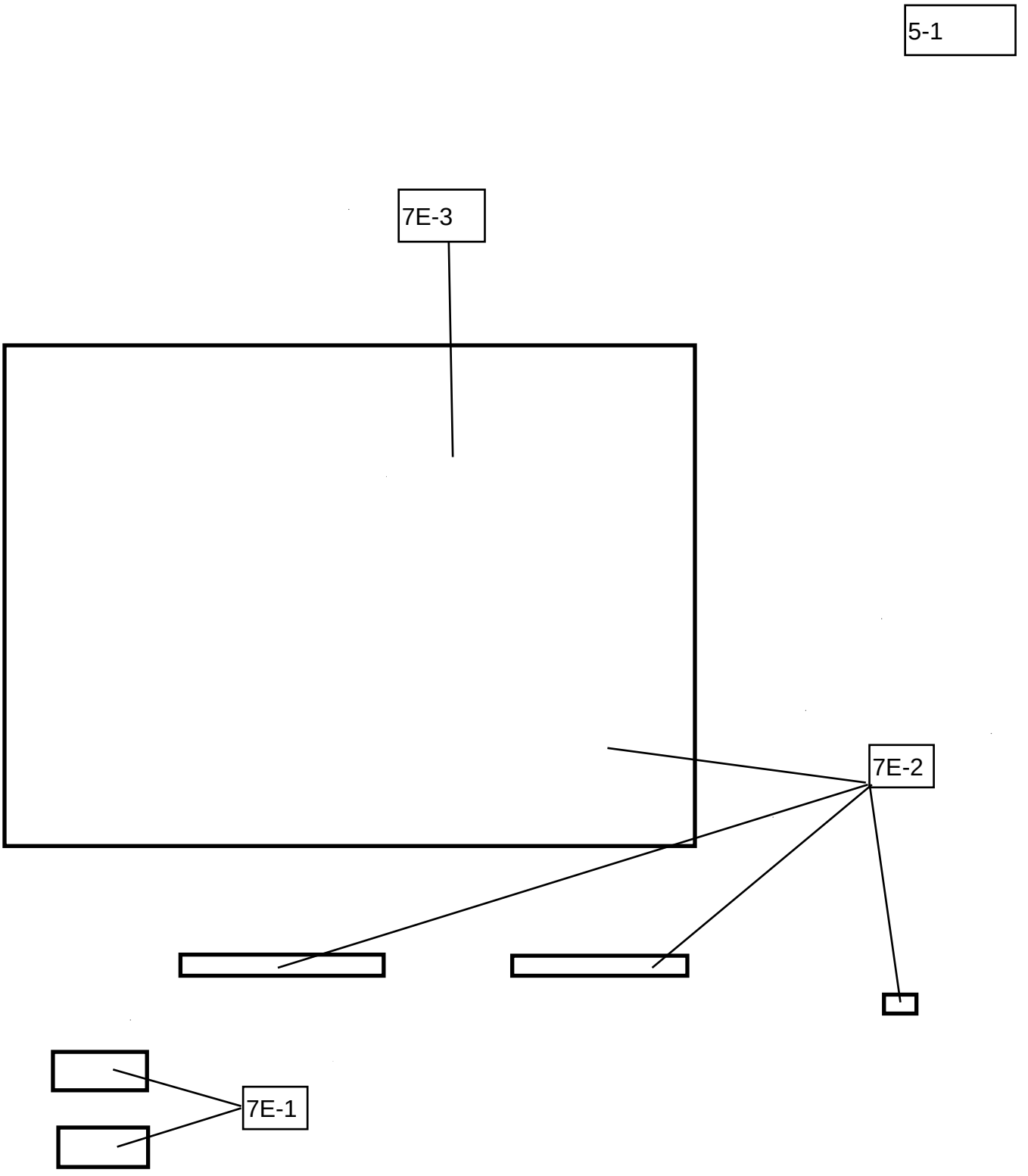

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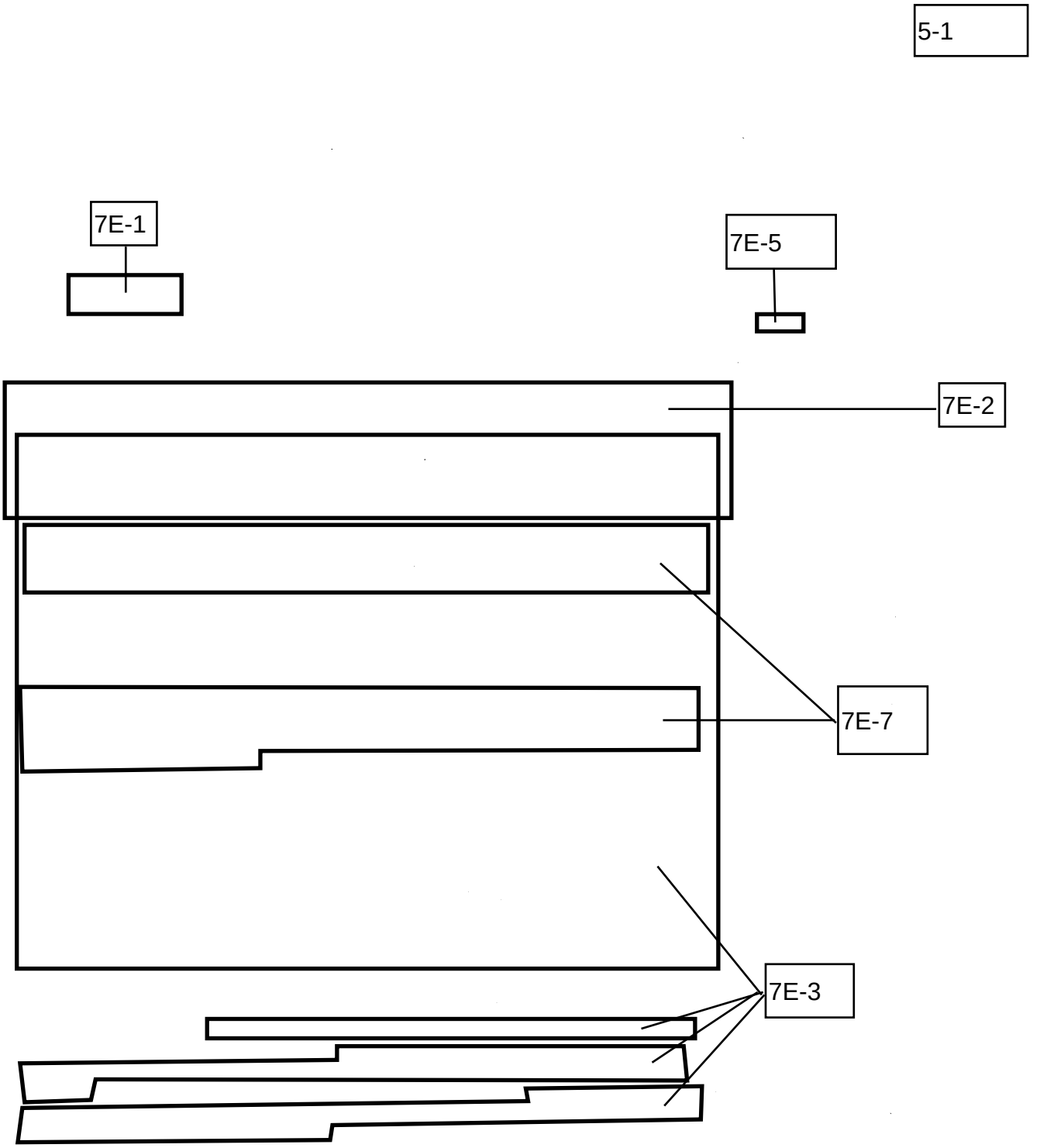

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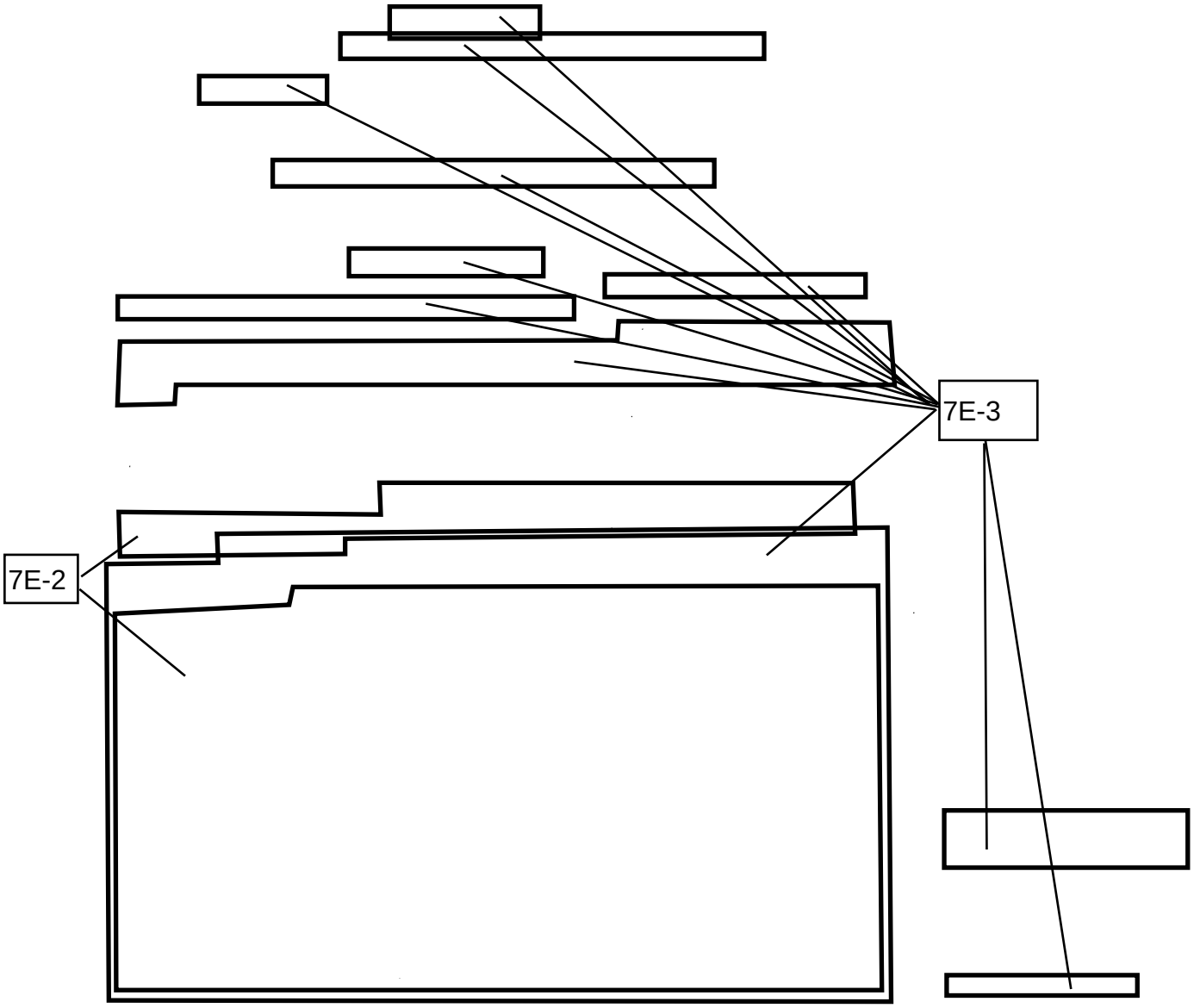
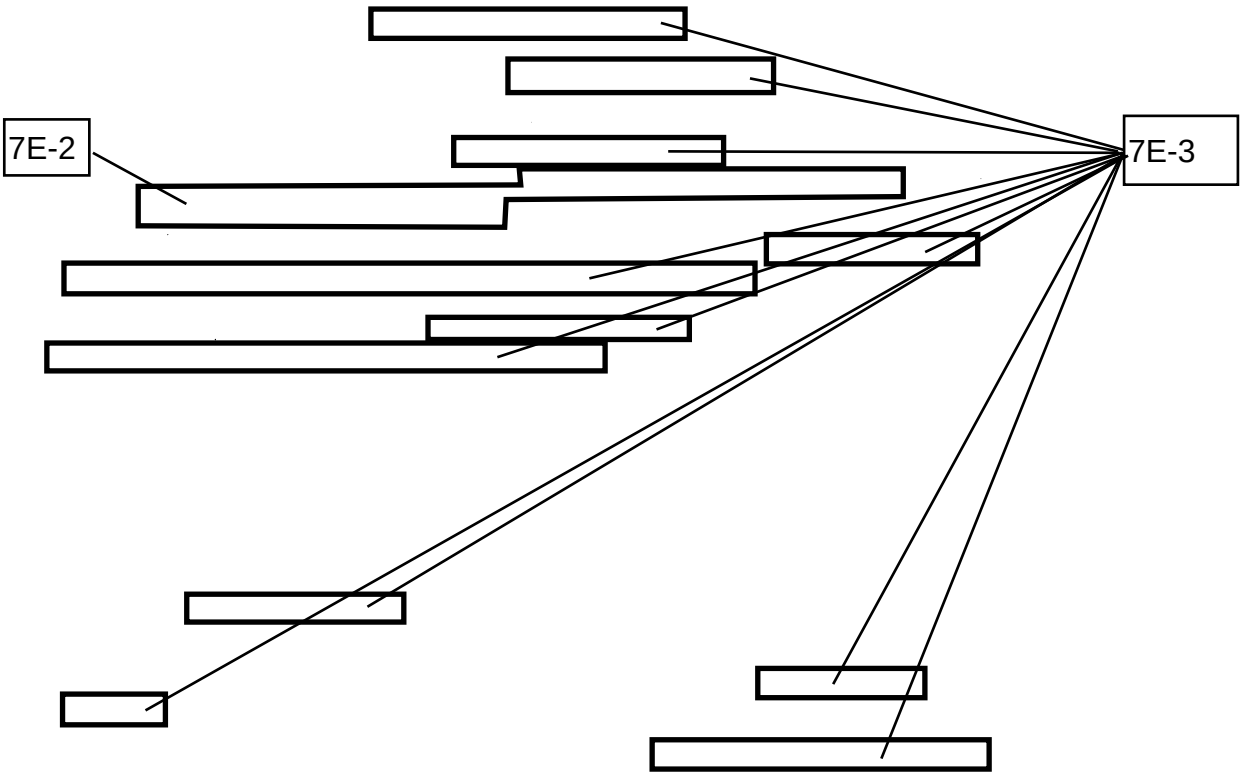
5-1



(b)(5),(b)(7)(A),(b)(7)(D),(b)(7)(E)

5-1



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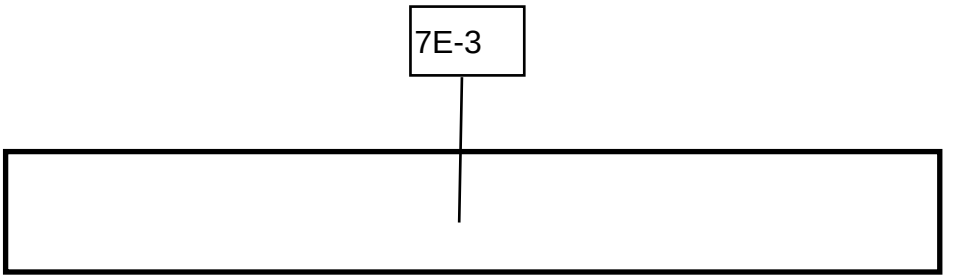
5-1



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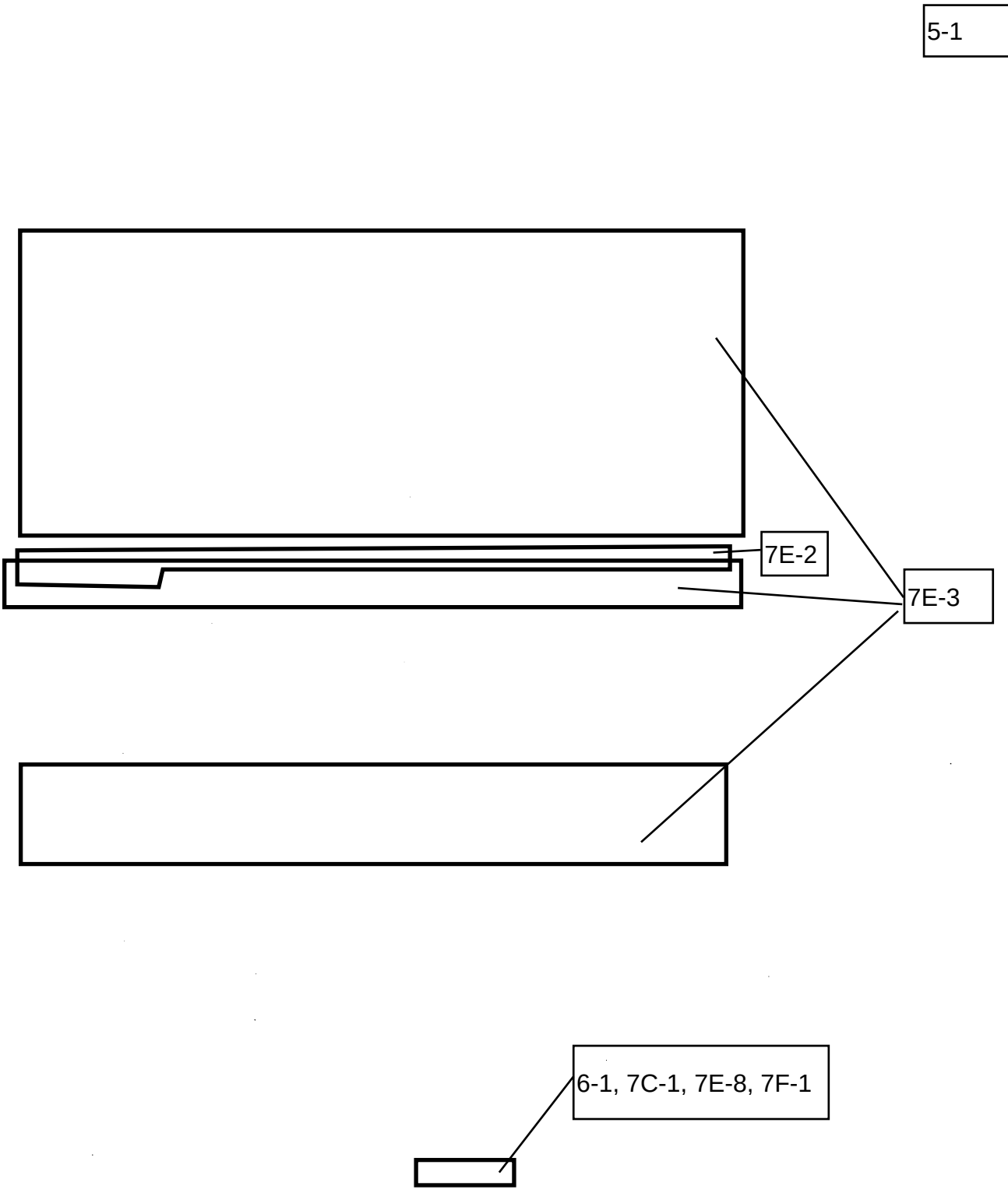
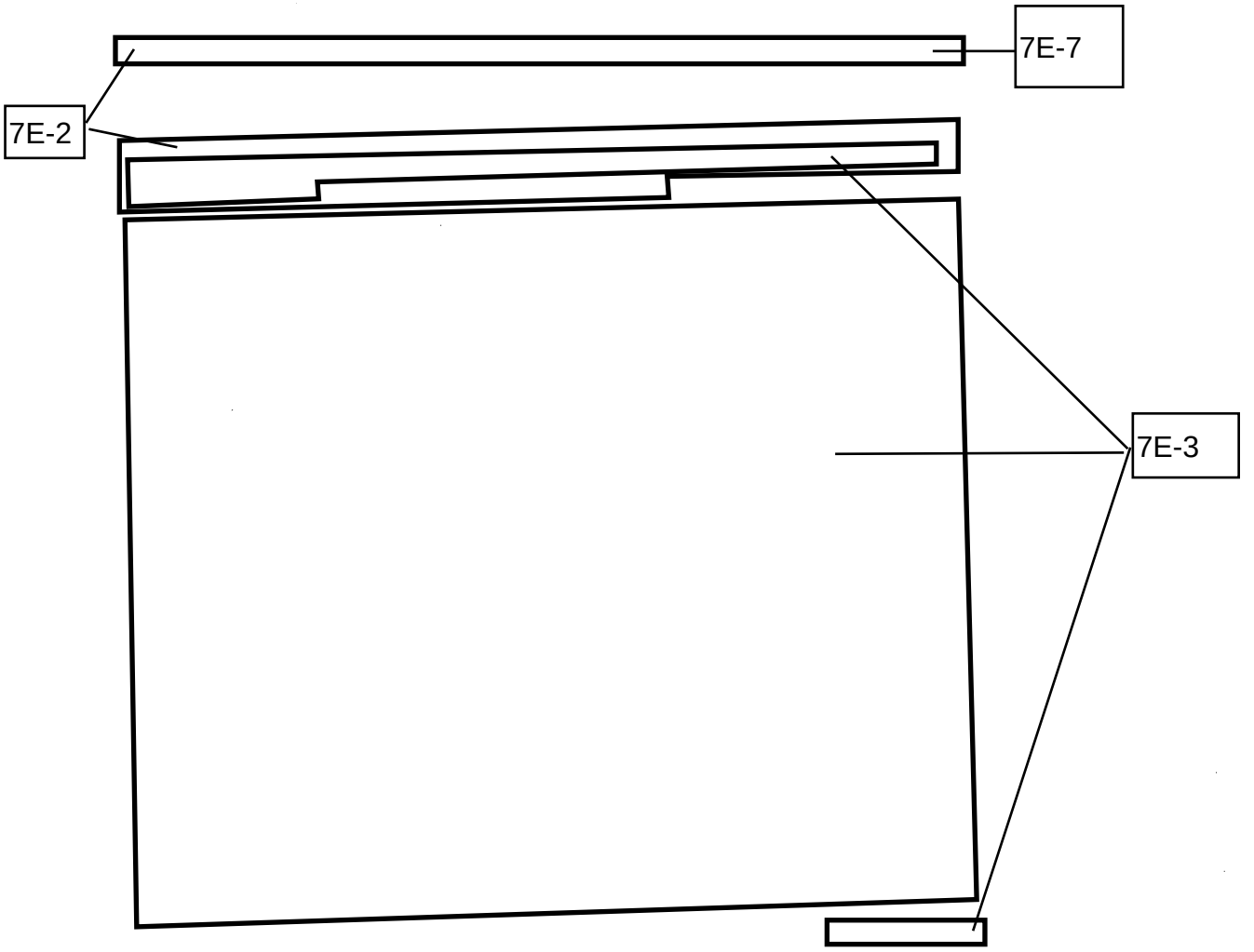
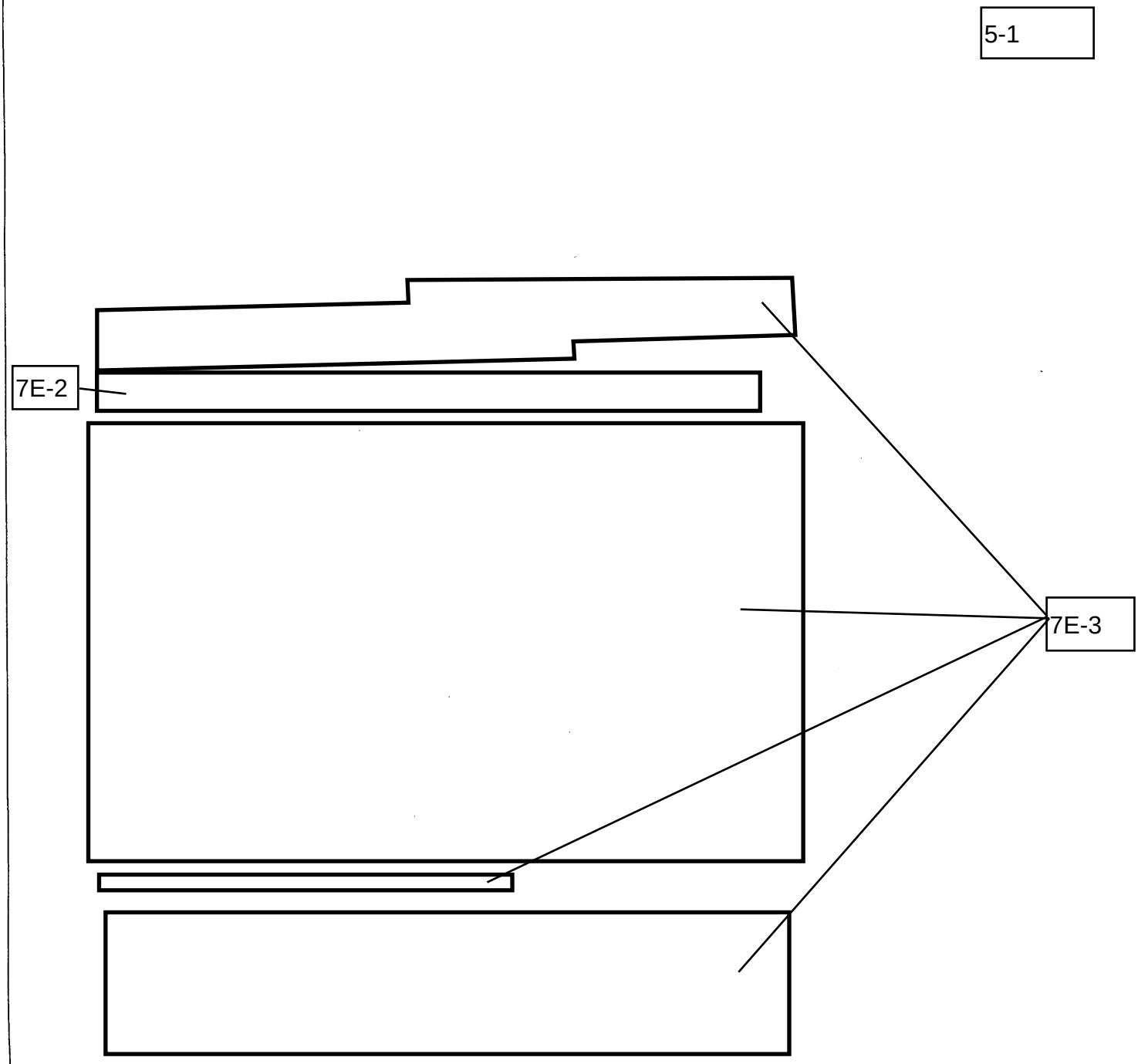


(b)(5),(b)(7)(A),(b)(7)(D),(b)(7)(E)

5-1

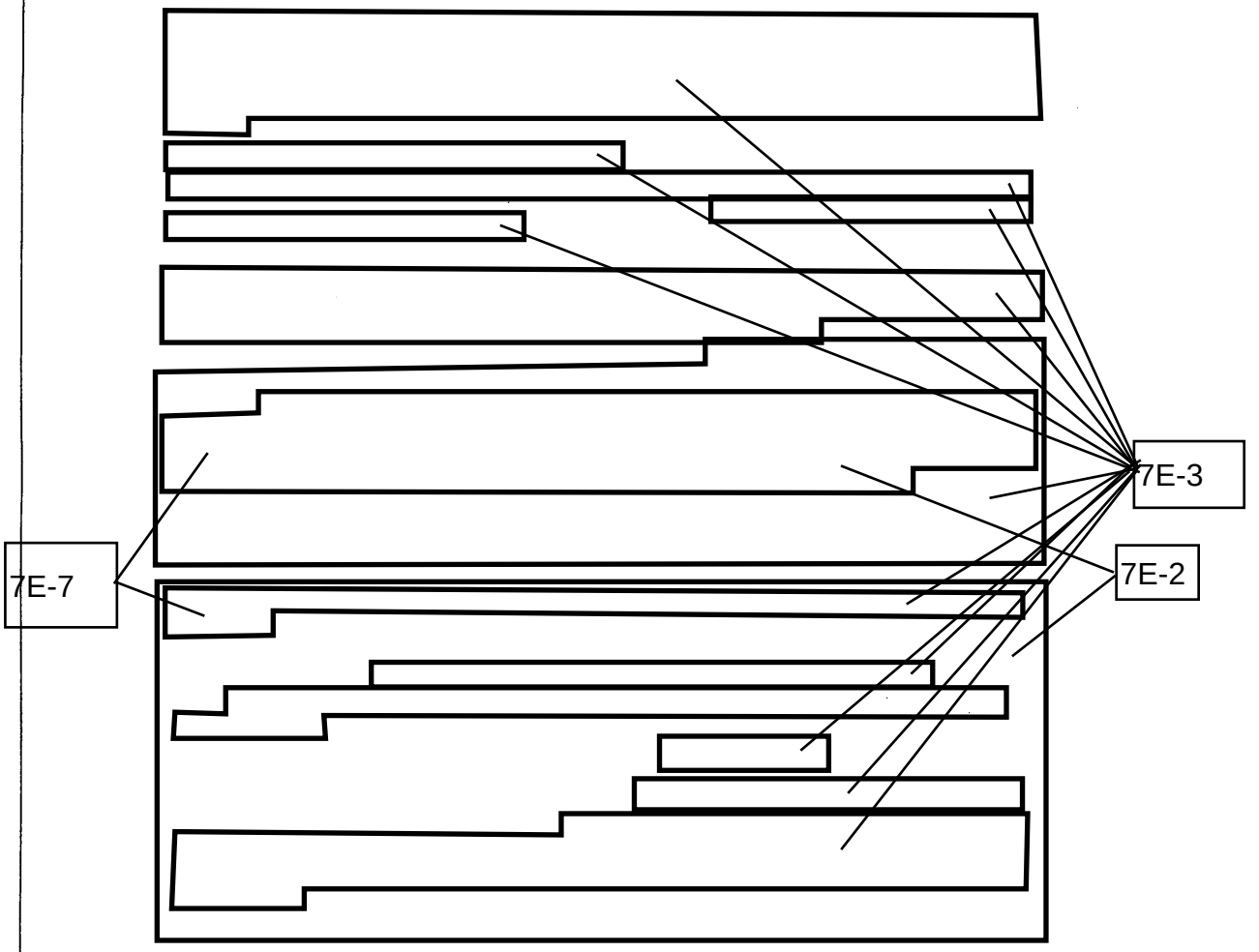


(b)(5),(b)(7)(A),(b)(7)(D),(b)(7)(E)



(b)(5),(b)(7)(A),(b)(7)(D),(b)(7)(E)

5-1



HEMISPHERE
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

7E-1

Please Fax When Complete
ISC Fax : (b)(7)(A),(b)(7)(E)

Master Case Number: | **Sub-Case Number:** | **Date/Time:**

From: | ***Email Results To:*** | ***Priority:***

Secure Phone Number: | ***Email Notification Of Completion To:***

DTO Name (if applicable): | **Case Name (if applicable):**

HIDTA Initiative: | ***HIDTA Initiative OR Law Enforcement Agency:***

Yes ☐ ***No*** ☐ | ***Squad Name:***

(b)(7)(A) (b)(7)(E) ***Time Zone Results Requested In:***

7E-2

Phone Number	Priority	Date Range	

HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

Please Fax When Complete

7E-1

LACLEAR Hemisphere **Fax:** (b)(7)(A),(b)(7)(C),(b)(7)(E)

Questions? **Phone:**

Master Case Number: | **Sub- Case Number:** | **Date:**

Drug Type Associated with Investigation: Narcotic Related | **Priority:**

Submitting Agent/Analyst: | **Secure Phone Number:**

Lead Case Agent if Different from Above:

Lead Case Agent Phone Number:

E-mail Results To:

E-mail Notification of Completion To:

Drug Trafficking Organization/Name (if applicable):

Case Name (if applicable):

HIDTA Initiative: Yes ☐ No ☐

HIDTA Initiative OR Law Enforcement Agency:

(b)(7)(A) (b)(7)(E)

Squad Name:

Time Zone Results Requested in:

7E-2

Phone Number	Priority	Date Range From	To

11/13/2007

HEMISPHERE

HOUSTON HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

Please Fax When Complete

HISC Fax : (b)(7)(A),(b)(7)(E) 7E-1

Master Case Number: | Sub-Case Number: | Date/Time:

DTO Name (if applicable): | Case Name (if applicable):

HIDTA Initiative: Yes ☐ No ☐

HIDTA Initiative OR Law Enforcement Agency:

Squad Name:

From: | Secure Phone Number: | Priority:

To: | Deliver Results To:

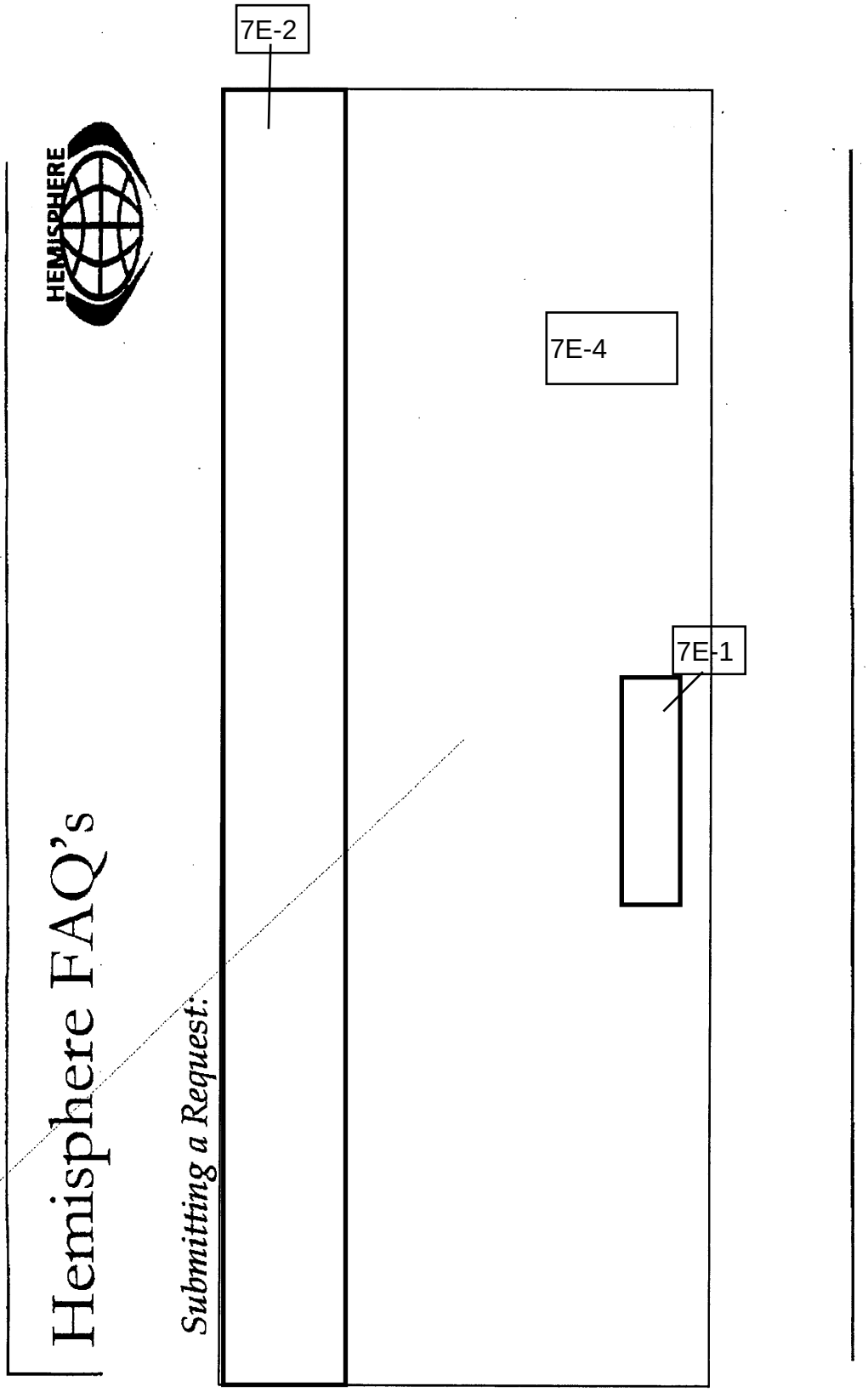
Email Address:

(b)(7)(A),(b)(7)(E)

7E-2

Phone Number		Previous Tasking Info	Priority	Date Range	

Introduction & Request Tutorial
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy
HEMISPHERE



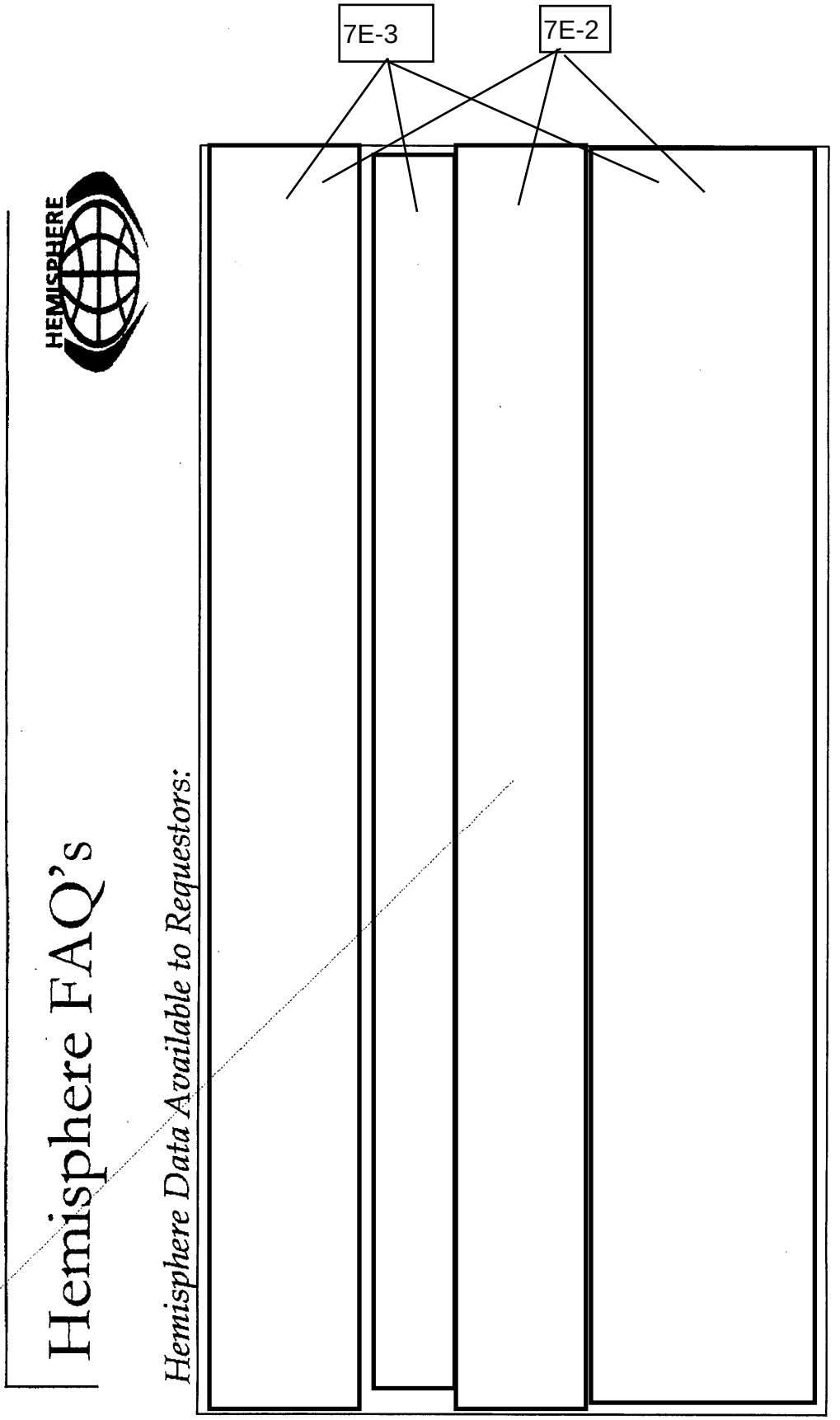
(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)

Hemisphere FAQ's

Preparing the Subpoena:

7E-2

b)(7)(A),(b)(7)(D),(b)(7)(E)


7E-3
7E-2
HEMISPHERE
Hemisphere FAQ's
Hemisphere Data Available to Requestors:

(b)(7)(A),(b)(7)(D),(b)(7)(E)

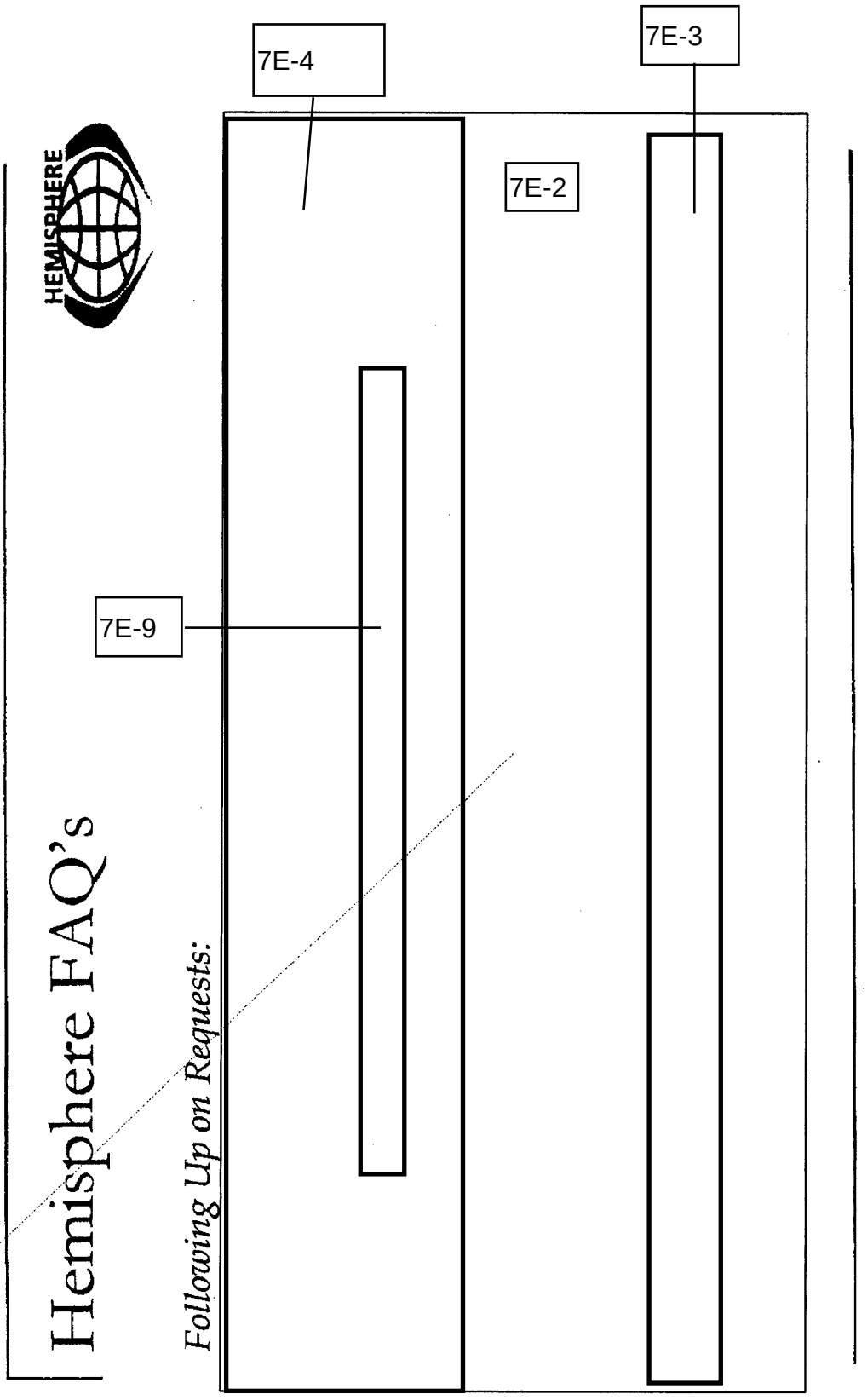
Hemisphere FAQ's

Interpreting the Results:

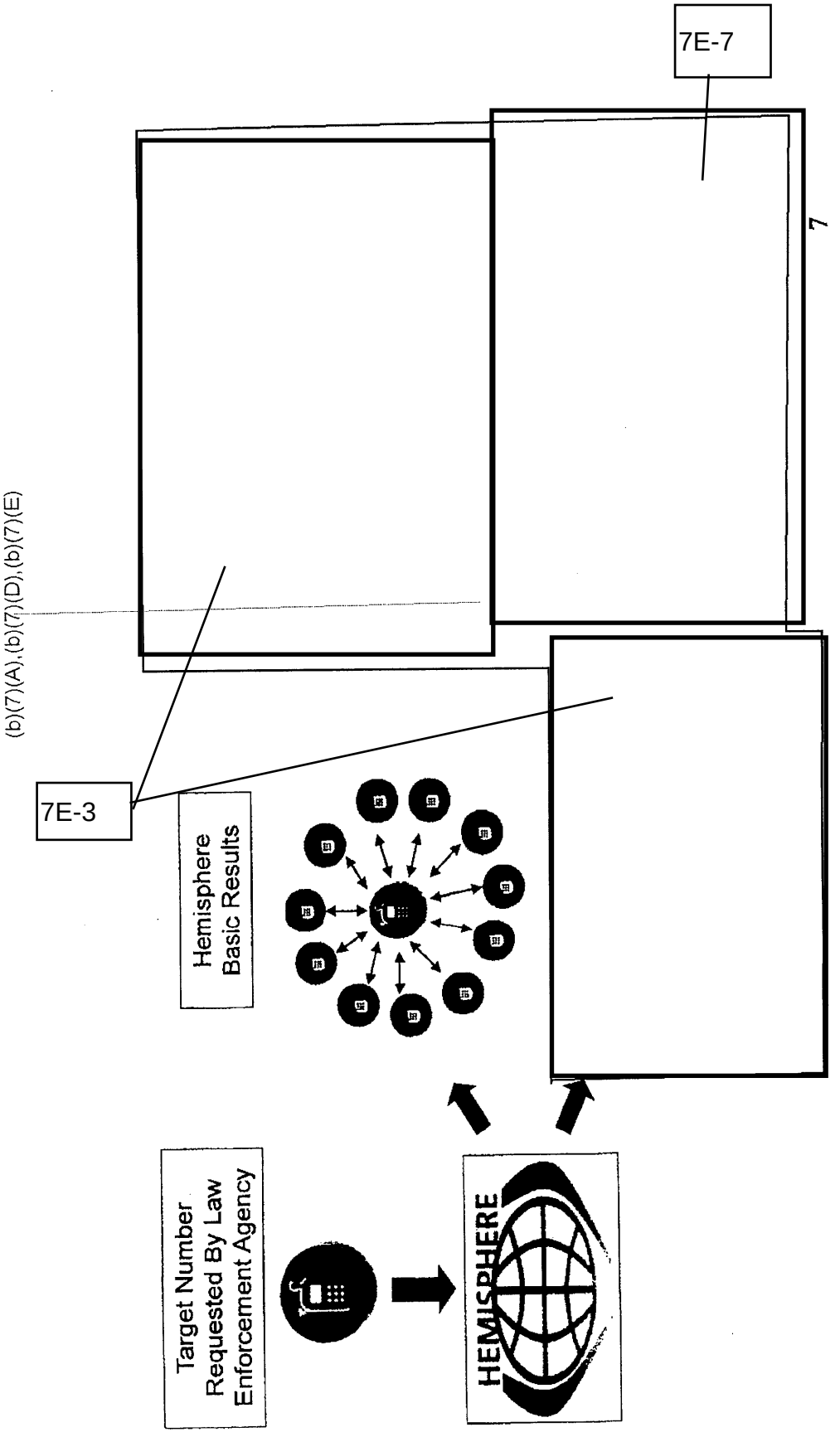
7E-3

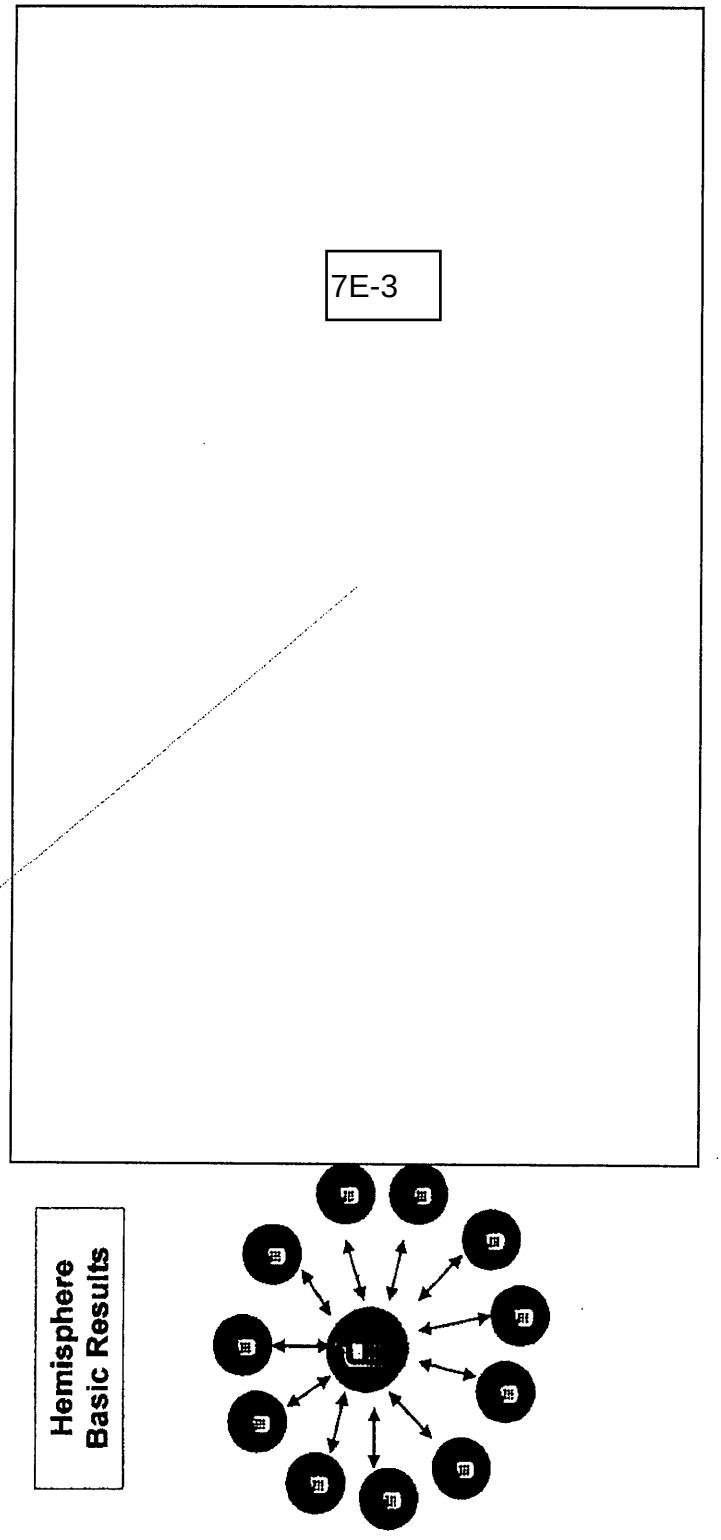
7E-7

)(7)(A),(b)(7)(D),(b)(7)(E)


7E-4
7E-3
7E-2
7E-9
HEMISPHERE
Hemisphere FAQ's
Following Up on Requests:

(b)(7)(A),(b)(7)(D),(b)(7)(E)


7E-7
7
(b)(7)(A),(b)(7)(D),(b)(7)(E)
7E-3
Hemisphere Basic Results
Target Number Requested By Law Enforcement Agency
HEMISPHERE



8

(b)(7)(A),(b)(7)(D),(b)(7)(E)

Submitting a Request

(b)(7)(A),(b)(7)(D),(b)(7)(E)

- Submitting a Request
- Hemisphere Request Process
- Hemisphere Subpoena- Official Language
- Hemisphere Subpoena- Date Ranges
- Subpoena Examples
- Court Order Example (for Los Angeles Hemisphere only)
- Hemisphere Subpoena-
- Examples

7E-2

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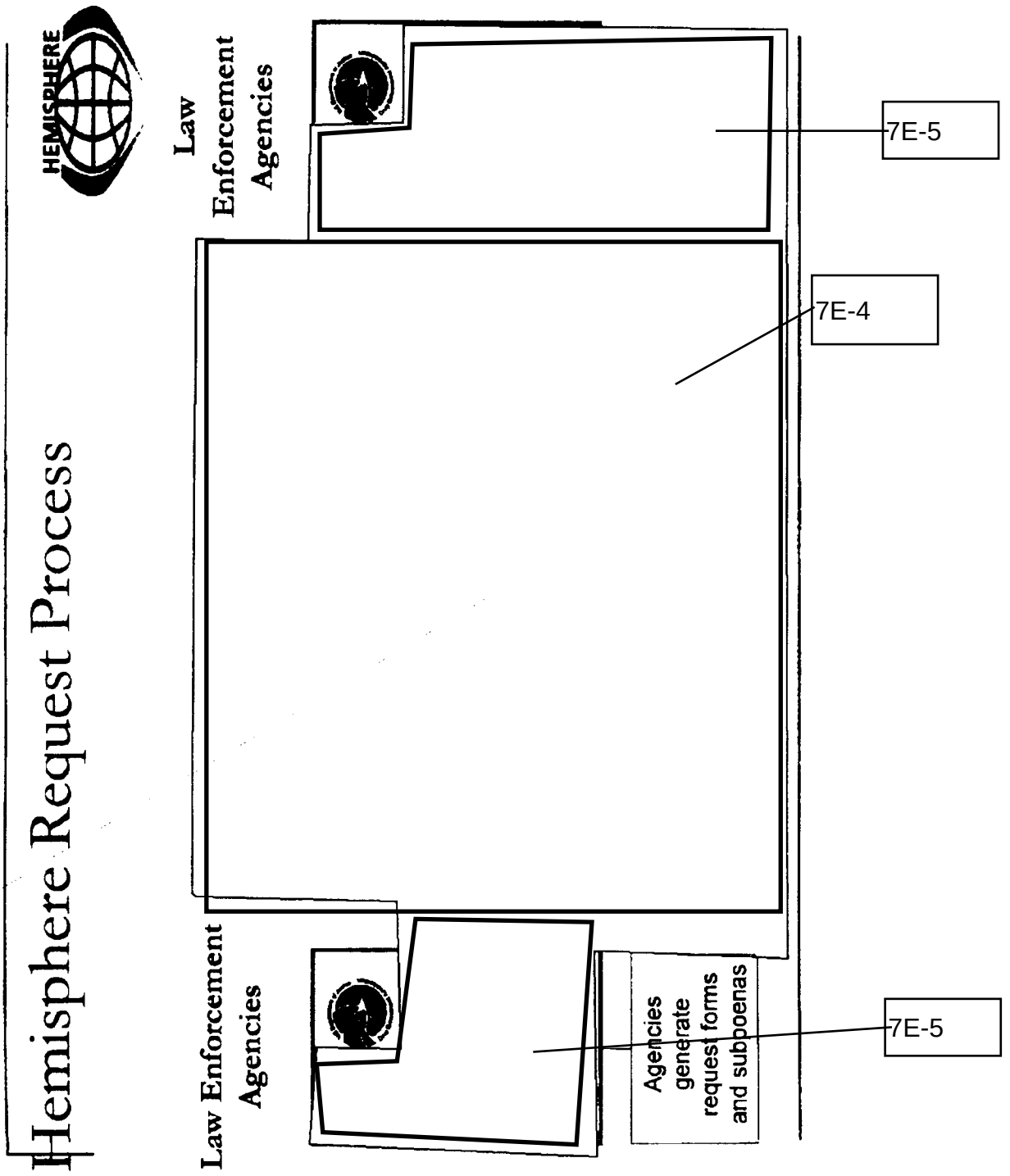
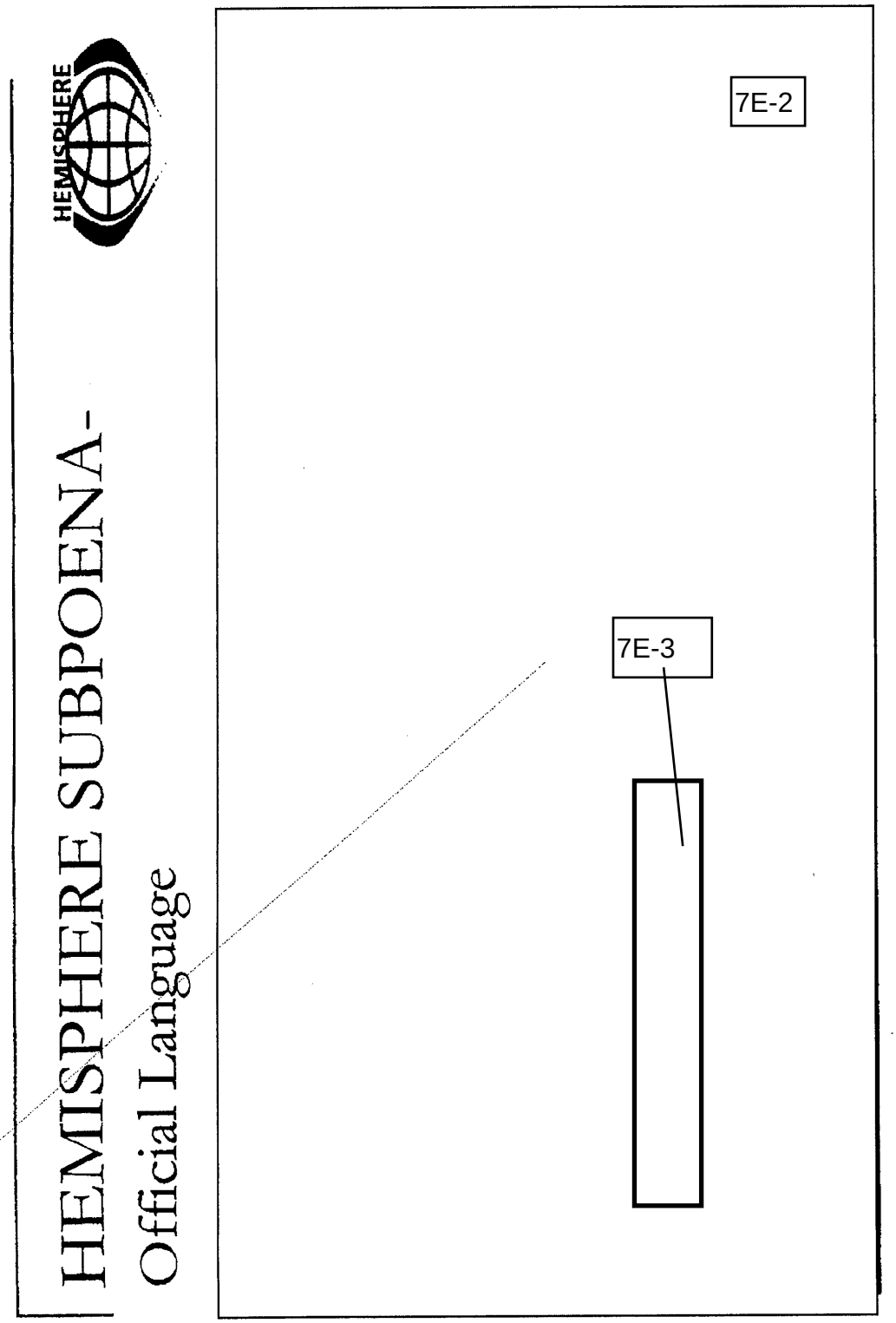

Hemisphere Request Process
HEMISPHERE
Law Enforcement Agencies
Law Enforcement Agencies
Agencies generate request forms and subpoenas
7E-5
7E-4
7E-5

(b)(7)(A),(b)(7)(E),(b)(7)(F)


HEMISPHERE
HEMISPHERE SUBPOENA-
Official Language
7E-2
7E-3

(b)(7)(A),(b)(7)(D),(b)(7)(E)

b)(7)(A),(b)(7)(E)

HEMISPHERE SUBPOENA-

Official Language

The below wording must appear on all Hemisphere subpoenas:

7E-2

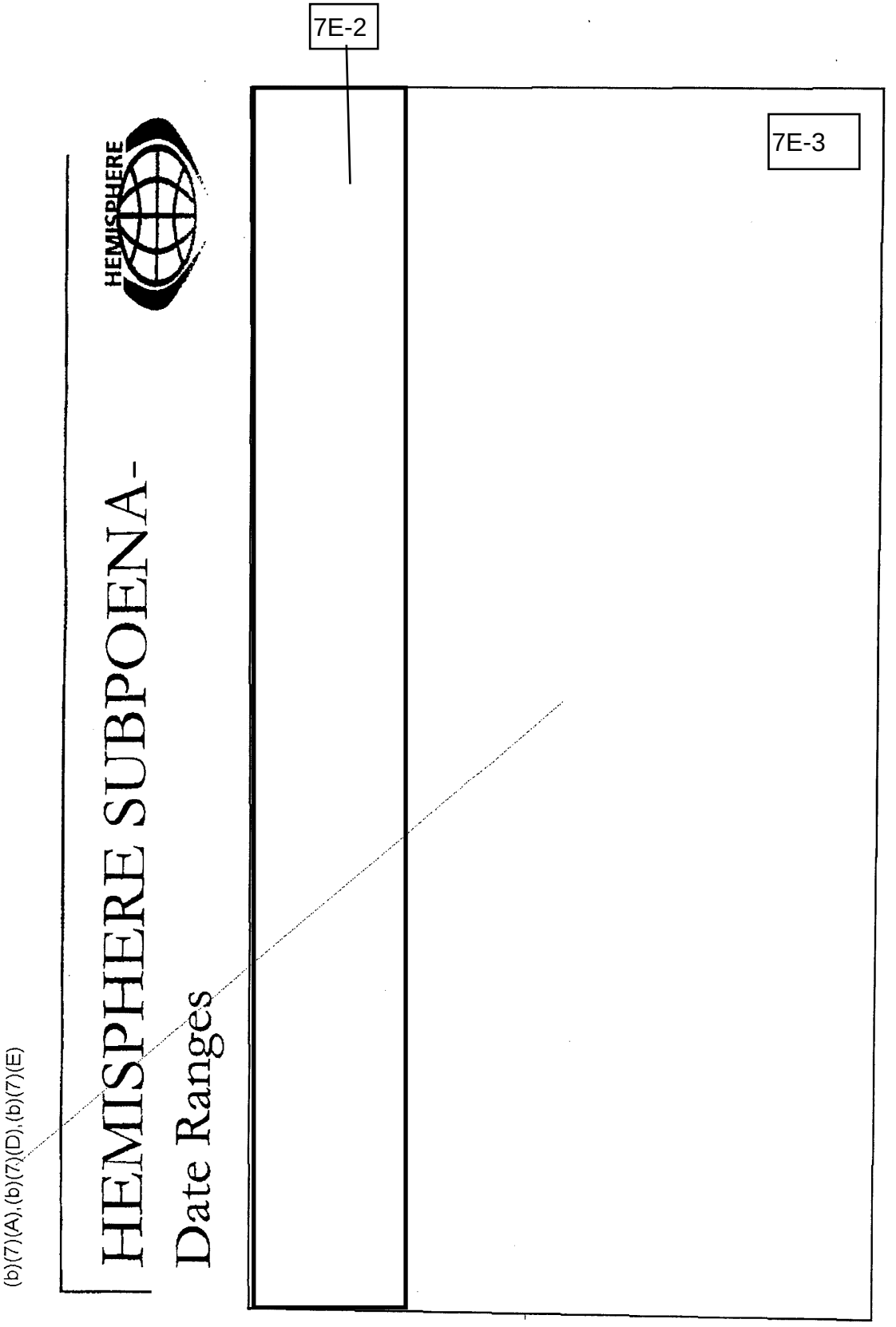
(b)(7)(A),(b)(7)(E)

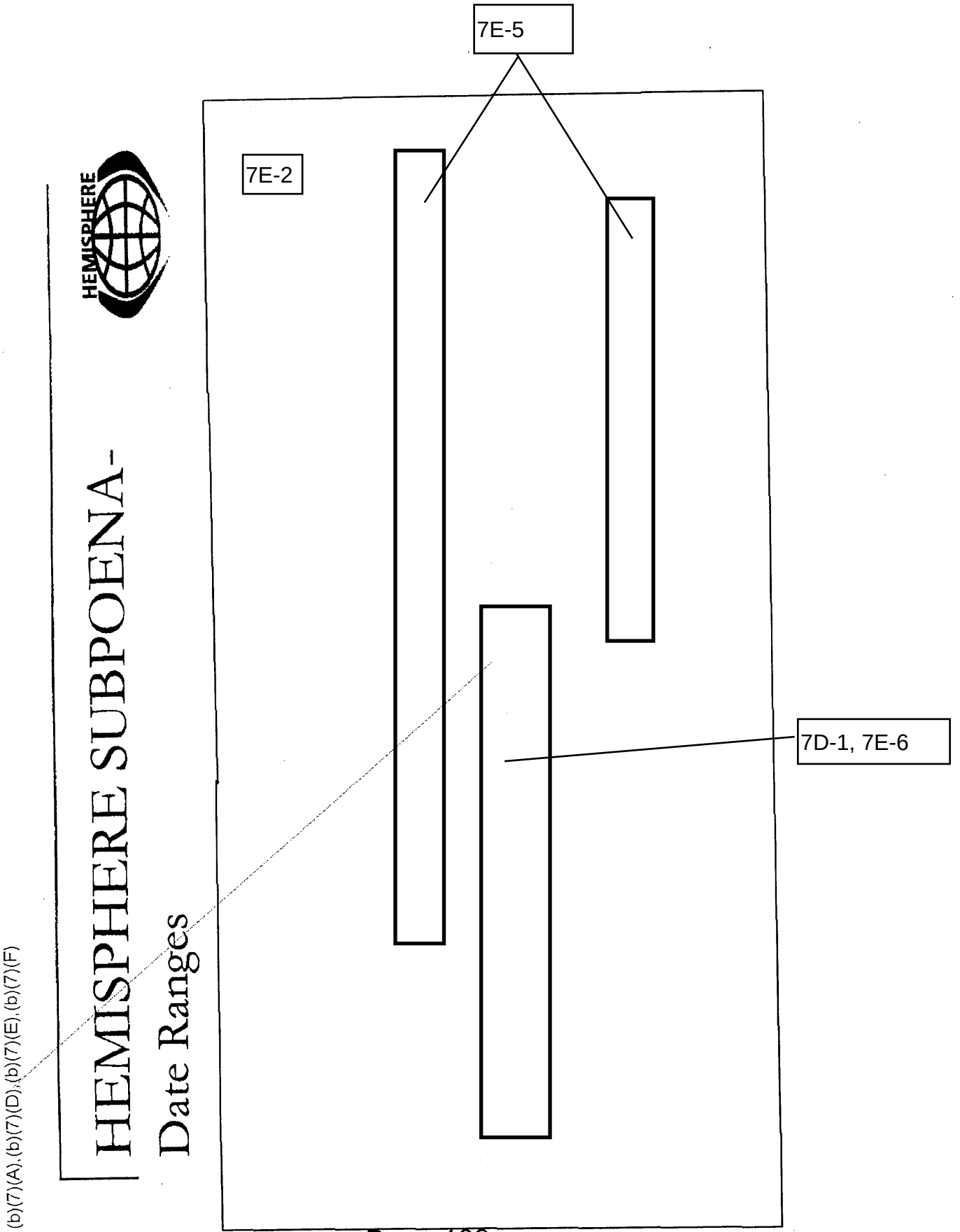
HEMISPHERE SUBPOENA-

Date Ranges

HEMISPHERE

7E-2


7E-2
7E-3
HEMISPHERE
HEMISPHERE SUBPOENA-
Date Ranges
(b)(7)(A),(b)(7)(D),(b)(7)(E)


7E-5
7E-2
7D-1, 7E-6
HEMISPHERE SUBPOENA-
Date Ranges
(b)(7)(A),(b)(7)(D),(b)(7)(E),(b)(7)(F)

7E-2

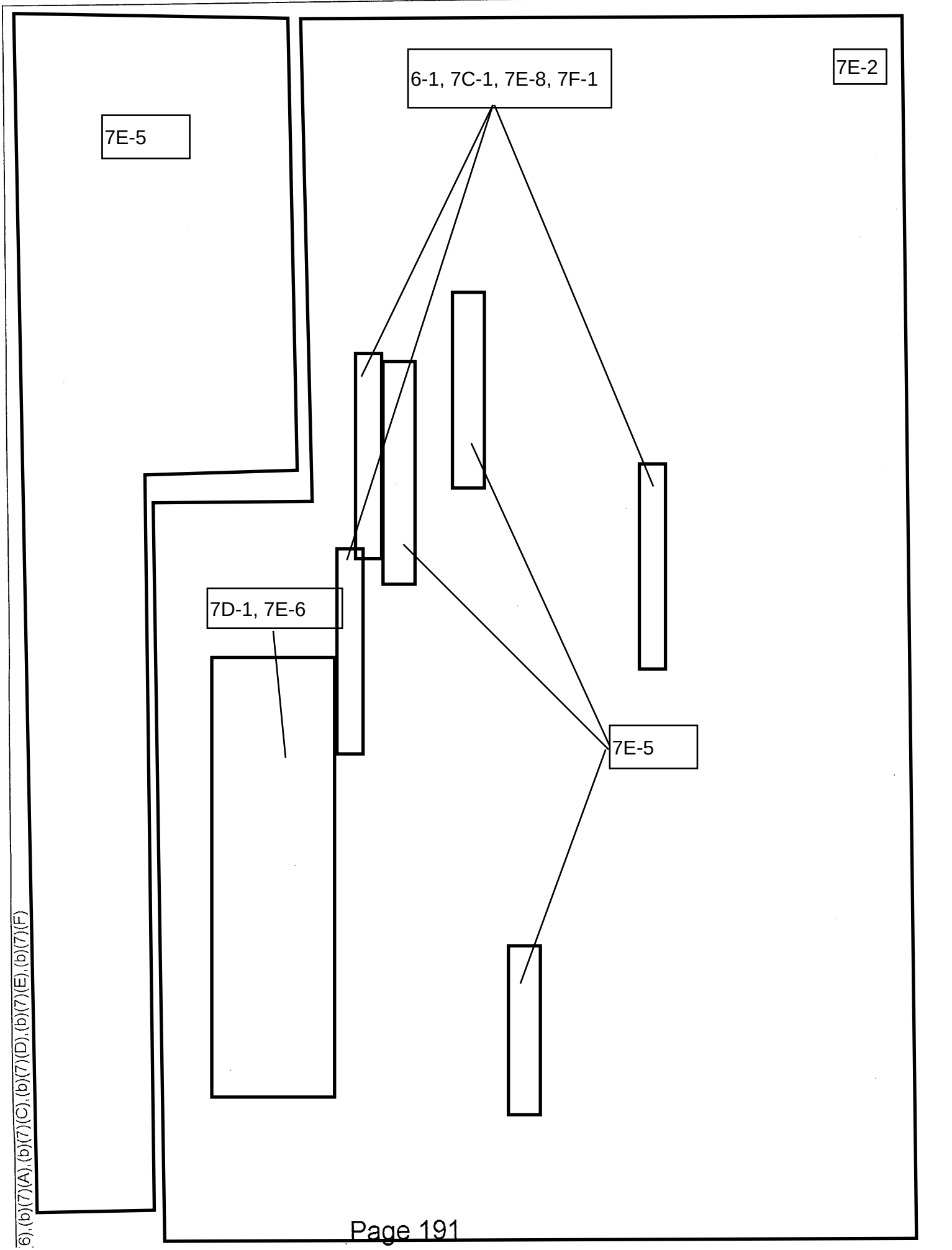
7D-1, 7E-6

U.S. DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

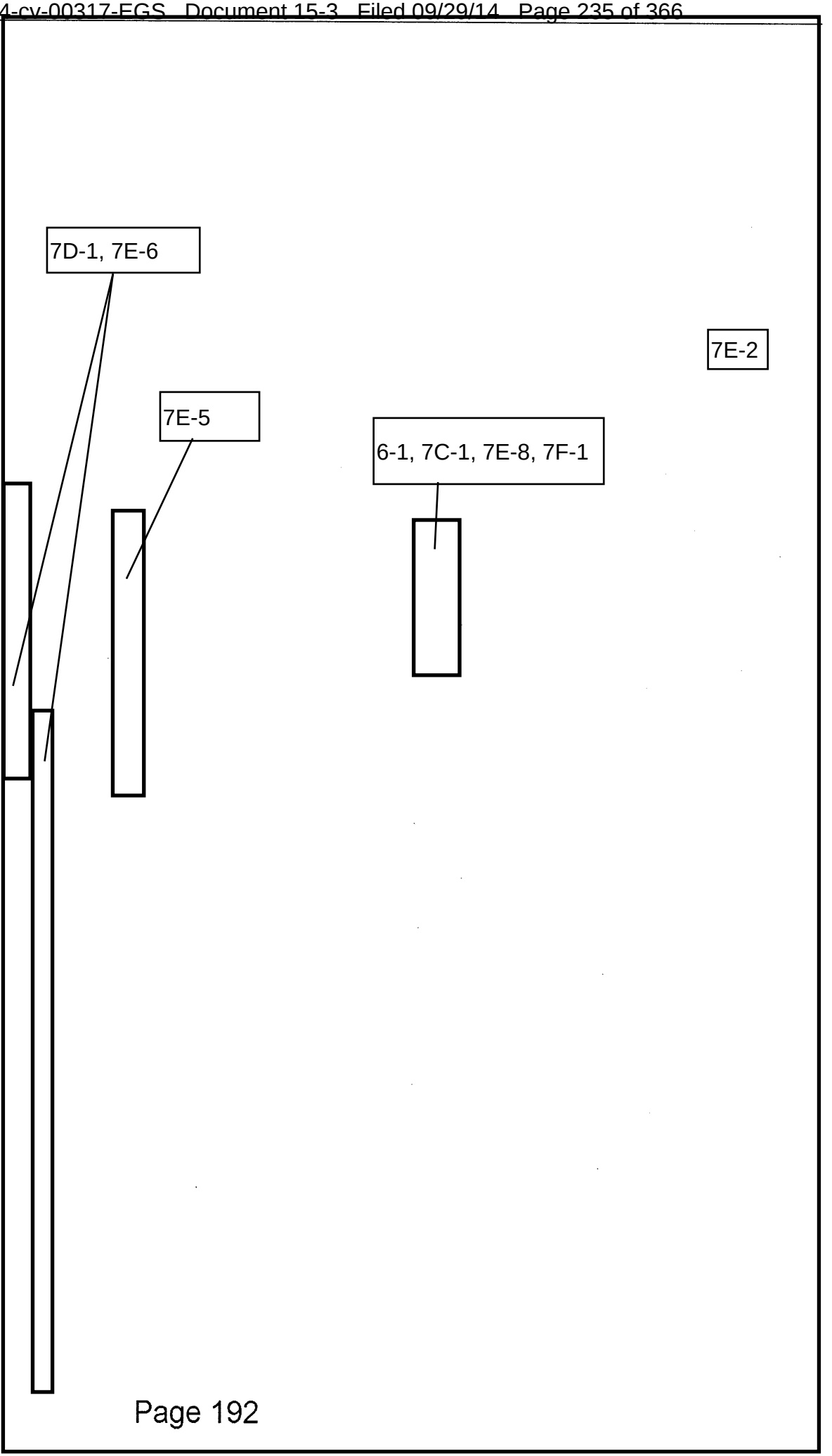
SUBPOENA

In the matter of the investigation of

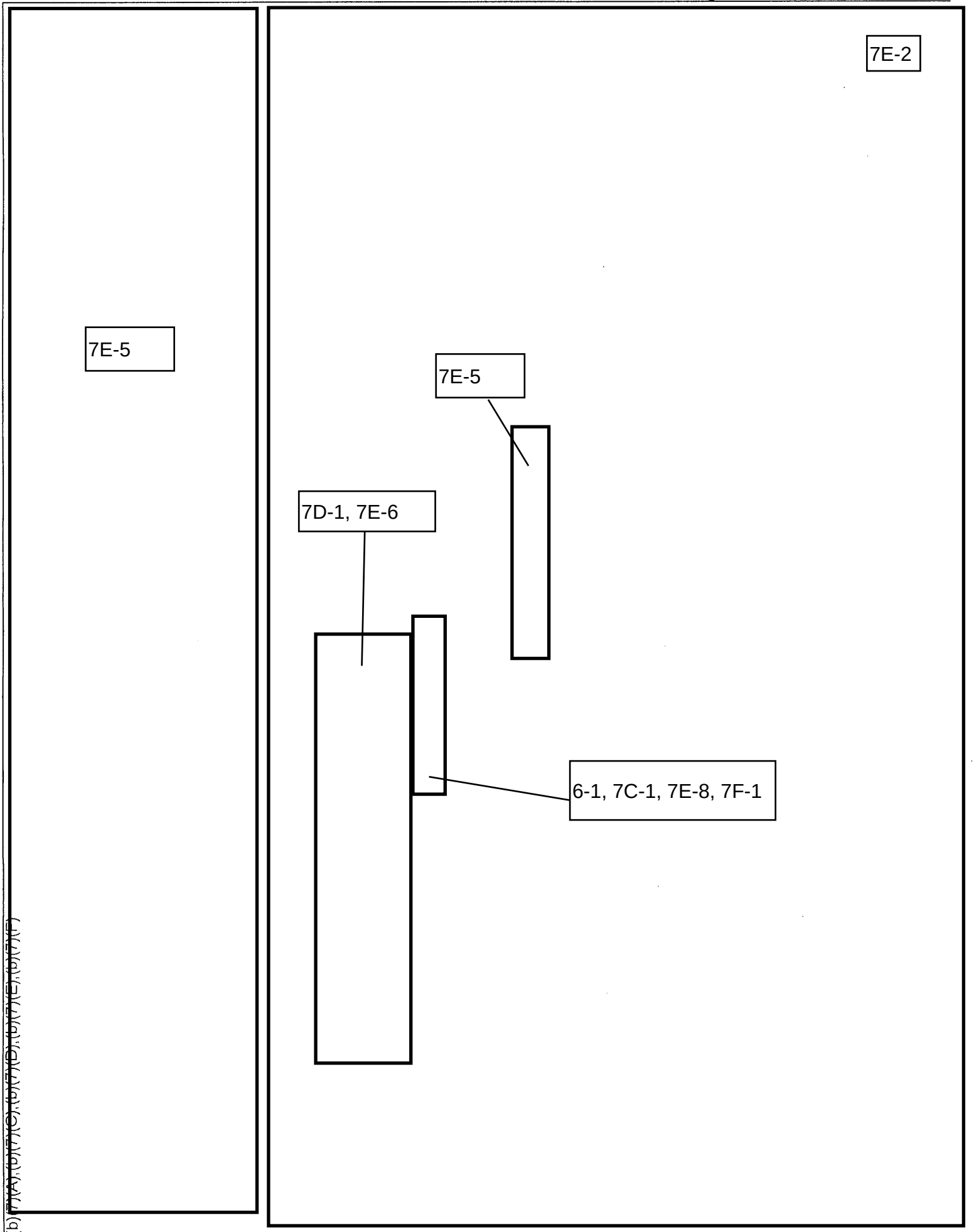
(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)



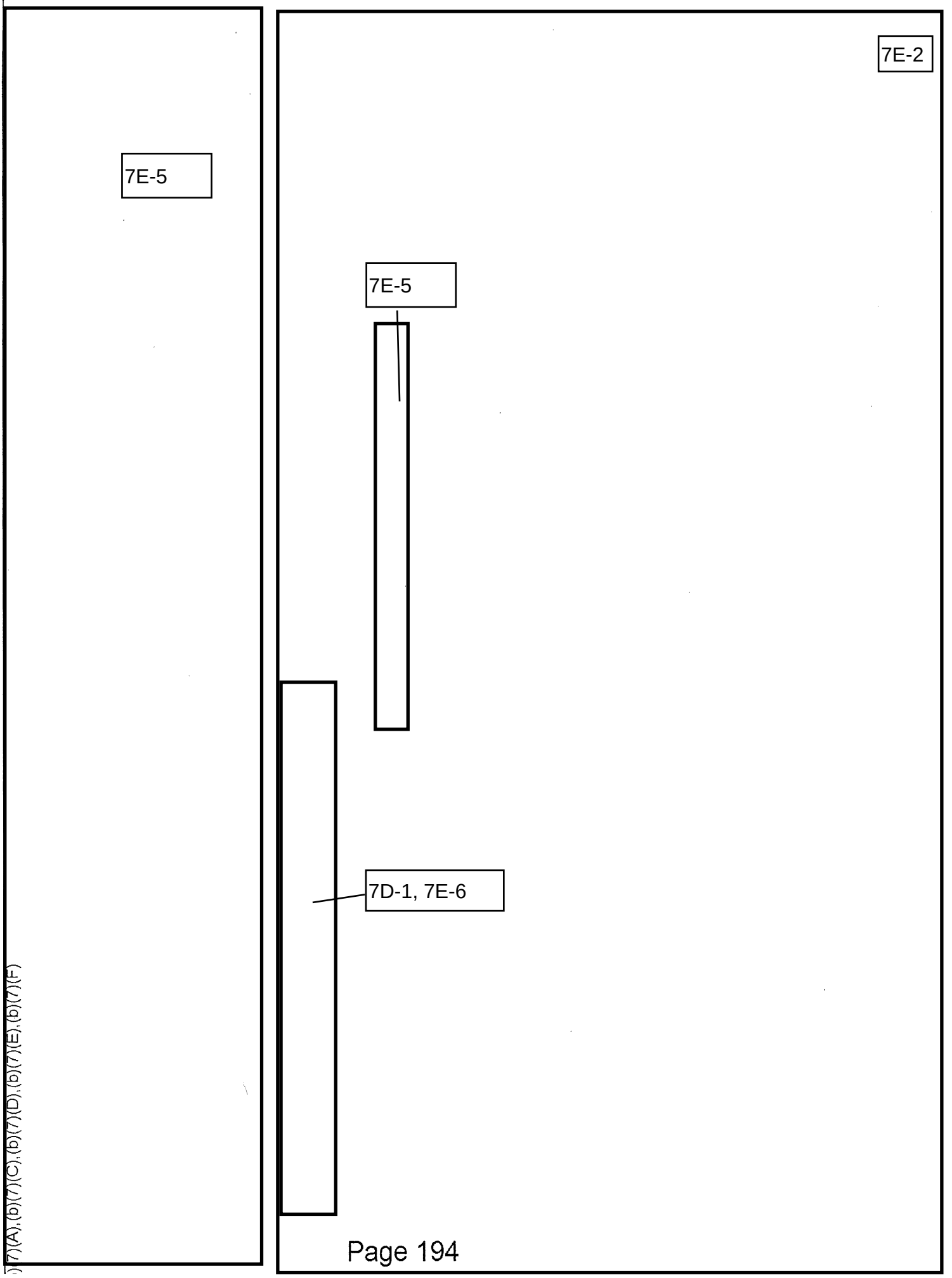
6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)



(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)



)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)



(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)

(b)(7)(A),(b)(7)(E)

COURT ORDERS FOR CALIFORNIA SUBMISSIONS ONLY!

HEMISPHERE

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

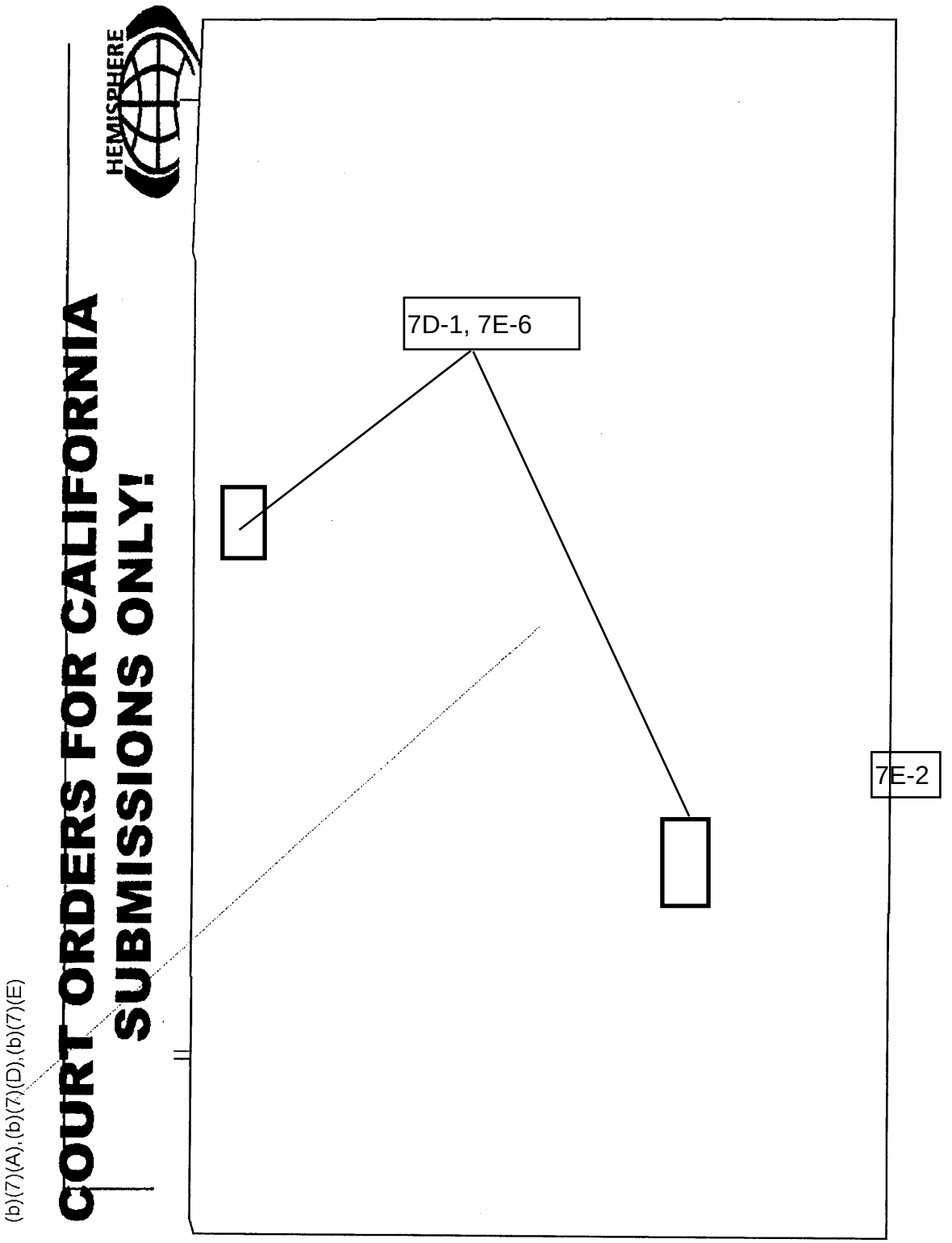
IN AND FOR THE COUNTY OF (insert County)

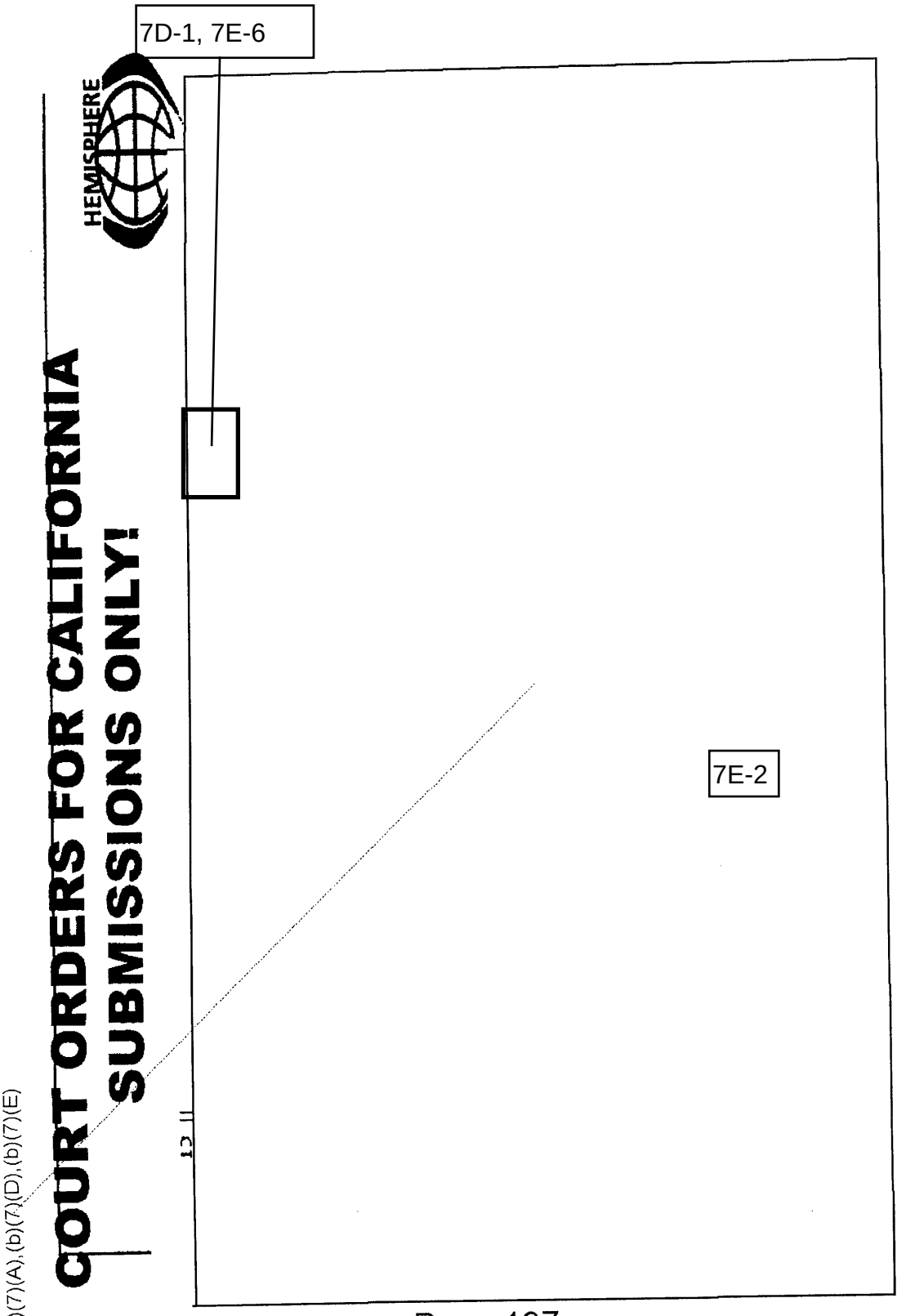
IN THE MATTER OF THE APPLICATION OF INVESTIGATOR (insert Name) FOR AN ORDER AUTHORIZING THE RELEASE OF PHONE RECORDS

COURT ORDER

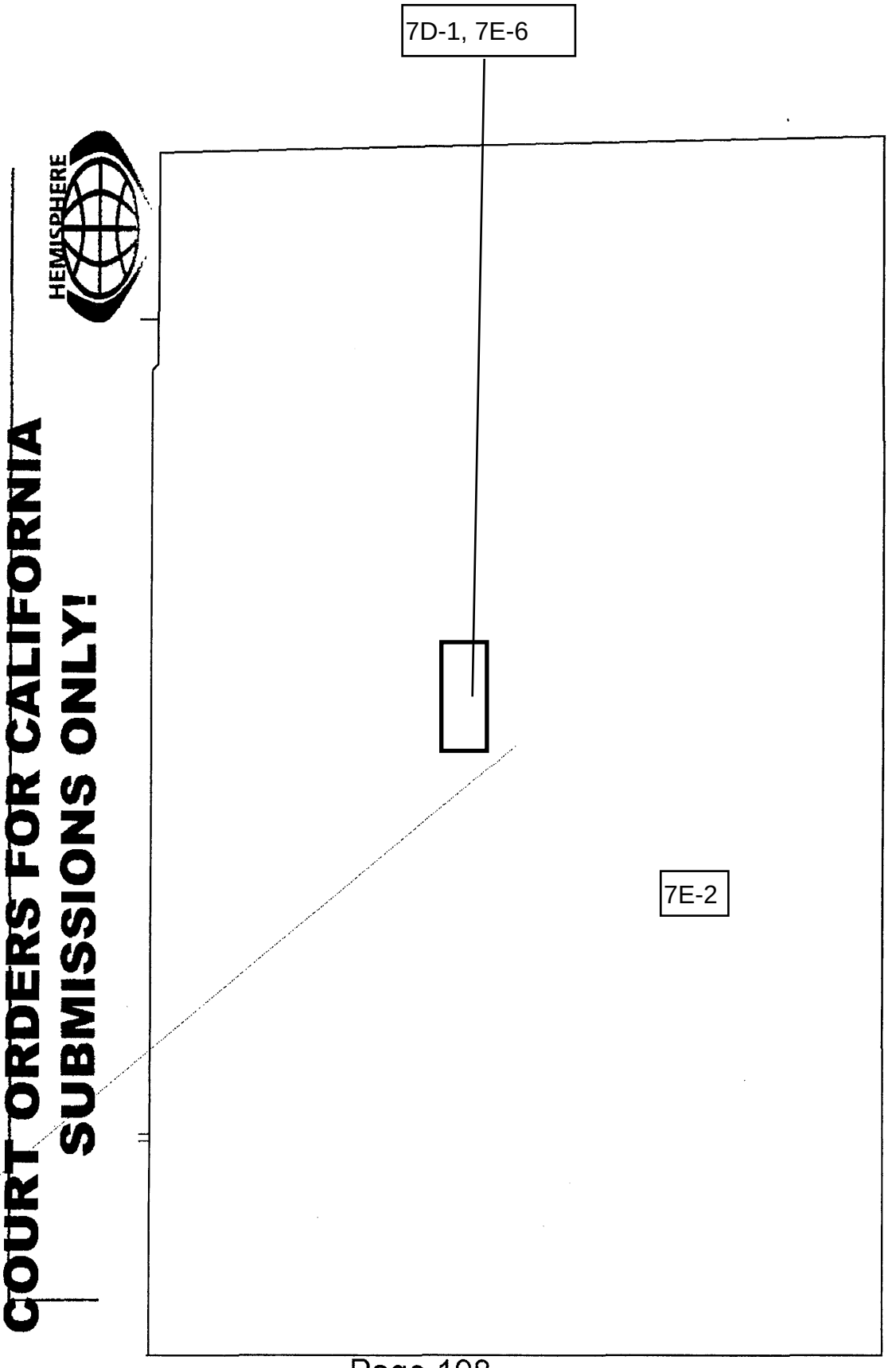
UNDER SEAL

7E-2


HEMISPHERE
COURT ORDERS FOR CALIFORNIA
SUBMISSIONS ONLY!
7D-1, 7E-6
7E-2
(b)(7)(A),(b)(7)(D),(b)(7)(E)


7D-1, 7E-6
HEMISPHERE
COURT ORDERS FOR CALIFORNIA
SUBMISSIONS ONLY!
7E-2
12

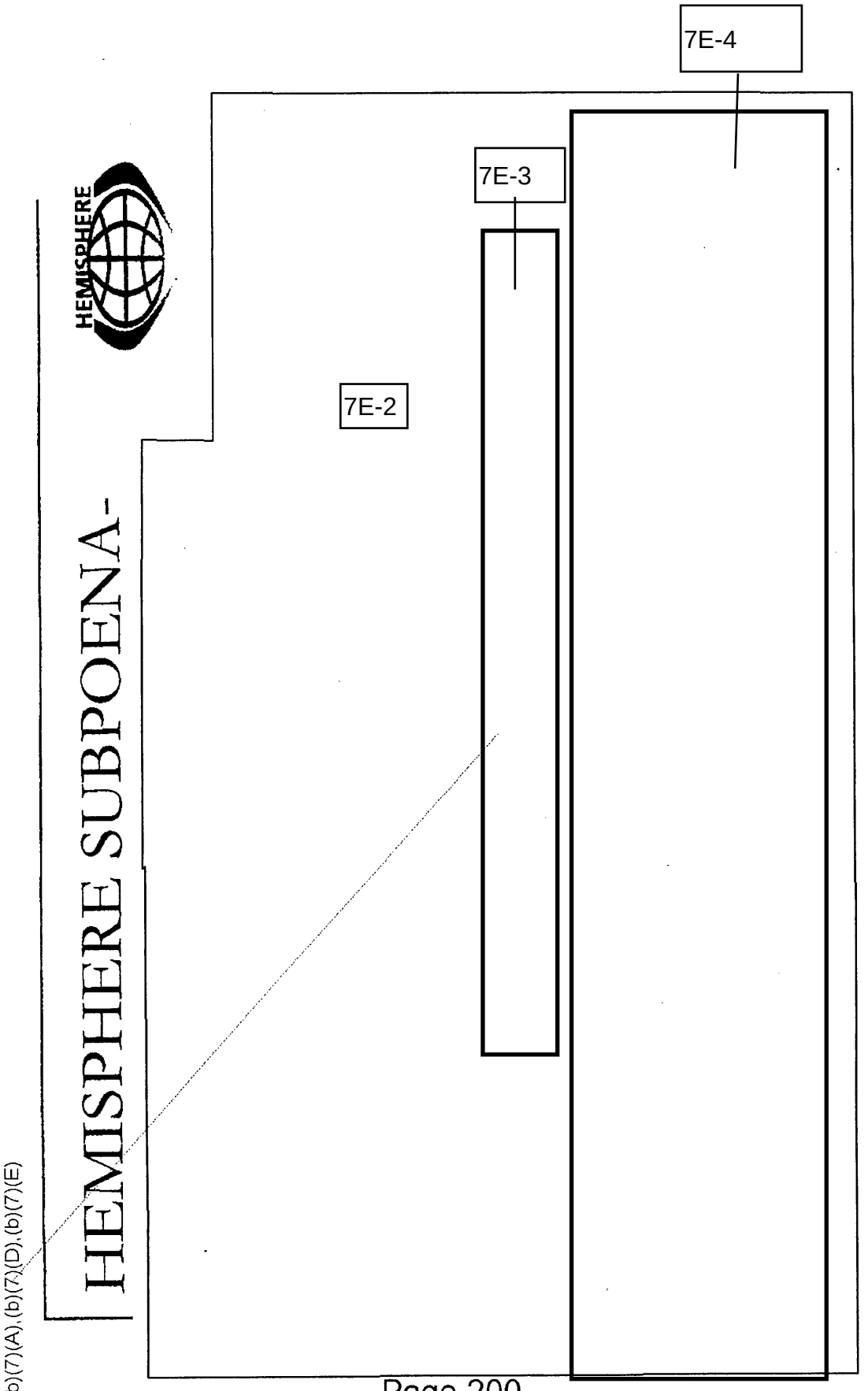
(b)(7)(A),(b)(7)(D),(b)(7)(E)


7D-1, 7E-6
HEMISPHERE
COURT ORDERS FOR CALIFORNIA
SUBMISSIONS ONLY!
7E-2

(b)(7)(A),(b)(7)(D),(b)(7)(E)

Practical Exercises

- § 1.0 CREATING SUBPOENAS



(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-2

(7)(A),(b)(7)(E)

7E-2

(b)(7)(A),(b)(7)(E)

7E-2

)(7)(A),(b)(7)(E)

7E-2

(b)(7)(A),(b)(7)(E)

7E-2

(7)(A),(b)(7)(E)

(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-2

7E-2

(7)(A),(b)(7)(D),(b)(7)(E)

HEMISPHERE REQUEST FORM-

General Instructions

- Valid **email** and **telephone** numbers are critical for the successful delivery of your request
- **Point of Contact** section(s): Must be completed on *ALL* requests
  - The Point of Contact must always be recognized as belonging to a HIDTA Intelligence Support Center
- **Requestor** section(s): Will be populated if the request is for an untrained user who is submitting through a P.O.C.

7E-2

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(b)(7)(A),(b)(7)(D),(b)(7)(E)

HEMISPHERE REQUEST FORM-

General Instructions

- **Priority** section: This section determines the urgency level of the request

(b)(7)(A),(b)(7)(D),(b)(7)(E)

HEMISPHERE REQUEST FORM- HEMISPHERE

General Instructions

- **Priority** section: This section determines the urgency level of the request

7E-2

7E-9

HEMISPHERE REQUEST FORM-

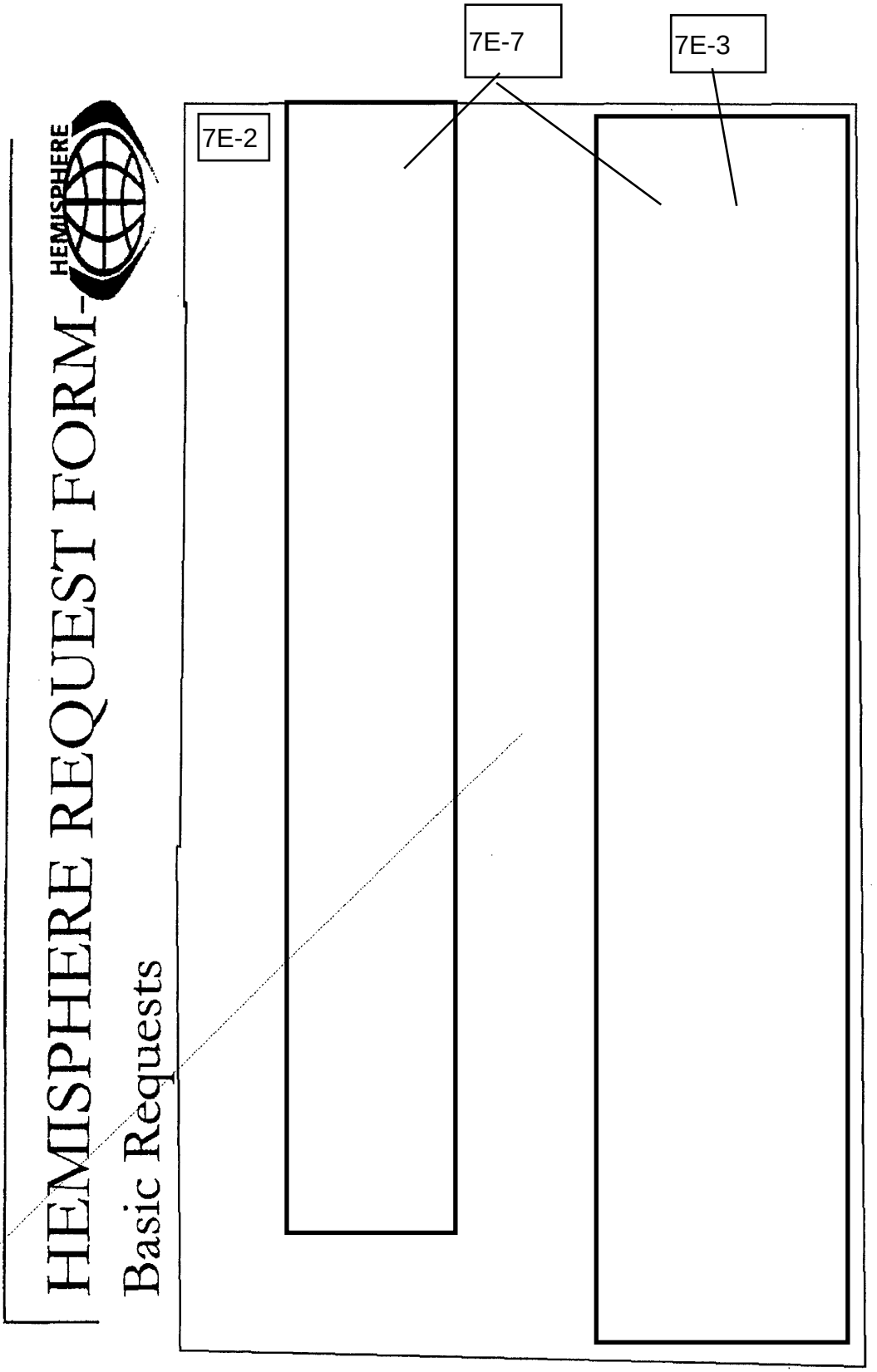
General Instructions

- **Priority** section: This section determines the urgency level of the request

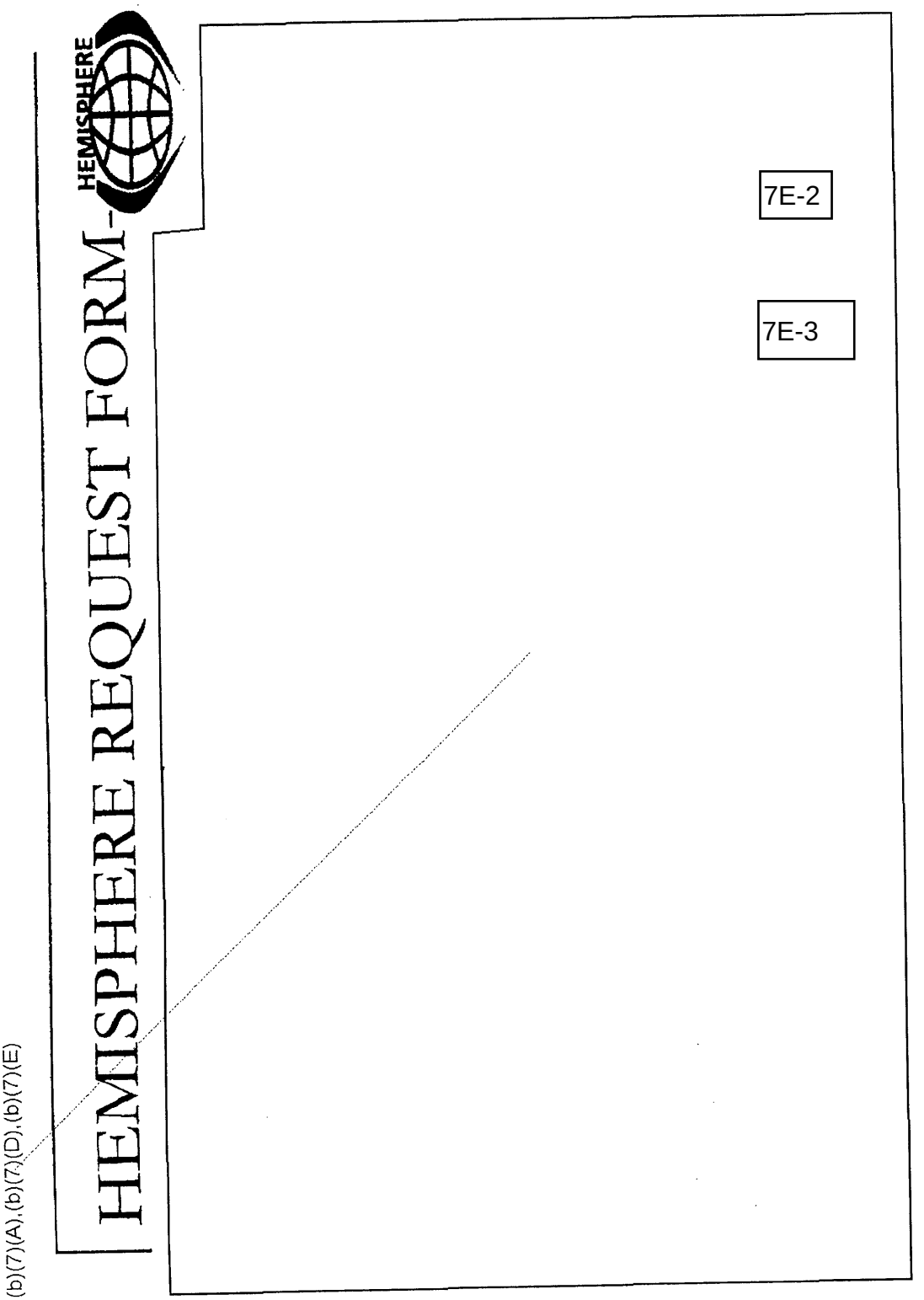
7E-2

7E-9

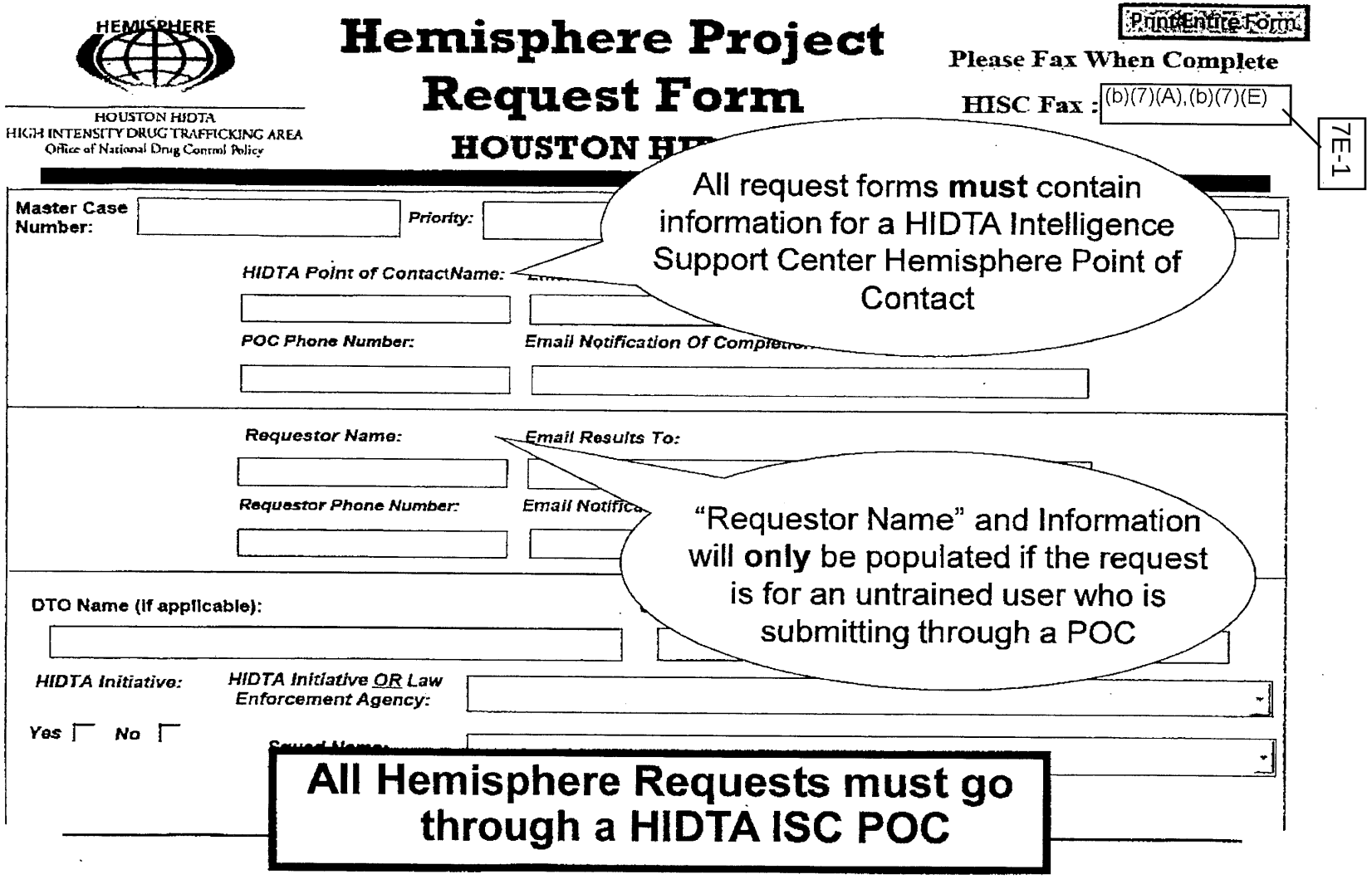
b)(7)(A),(b)(7)(D),(b)(7)(E)



(b)(7)(A),(b)(7)(D),(b)(7)(E)



(b)(7)(A),(b)(7)(D),(b)(7)(E)



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HEMISPHERE

HOUSTON HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

HOUSTON HIDTA

Please Fax When Complete

HISC Fax : (b)(7)(A),(b)(7)(E)

7E-1

Master Case Number:

Priority:

Current Date: 2008-07-23 07:38:34

HIDTA Point of Contact Name:

Email Results To:

POC Phone Number:

Email Notification Of Completion To:

Requestor Name:

Email Results To:

Requestor Phone Nu

Email Notification Of Completion To:

DTO Name (if applicable):

Case Name (if applicable):

HIDT

Ye

Field(s) most important to ensuring that your results are returned in a timely fashion

HOUSTON HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

HOUSTON HIDTA

Print Entire Form

Please Fax When Complete

HISC Fax : (b)(7)(A),(b)(7)(E)

7E-1

Master Case Number:

Priority:

Current Date: 2008-07-23 07:38:34

HIDTA Point of ContactName:

Email Results To:

POC Phone Number:

Email Notification Of Completion To:

This field aids Hemisphere in assigning your request the appropriate level of action

Requestor Name:

Email Results To:

Requestor Phone Number:

Email Notification Of Completion To:

DTO Name (if applicable):

Case Name (if applicable):

HIDTA Initiative:

HIDTA Initiative OR Law Enforcement Agency:

Yes ☐ ***No*** ☐

Squad Name:

Time Zone Results Requested In:

HEMISPHERE

HOUSTON HIDTA
HIGH INTENSITY DRUG TRAFFICKING AREA
Office of National Drug Control Policy

Hemisphere Project Request Form

HOUSTON HIDTA

[redacted]

Please Fax When Complete

HISC Fax : (b)(7)(A),(b)(7)(E)

7E-1

Master Case Number:

Priority:

Current Date: 2008-07-23 07:38:34

HIDTA Point of ContactName:

Email Results To:

POC Phone Number:

Email Notification Of Completion To:

Requestor Name:

Requestor Phone Number:

Indicate HIDTA/non HIDTA and what agency the request should be credited to

DTO Name (if applicable):

HIDTA Initiative:

HIDTA Initiative OR Law Enforcement Agency:

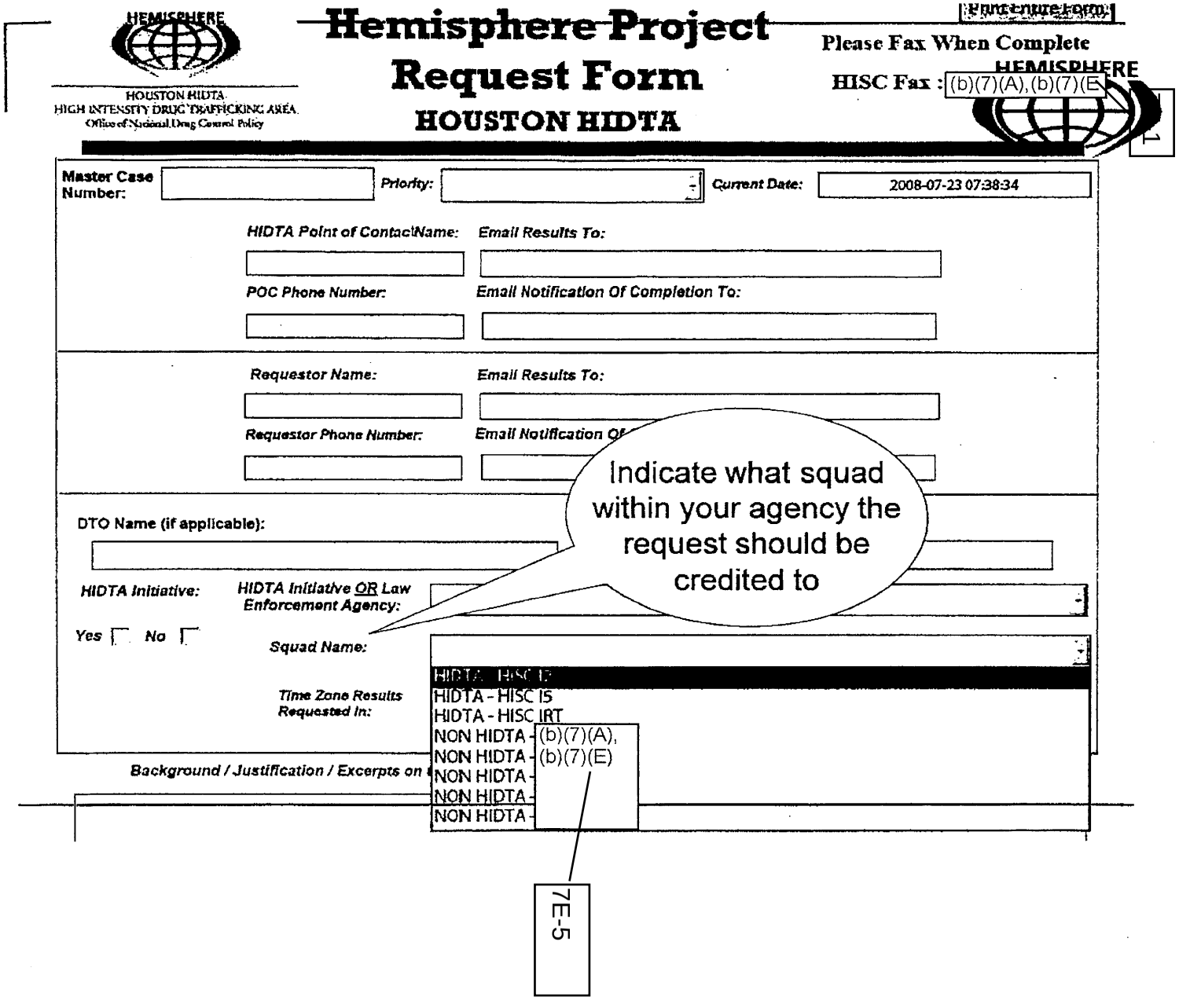
Yes ☐ ***No*** ☐

Squad Name:

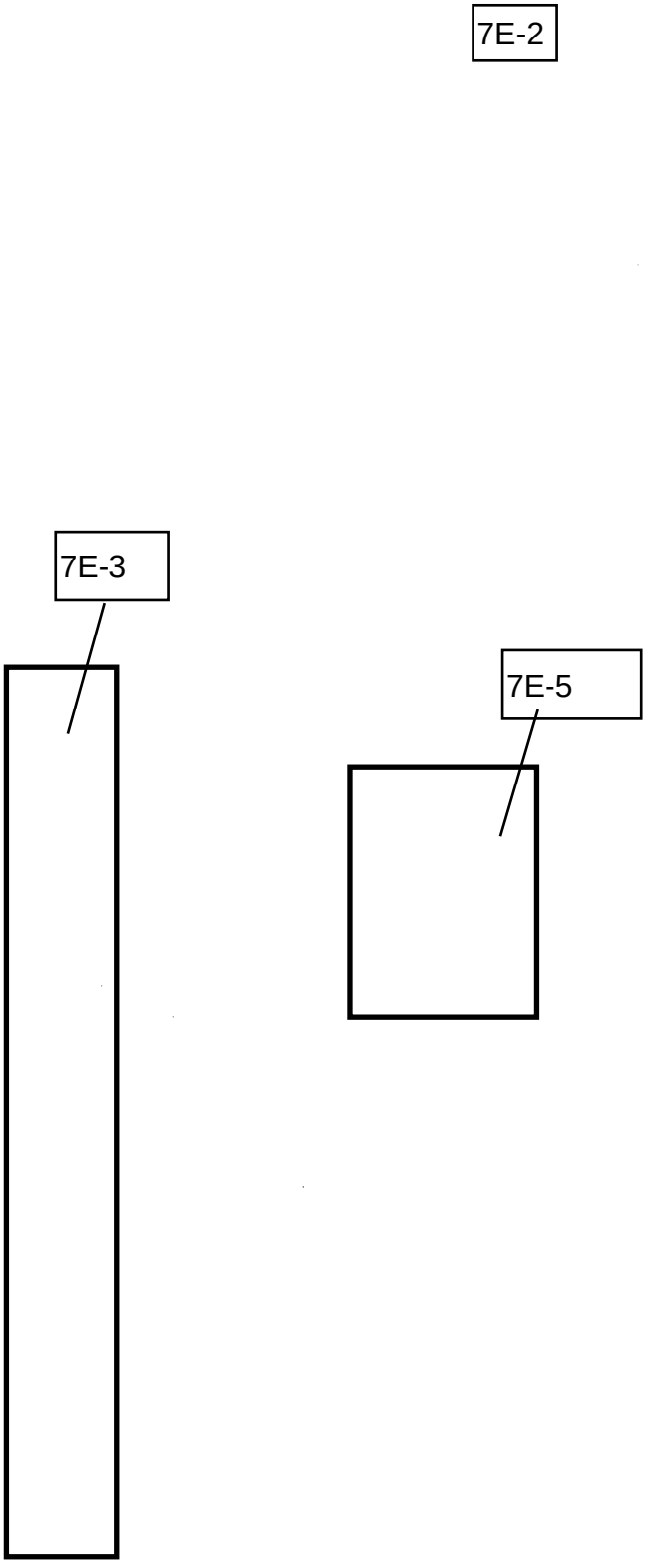
[redacted]
NON HIDTA (b)(7)(

Time Zone Results

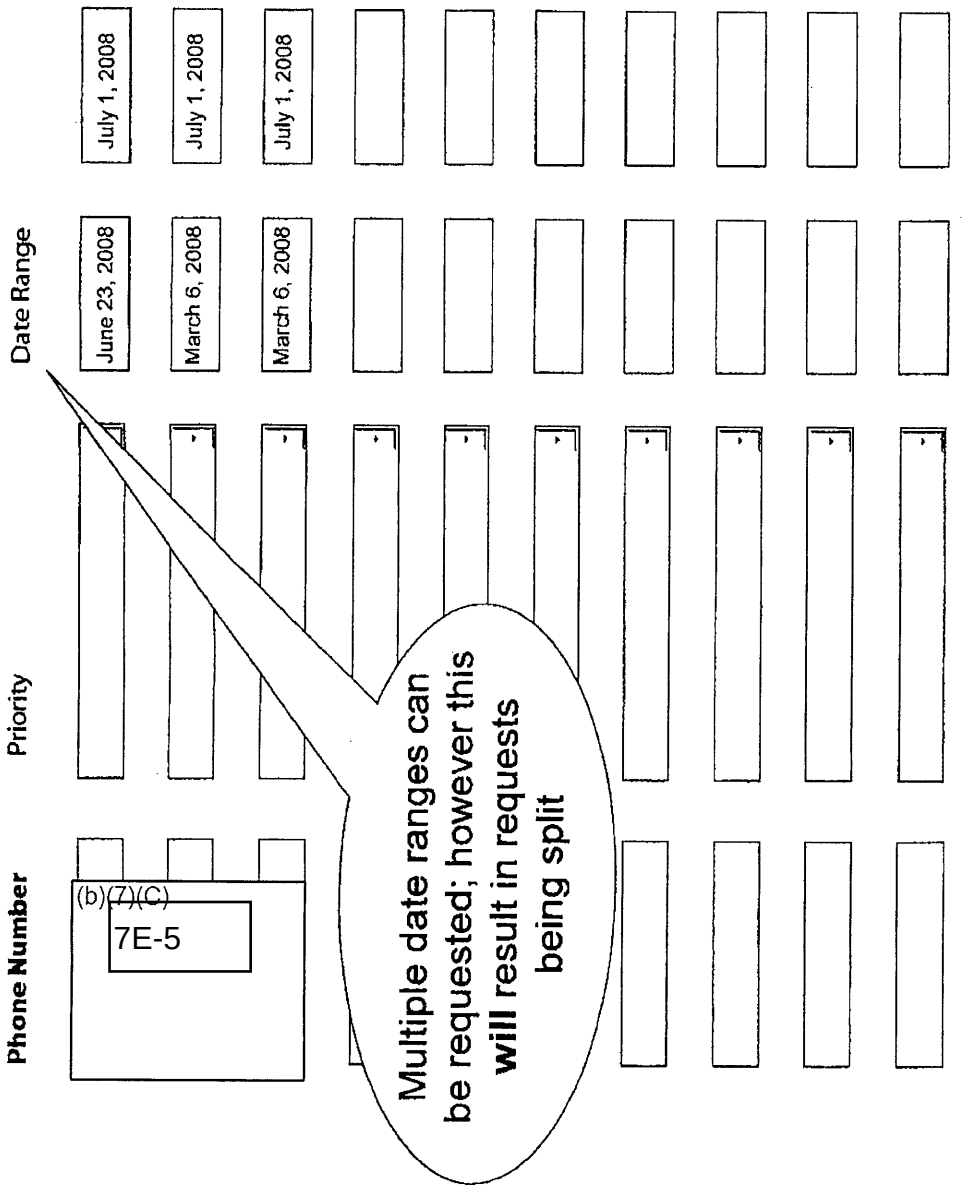
7E-5



Case 1:14-cv-00317-EGS Document 15-3 Filed 09/29/14 Page 261 of 366

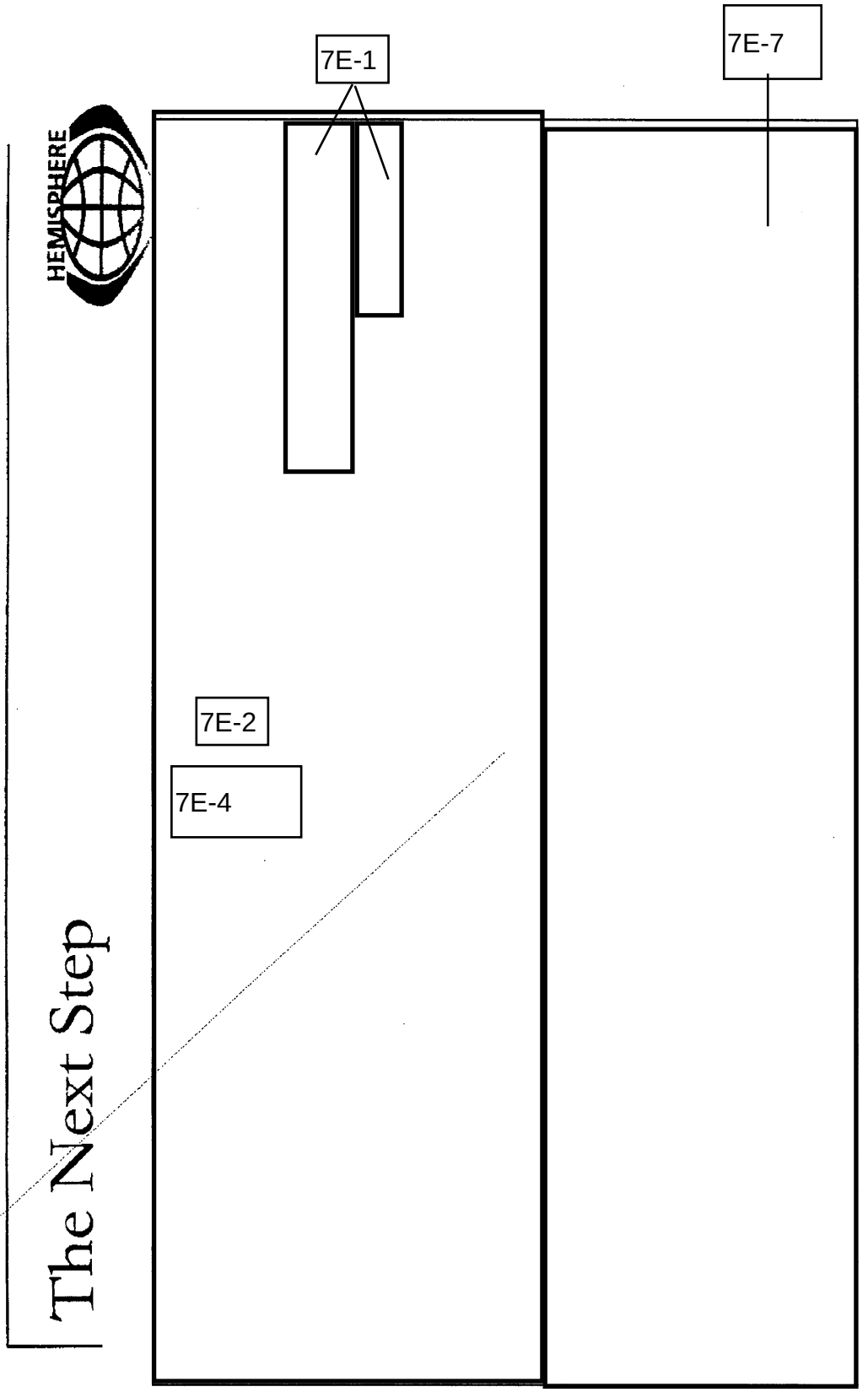


(7)(A),(b)(7)(D),(b)(7)(E)

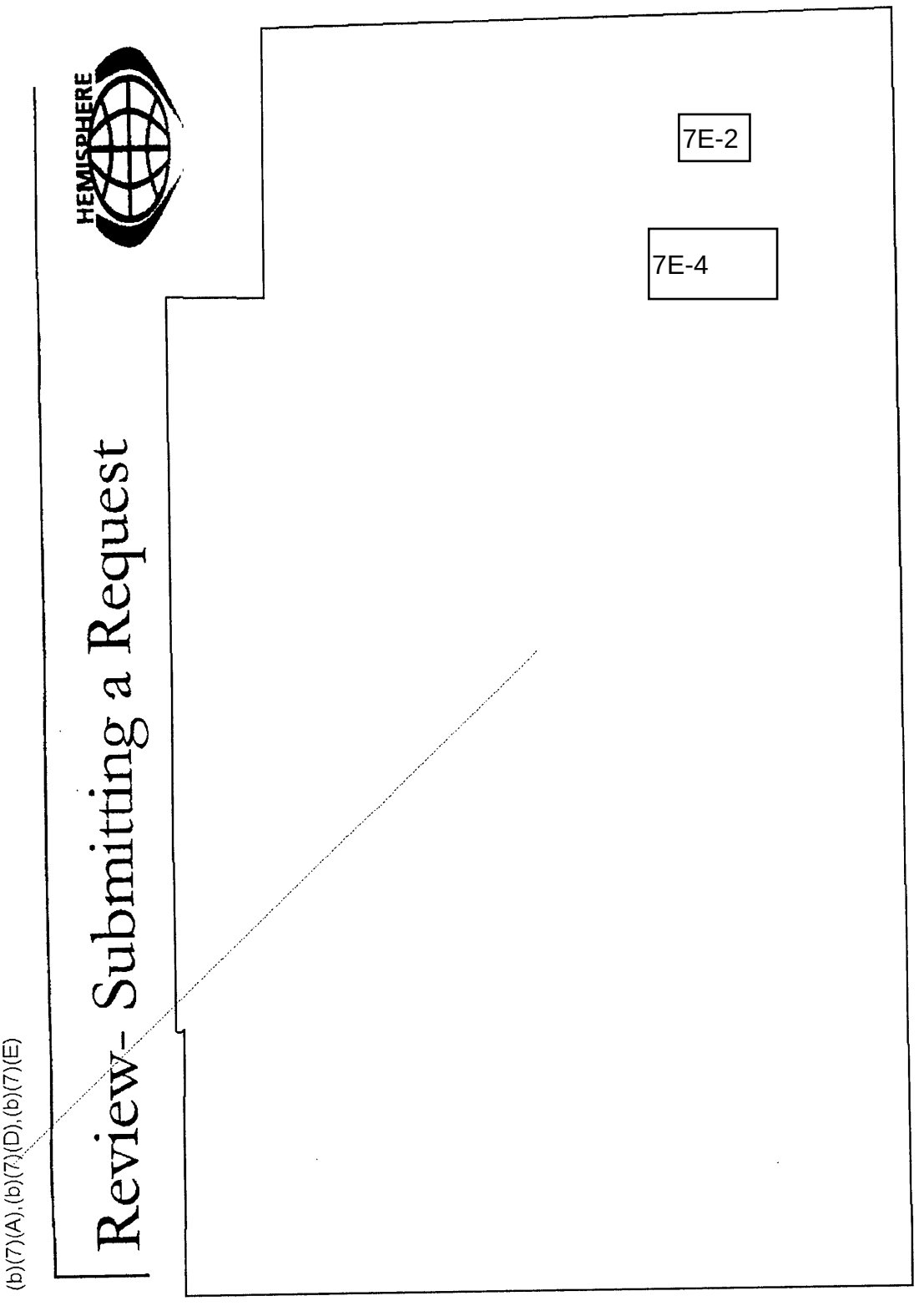

Phone Number
Priority
Date Range
(b)(7)(C)
7E-5
June 23, 2008
March 6, 2008
March 6, 2008
July 1, 2008
July 1, 2008
July 1, 2008
Multiple date ranges can be requested; however this **will** result in requests being split

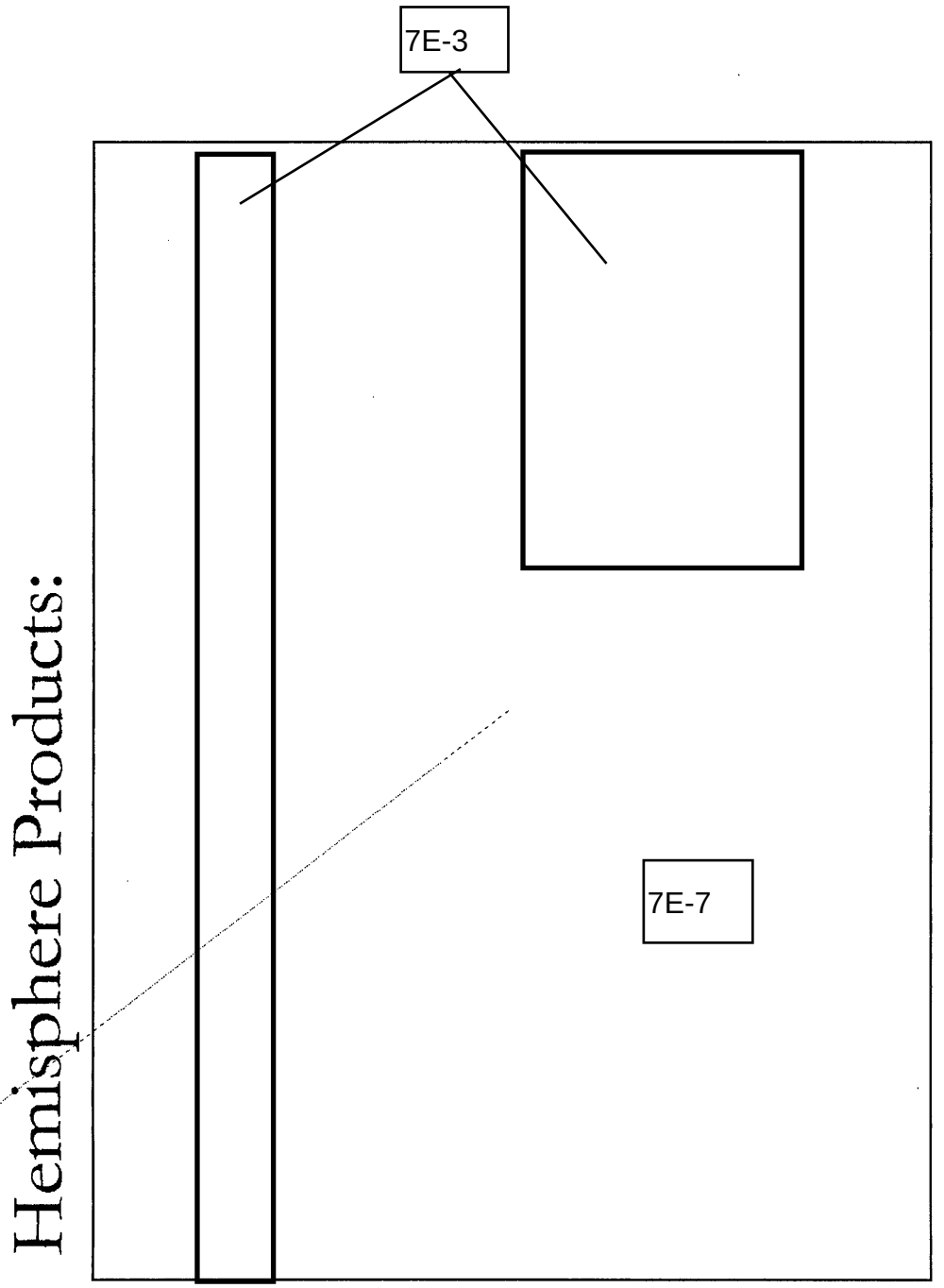
Practical Exercises

- § 2.0 COMPLETING THE REQUEST FORM



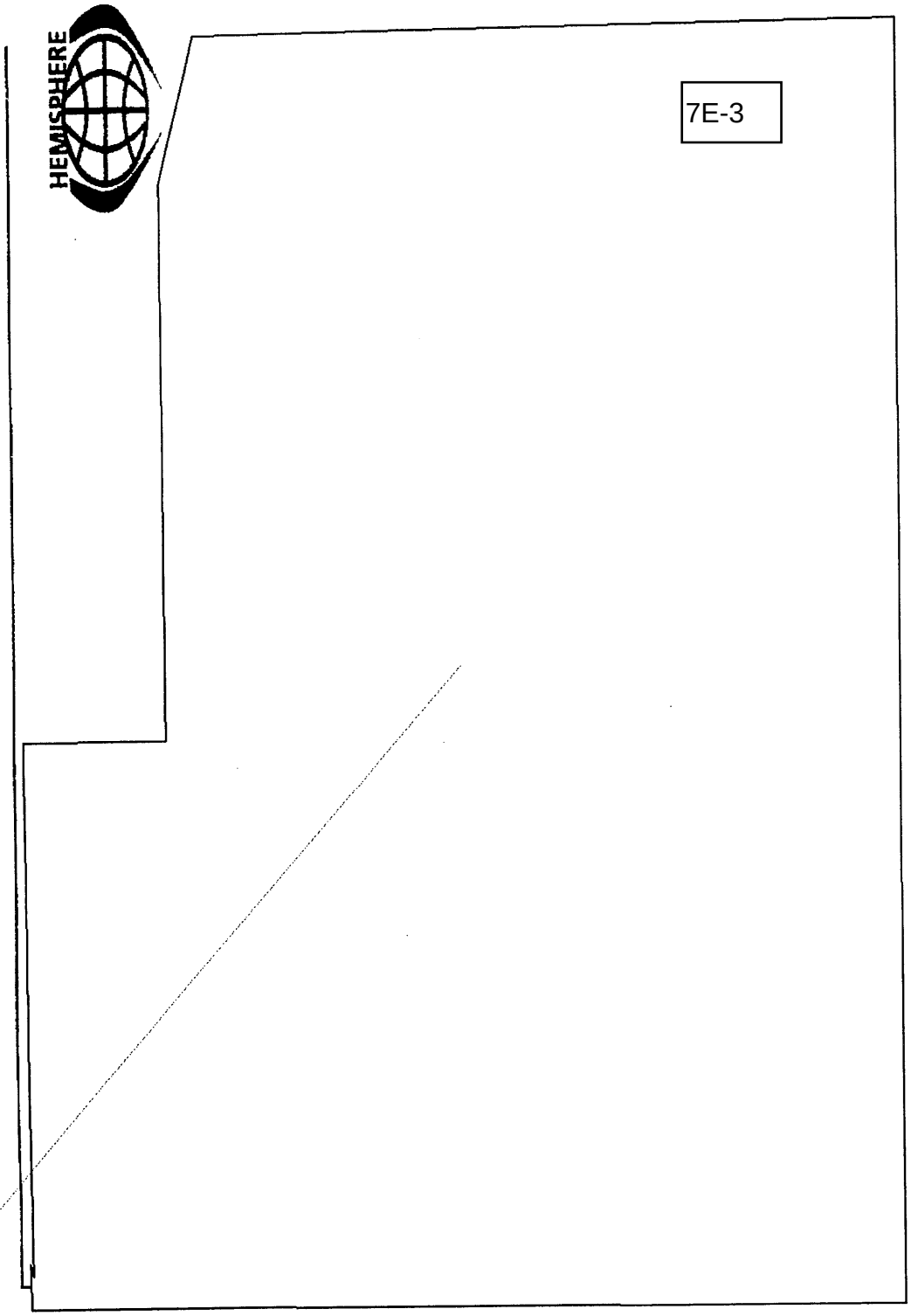
(b)(7)(A),(b)(7)(C),(b)(7)(E),(b)(7)(F)


HEMISPHERE
7E-2
7E-4
Review- Submitting a Request
(b)(7)(A),(b)(7)(D),(b)(7)(E)

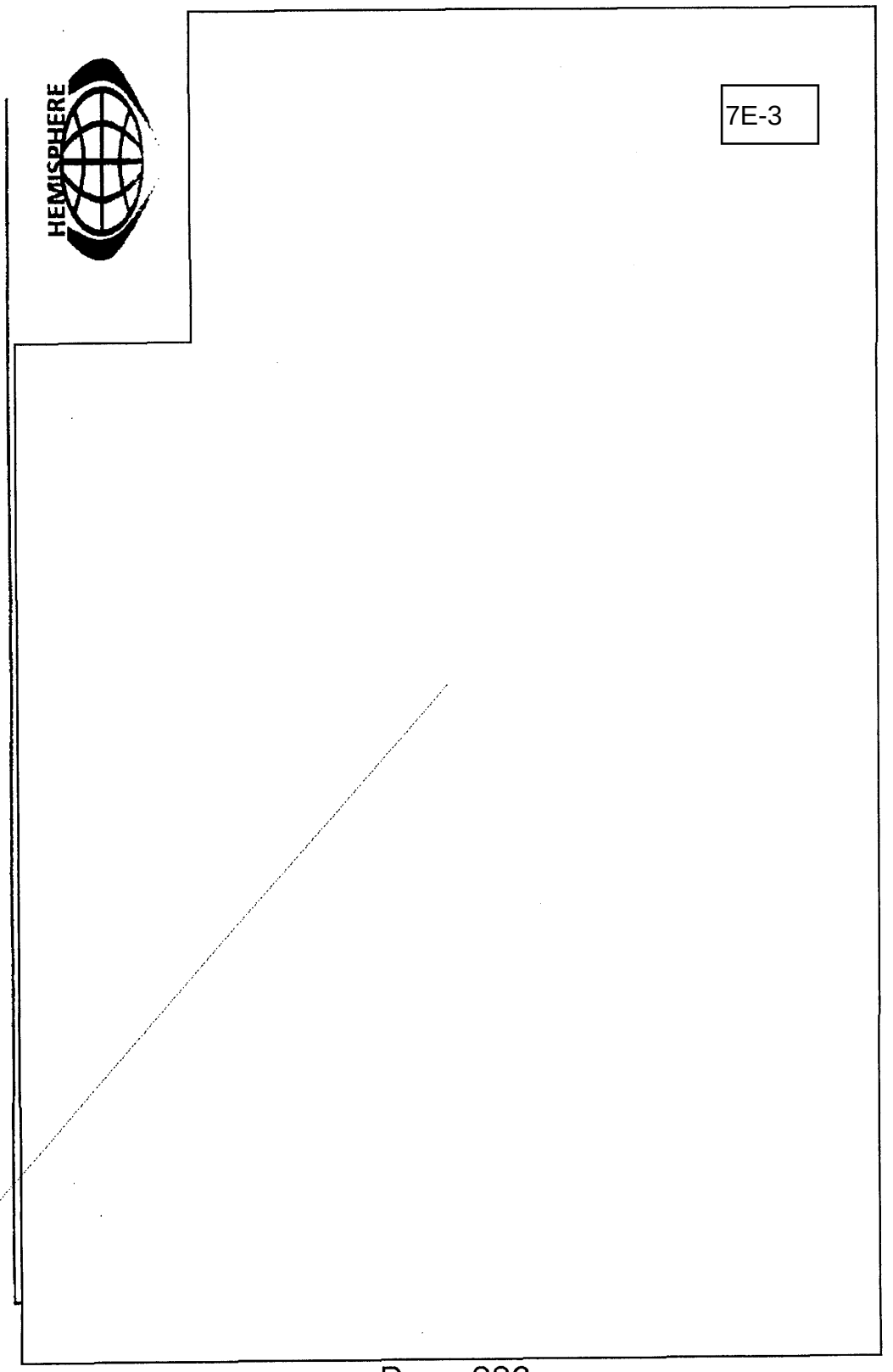


Hemisphere Products:

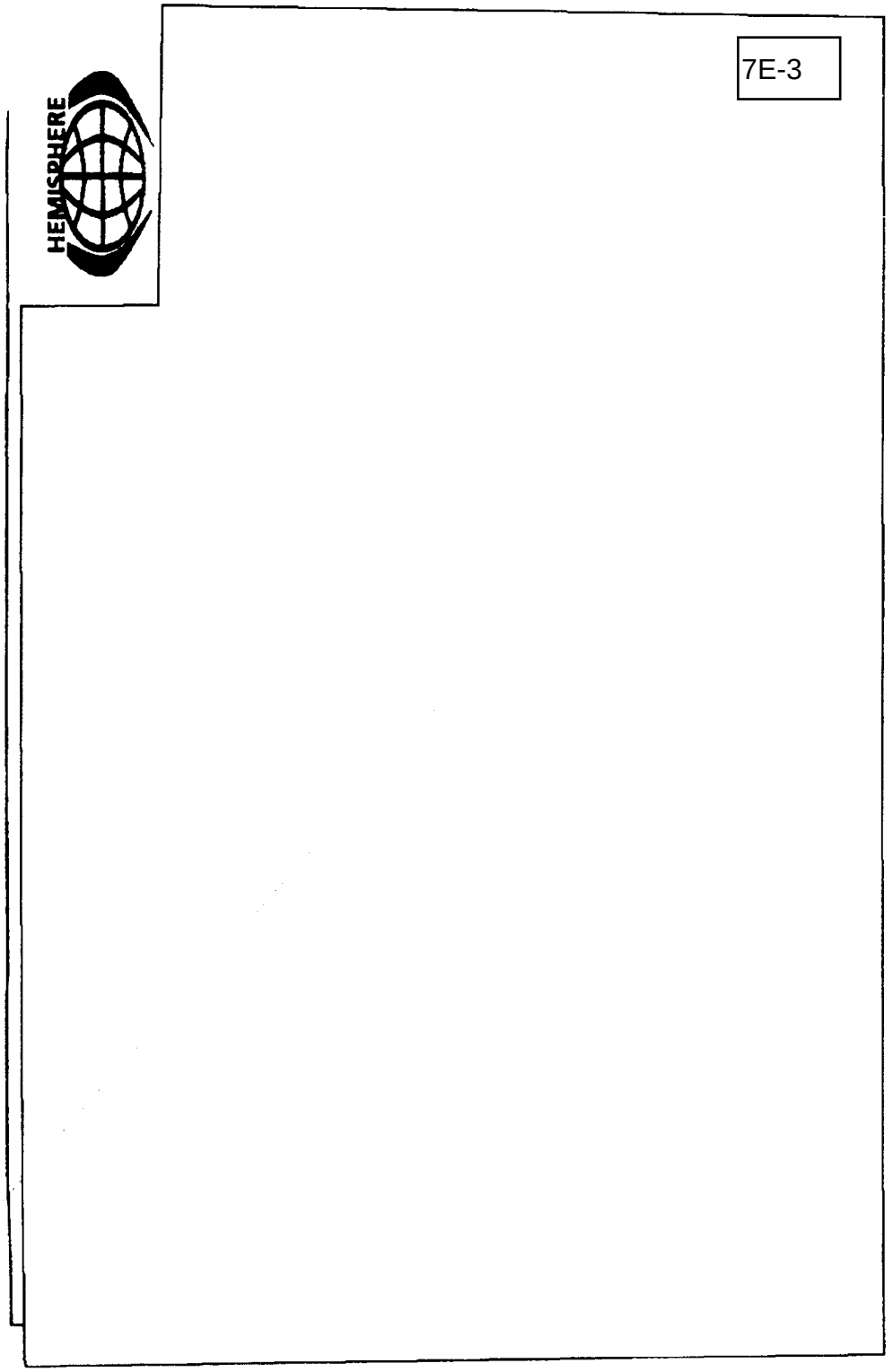
(b)(7)(A),(b)(7)(D),(b)(7)(E)



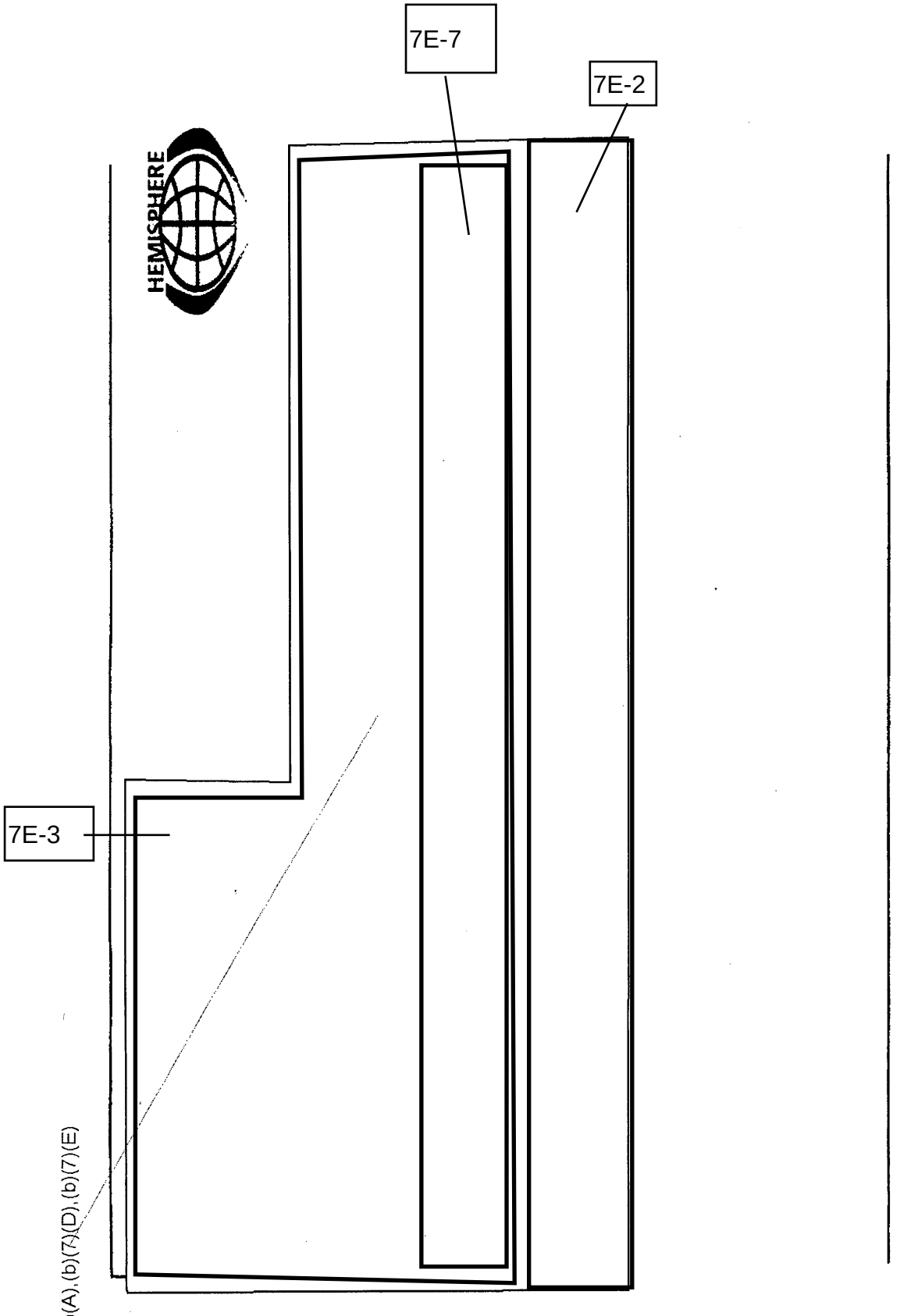
(b)(7)(A), (b)(7)(D), (b)(7)(E)



(b)(7)(A),(b)(7)(D),(b)(7)(E)



(b)(7)(A),(b)(7)(D),(b)(7)(E)



(b)(7)(A), (b)(7)(D), (b)(7)(E)

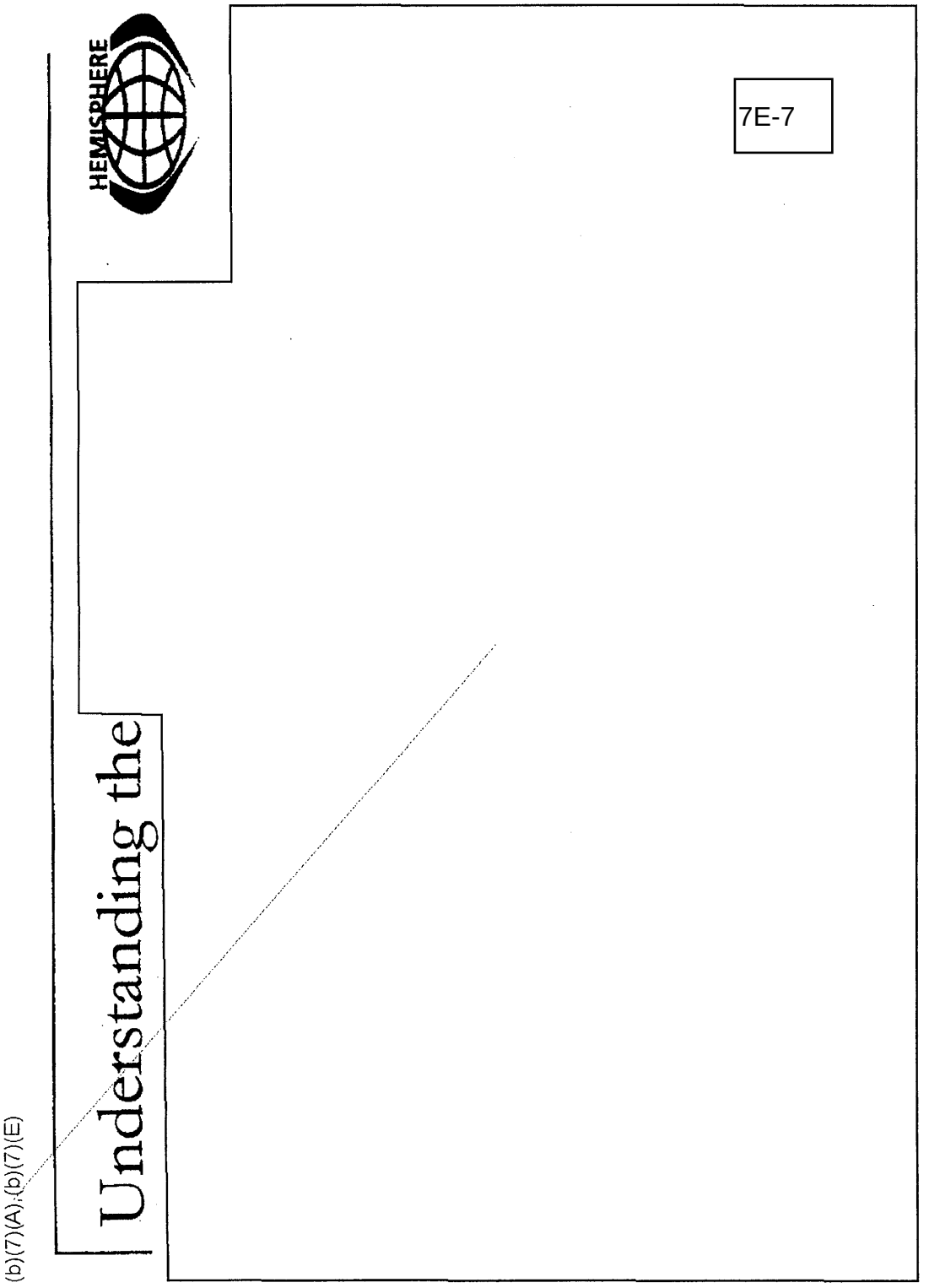
7E-7

The Evolution of Hemisphere Results

(b)(7)(E)

Practical Exercises

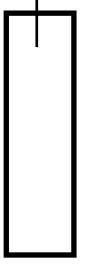
- § 3.1 Contents of Results Email



(b)(7)(A);(b)(7)(E)

7E-7

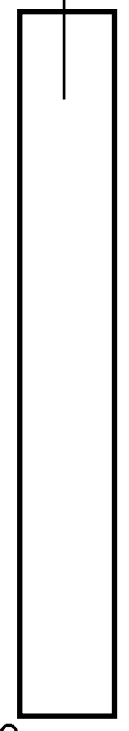
6-1, 7C-1, 7E-8, 7F-1



b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)

7E-7

7E-3

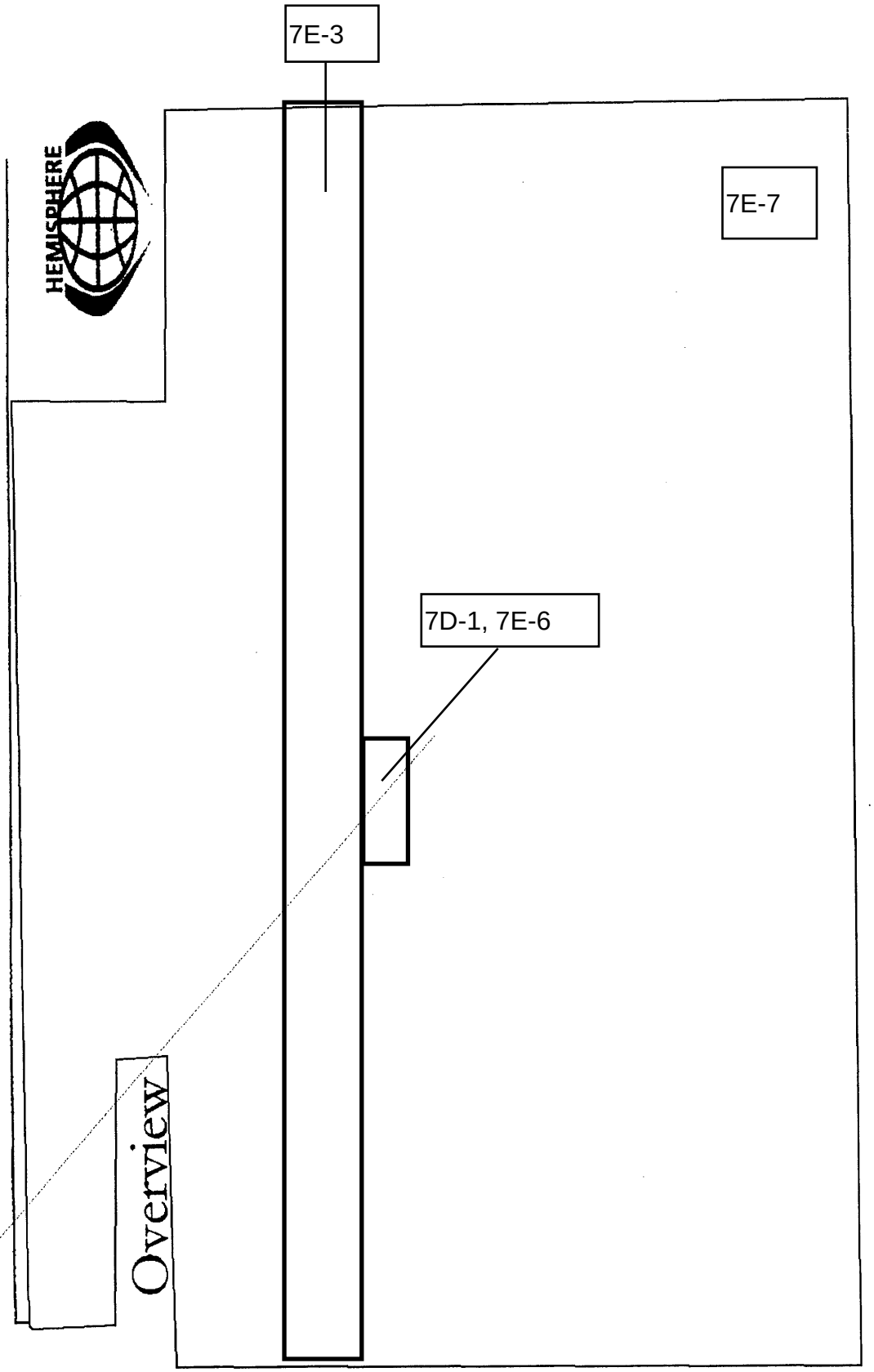


)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)

Practical Exercises

- § 3.2 (b)(7)(A),(b)(7)(E)

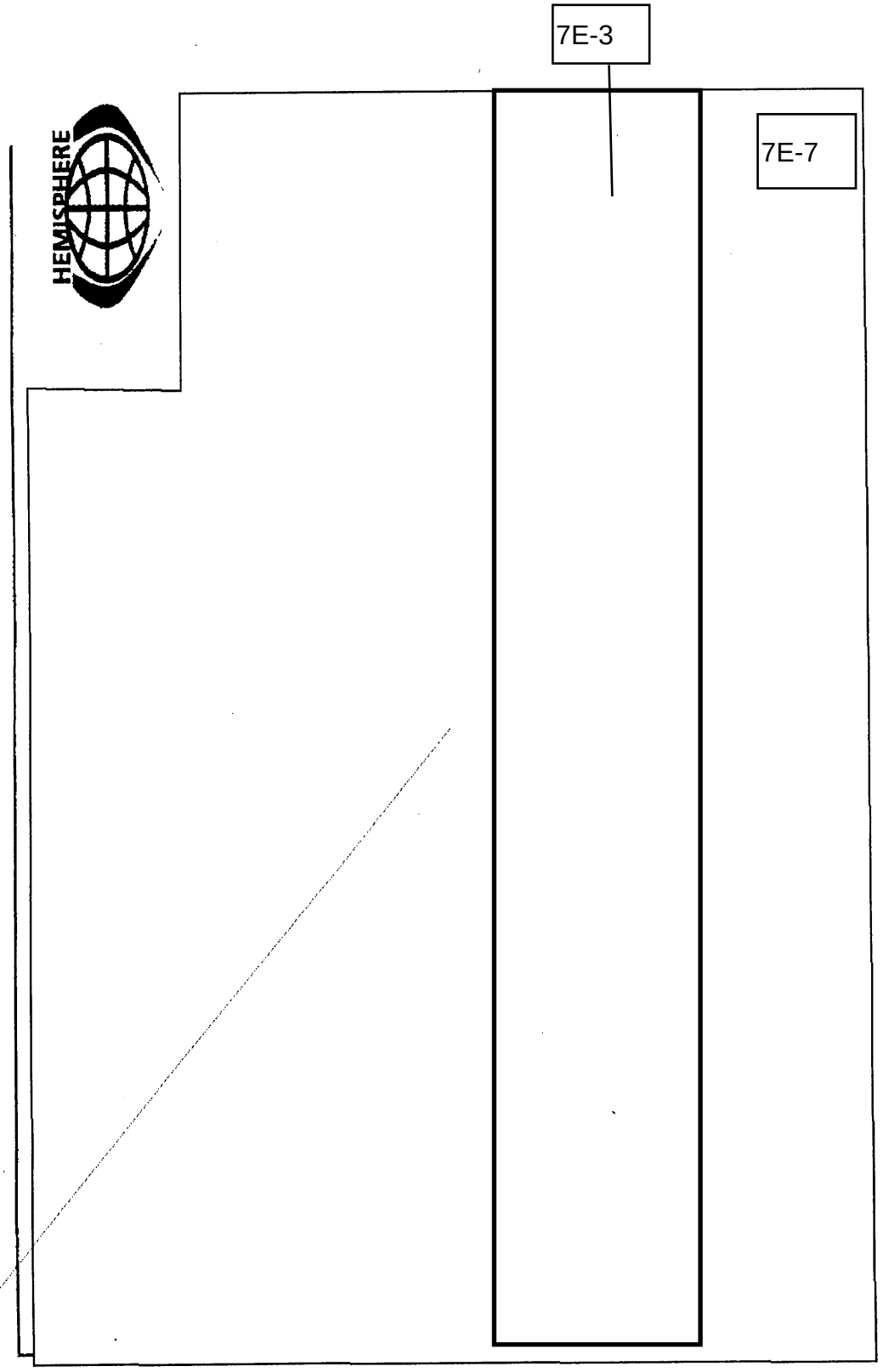
7E-7



(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7

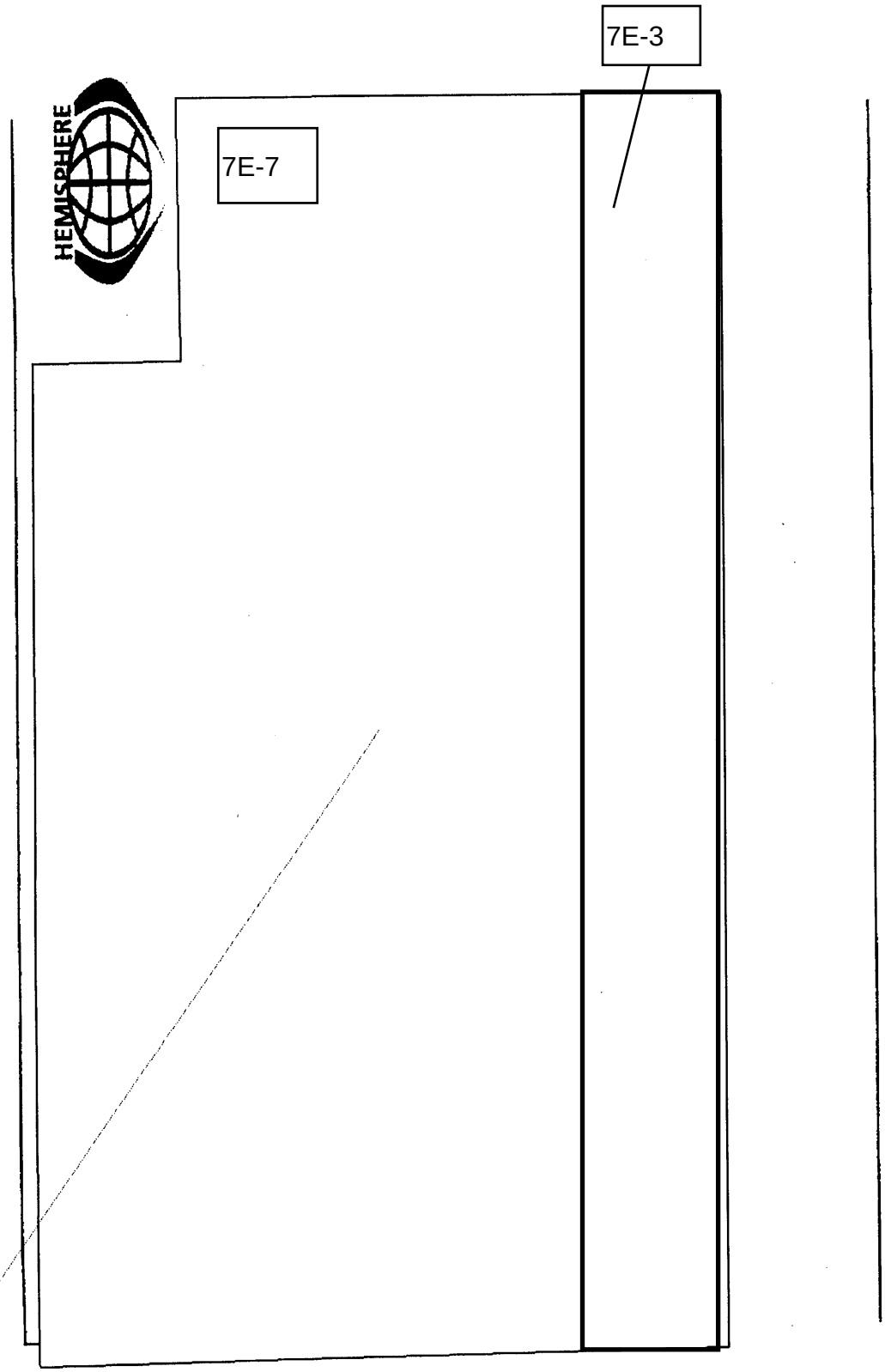
b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)



(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7

(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)



(b)(7)(A),(b)(7)(D),(b)(7)(E)

Practical Exercises

(b)(7)(E)

§ 3.3

7E-7

7E-7

7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

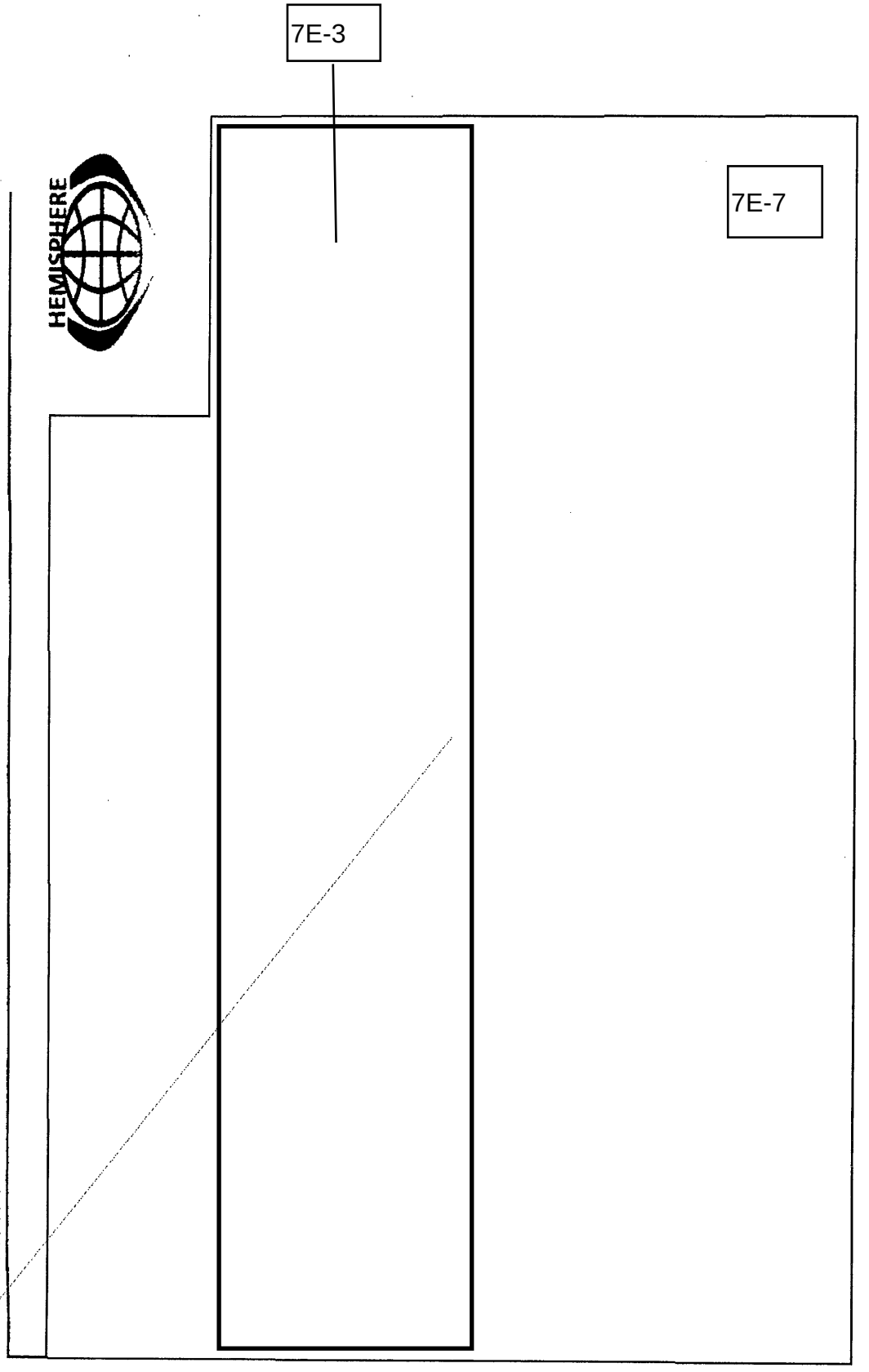
7E-7

b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

Practical Exercises

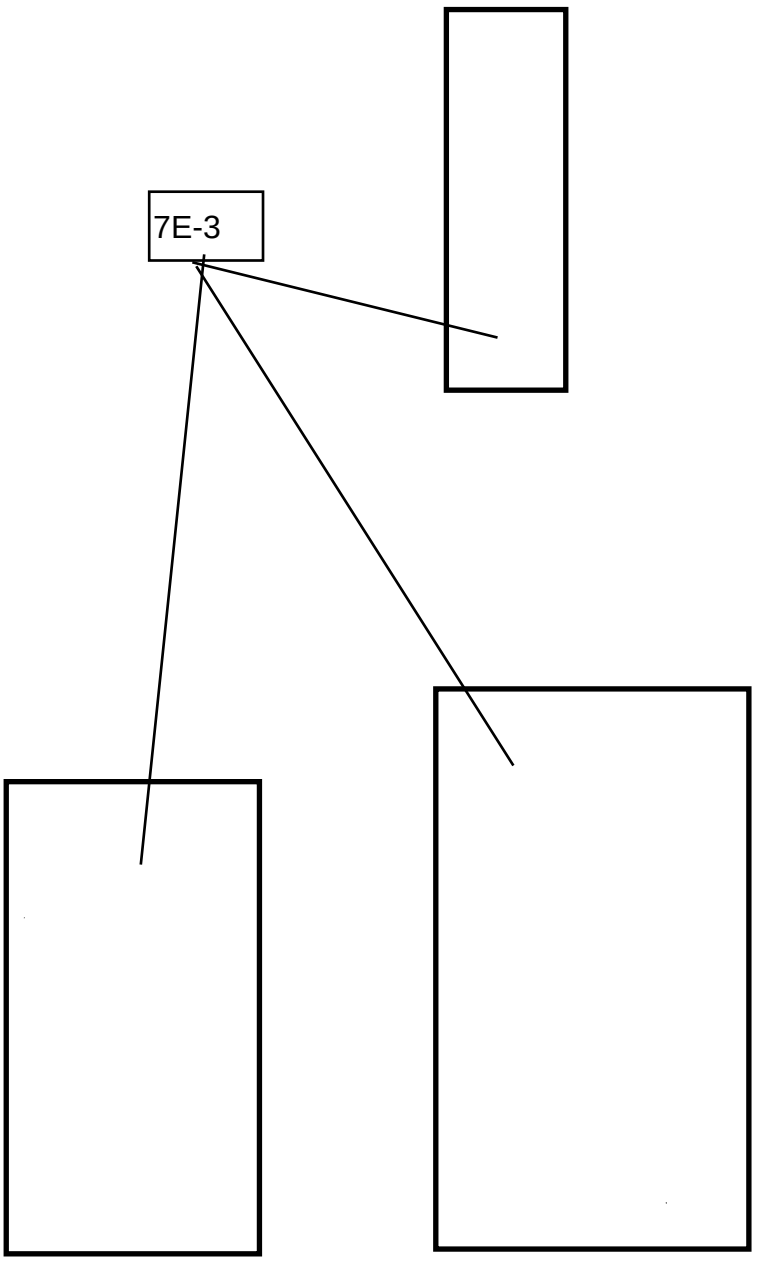
7E-7

(b)(7)(A),(b)(7)(D),(b)(7)(E) § 3.4



(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7



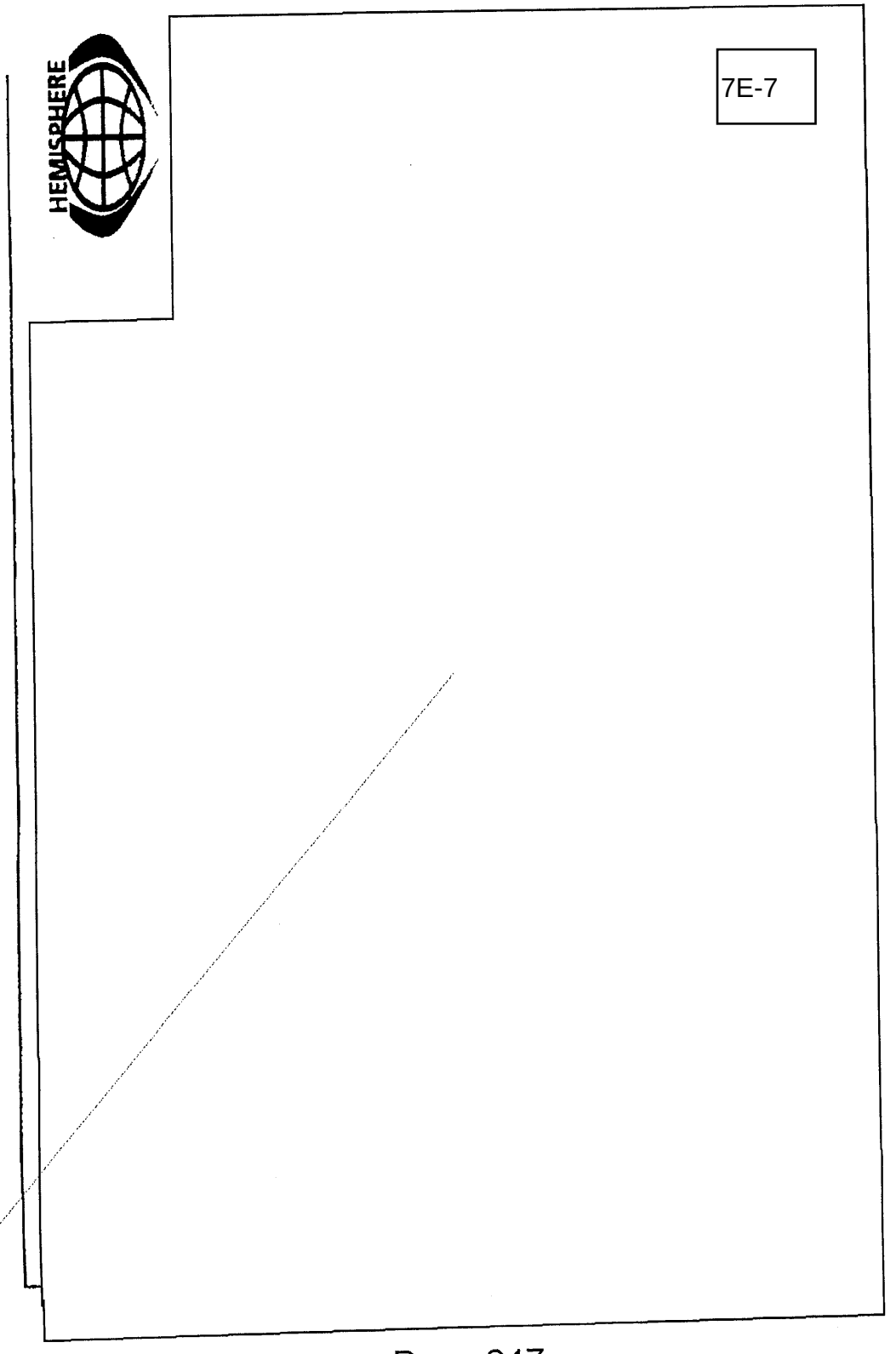
(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

Practical Exercises

(b)(7)(A),(b)(7)(D),(b)(7)(E)

§ 3.5

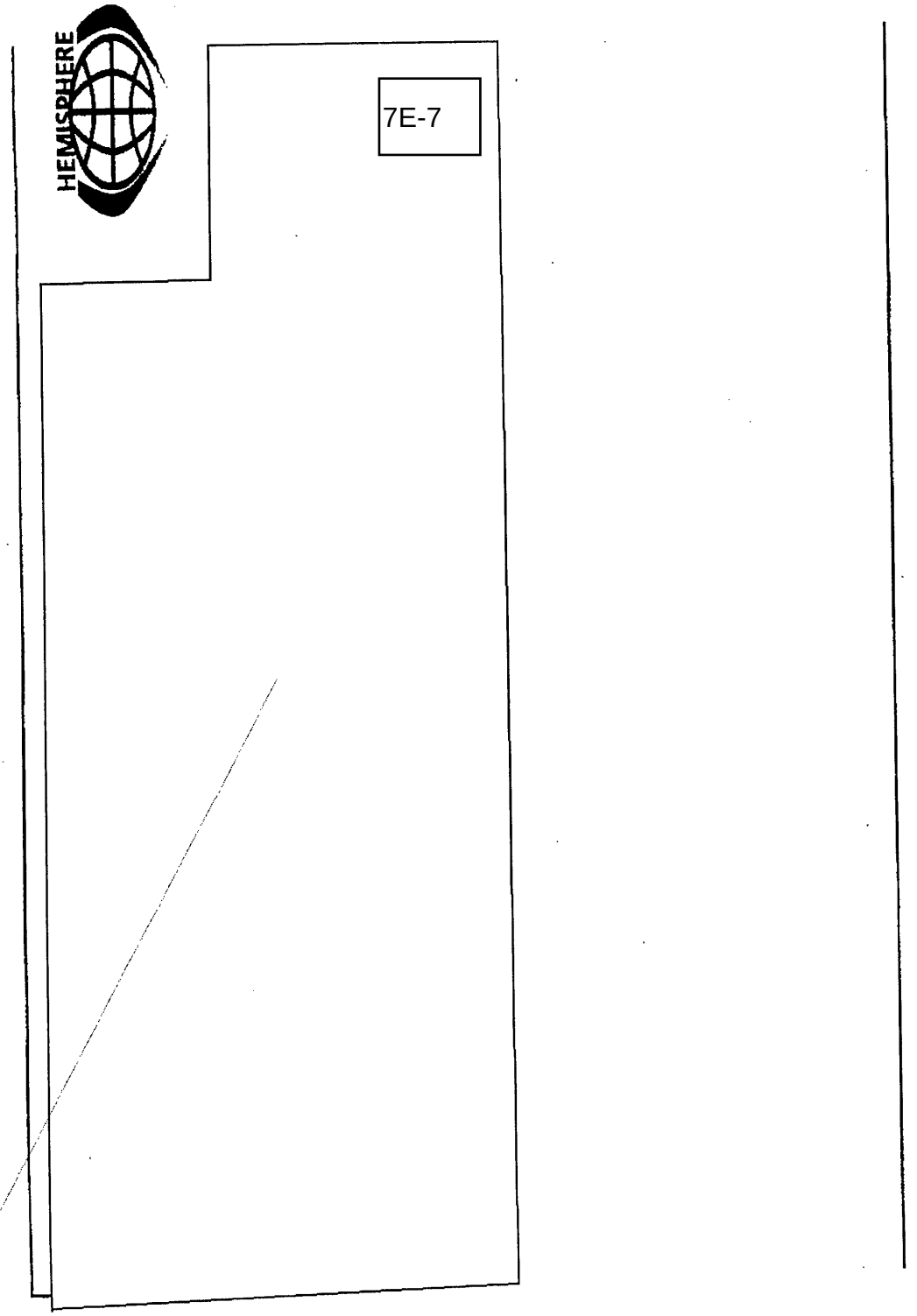
7E-7



(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7

b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)



(b)(7)(A),(b)(7)(D),(b)(7)(E)

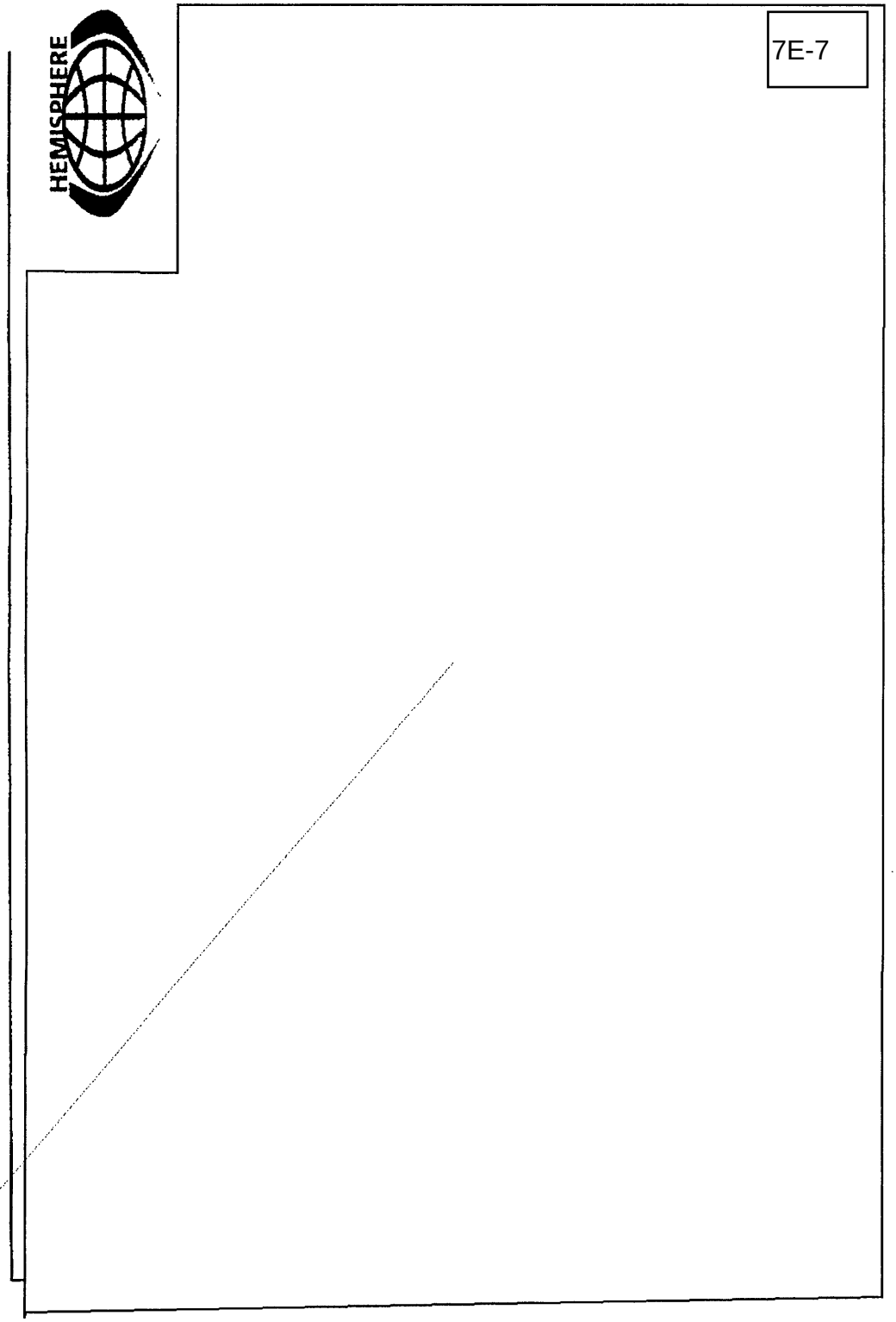
7E-7

b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

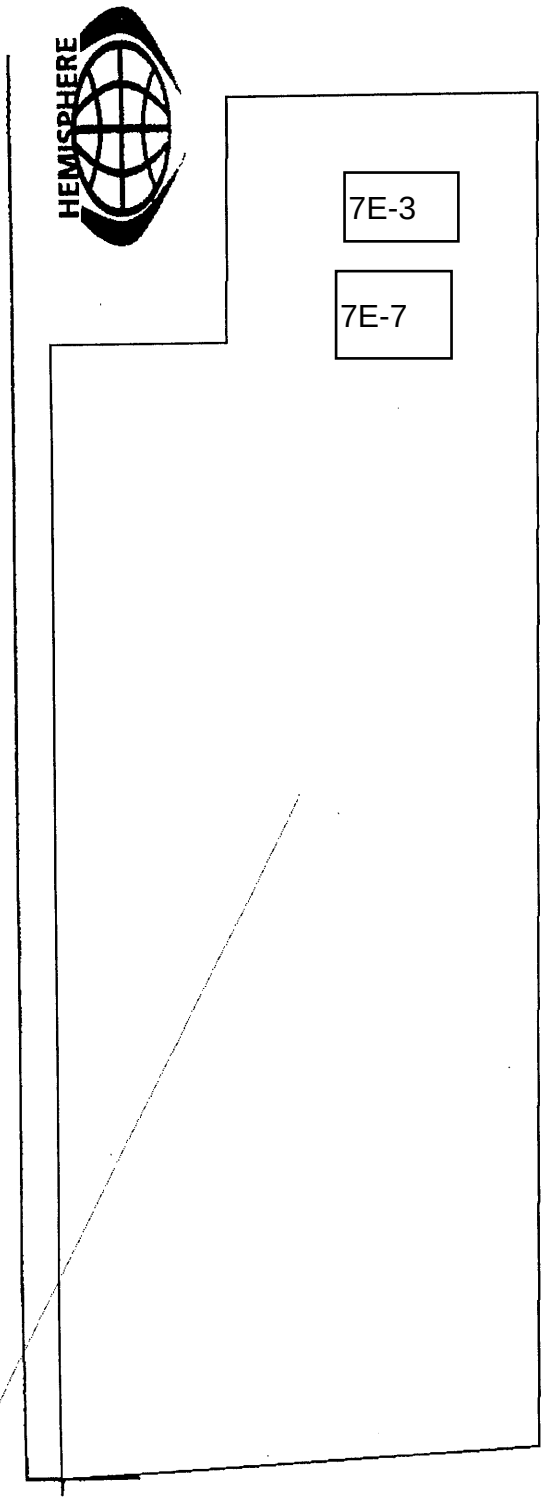
Practical Exercises

7E-7

b)(7)(A),(b)(7)
D),(b)(7)(E) ■ § 3.6



(b)(7)(A),(b)(7)(D),(b)(7)(E)



(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7

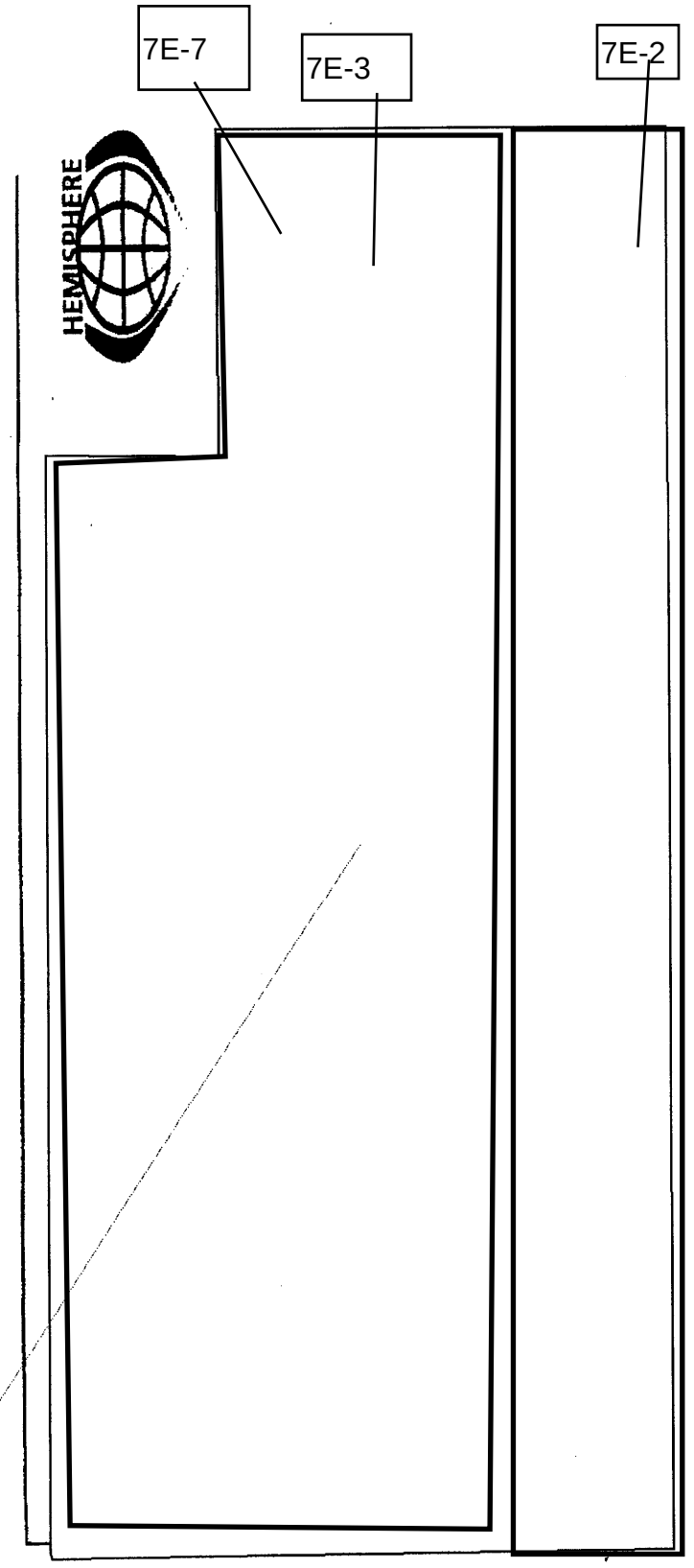
b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

7E-3

7E-7

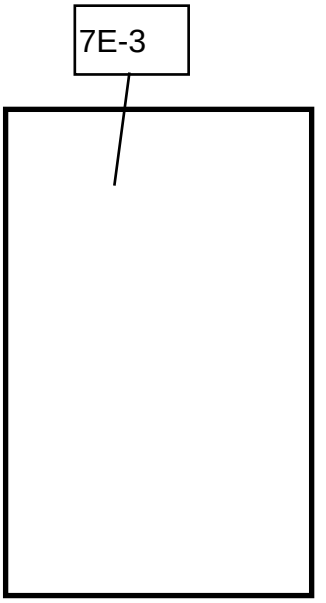
Practical Exercises

(b)(7)(A),(b)(7)(D),(b)(7)(E) § 3.7



(b)(7)(A),(b)(7)(D),(b)(7)(E)

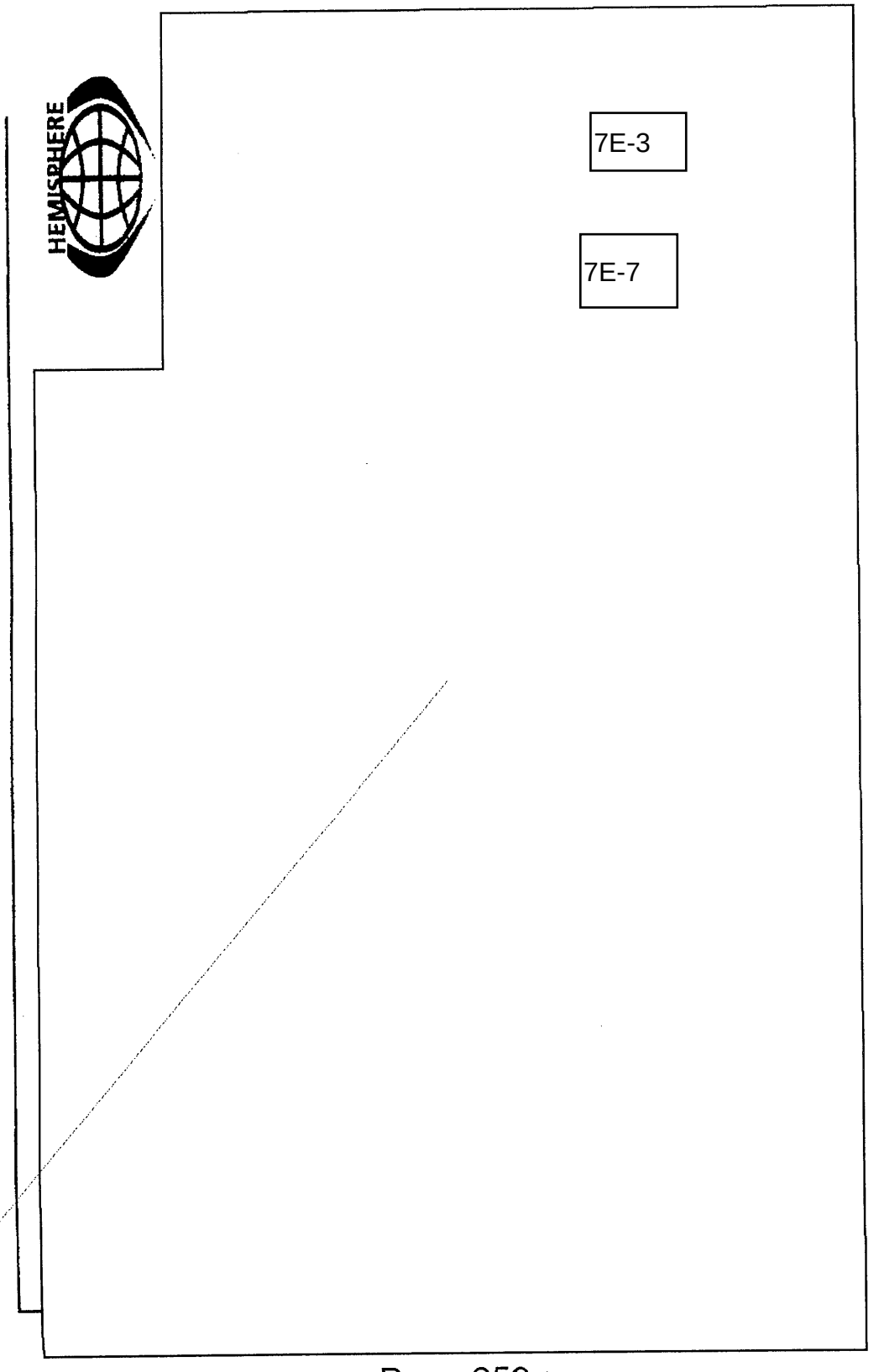
7E-7



)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

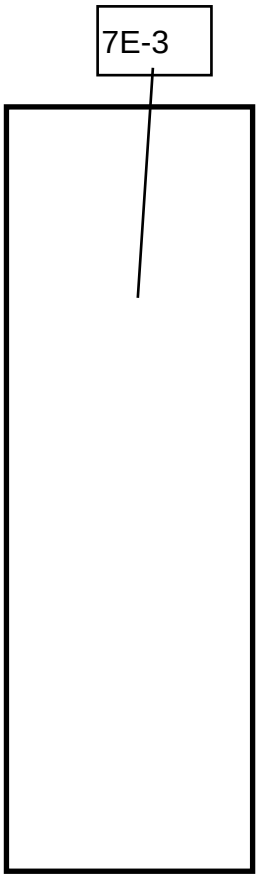
7E-7

(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)



(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7



b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

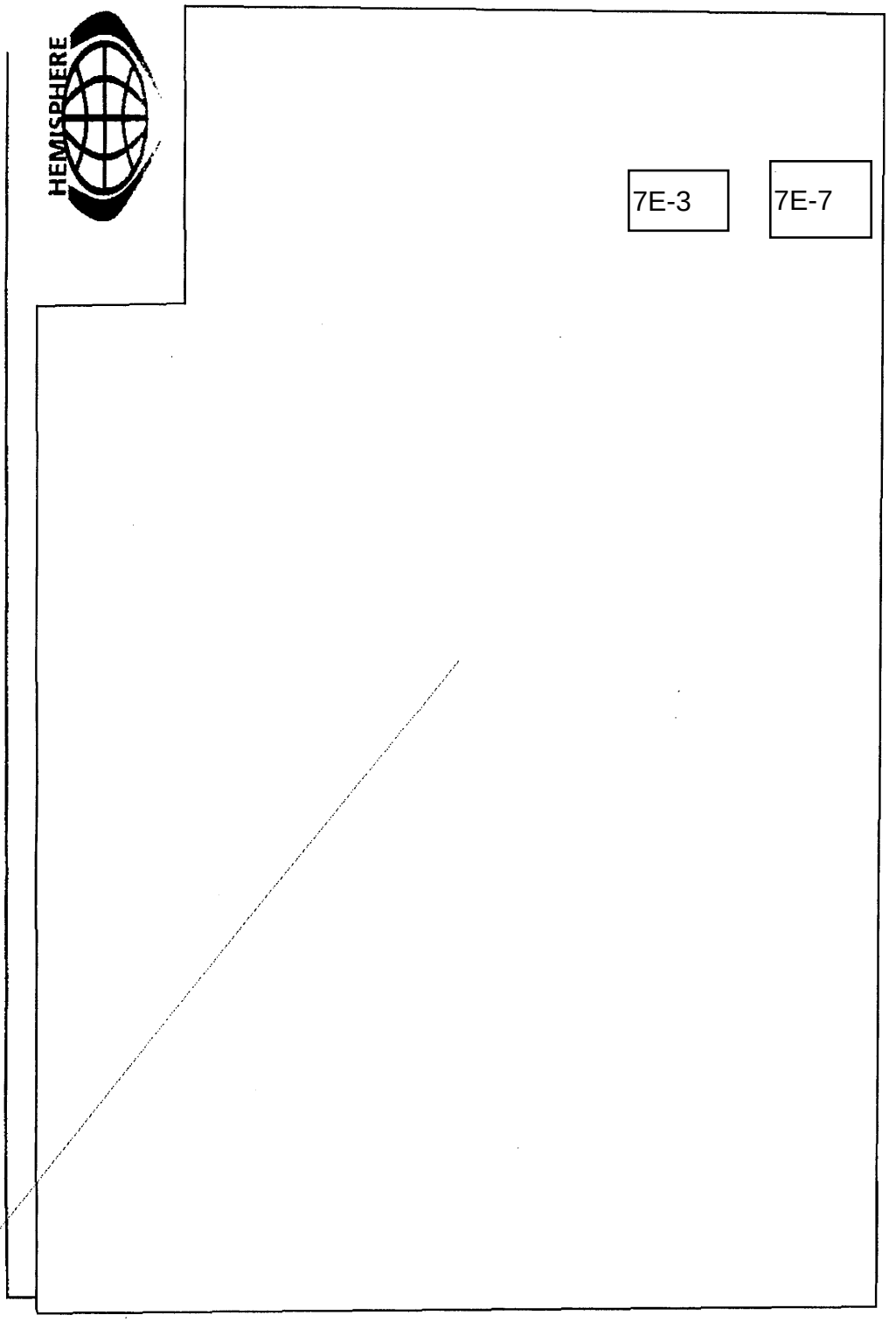
Practical Exercises

7E-3

7E-7

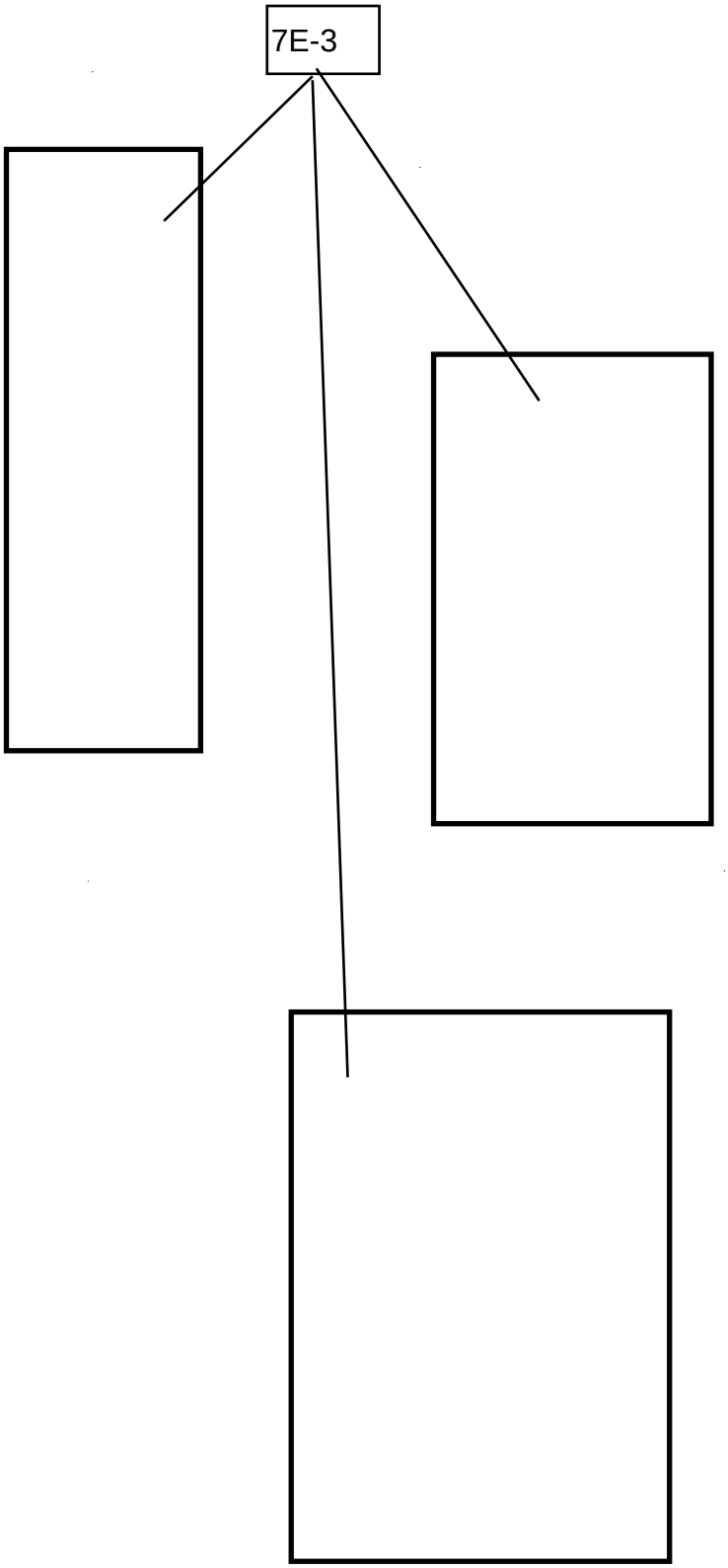
§ 3.8

(b)(7)(A),(b)(7)(D),(b)(7)(E)



(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7



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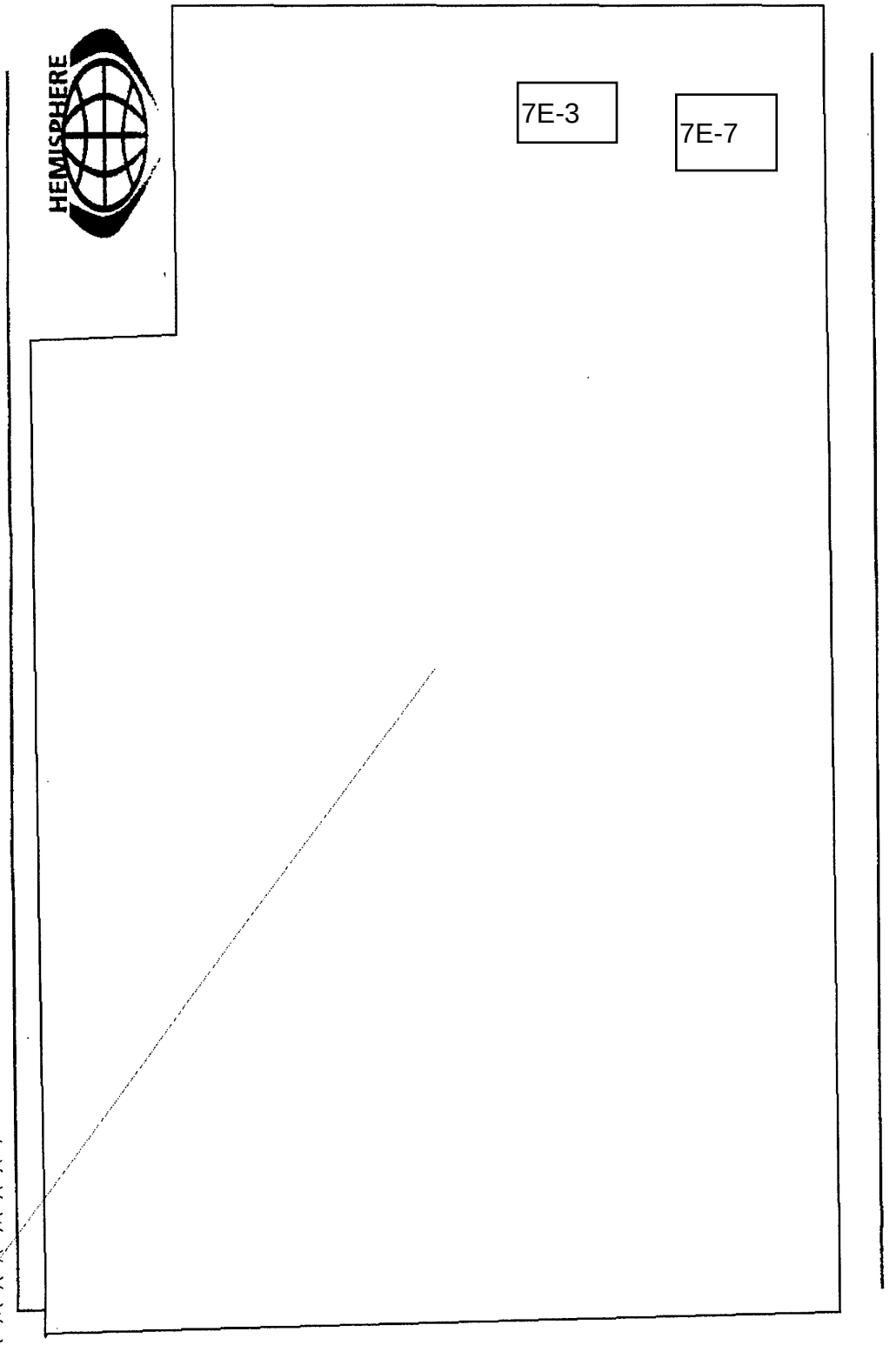
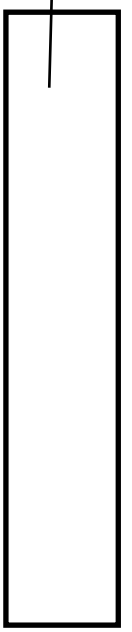


(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7

7E-3



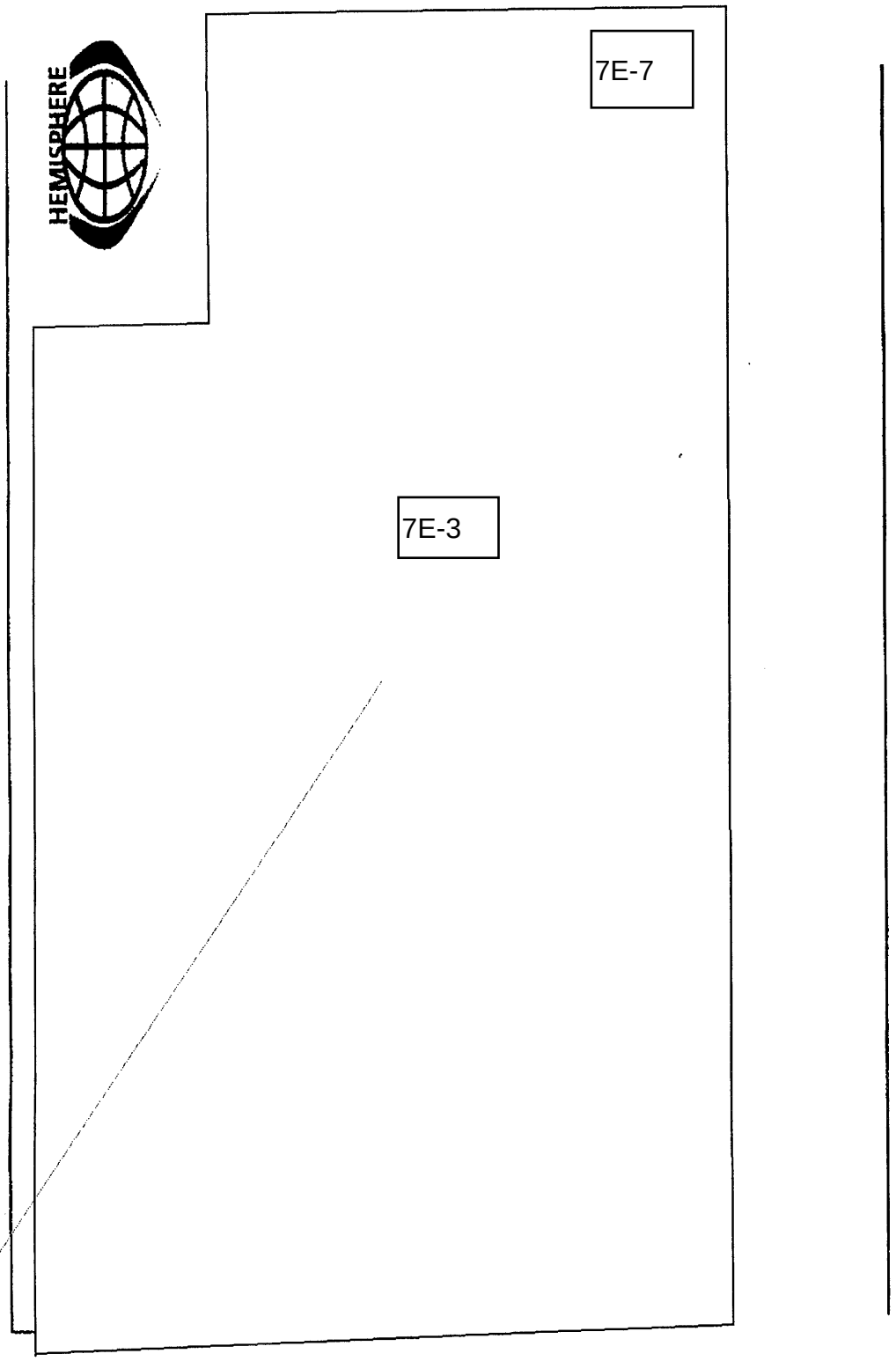
(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

Practical Exercises

7E-3

7E-7

(b)(7)(A),(b)(7)(D),(b)(7)(E) § 3.9



(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7

b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

7E-7

)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

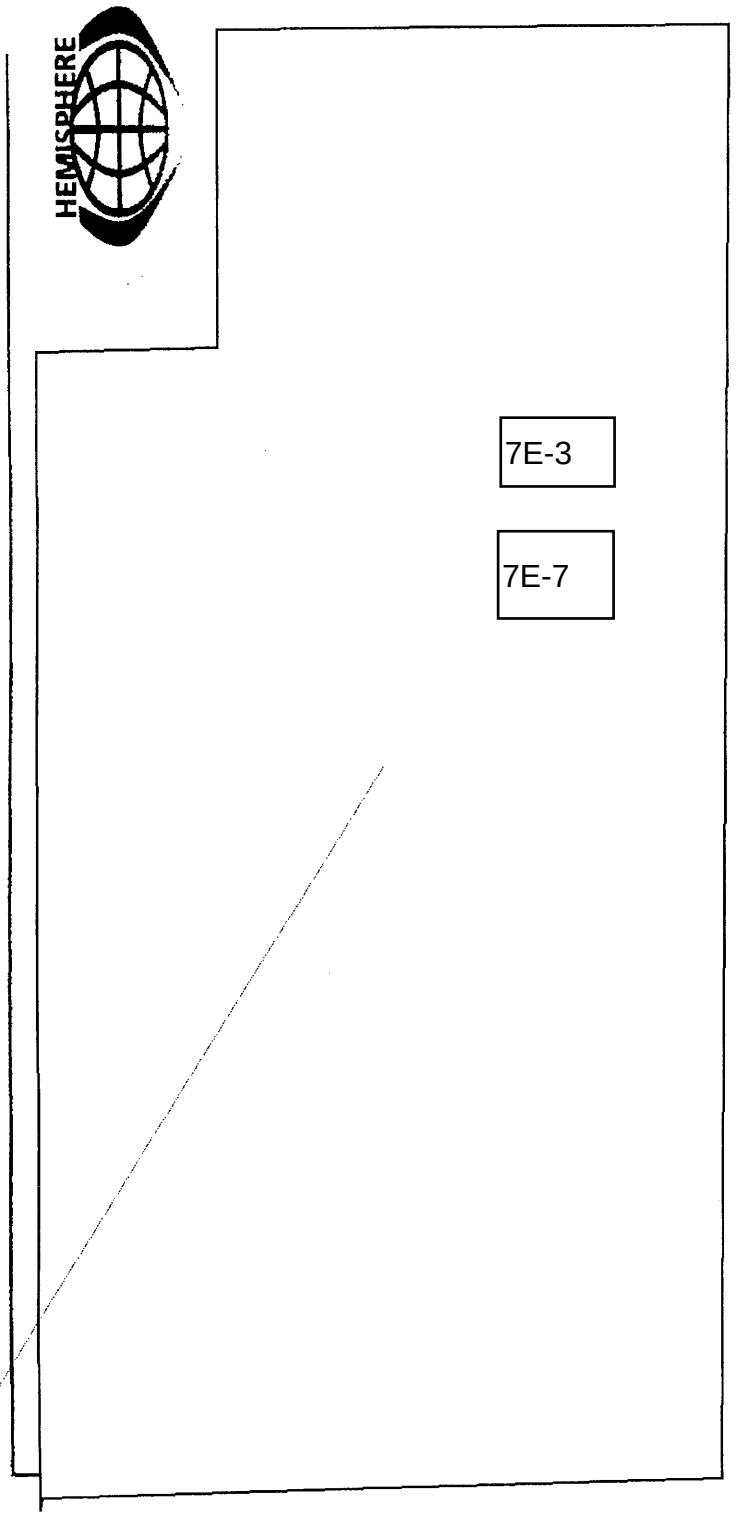
Practical Exercises

(b)(7)(A),(b)(7)(D),(b)(7)(E)

§ 3.10

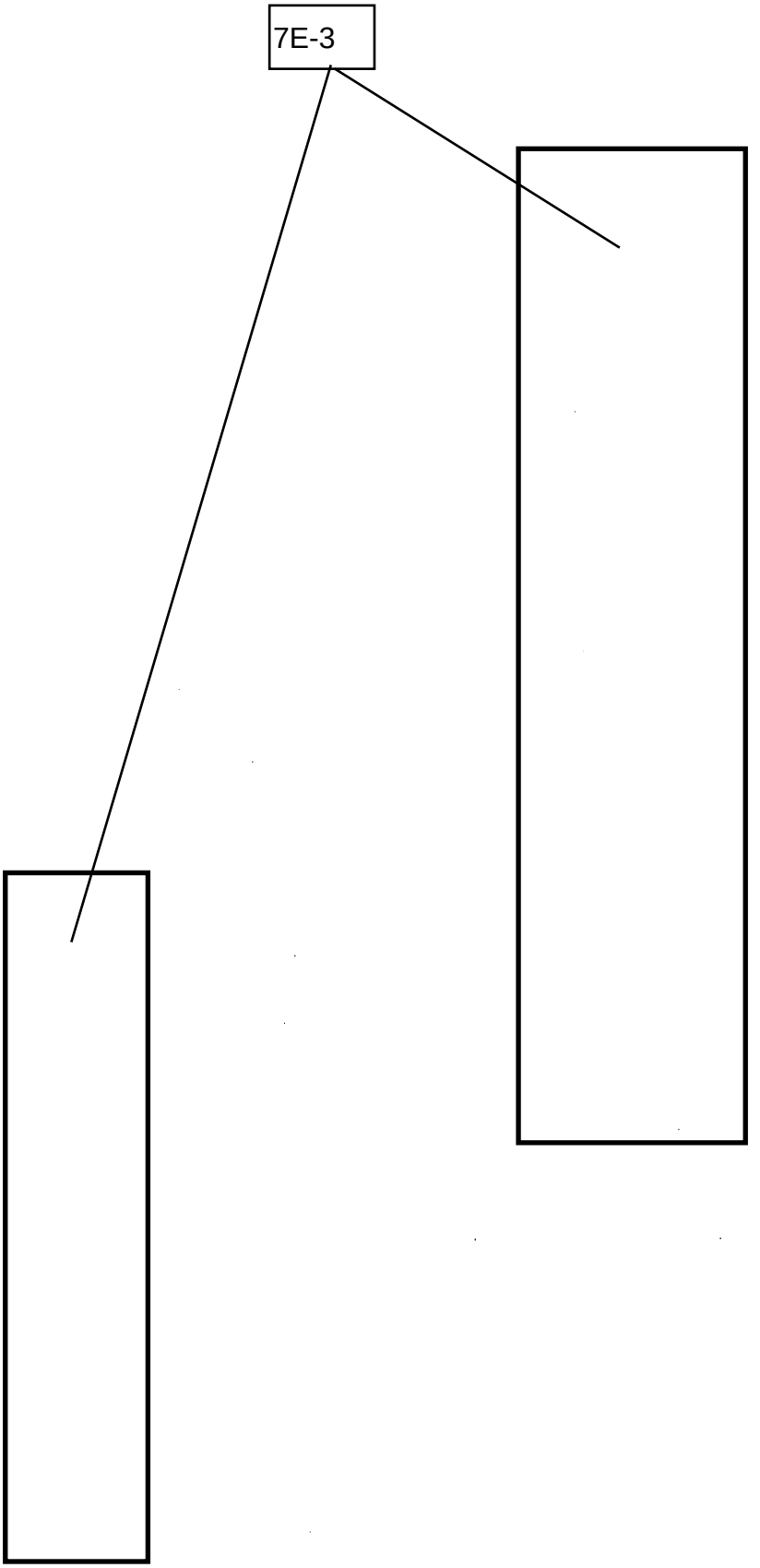
7E-3

7E-7



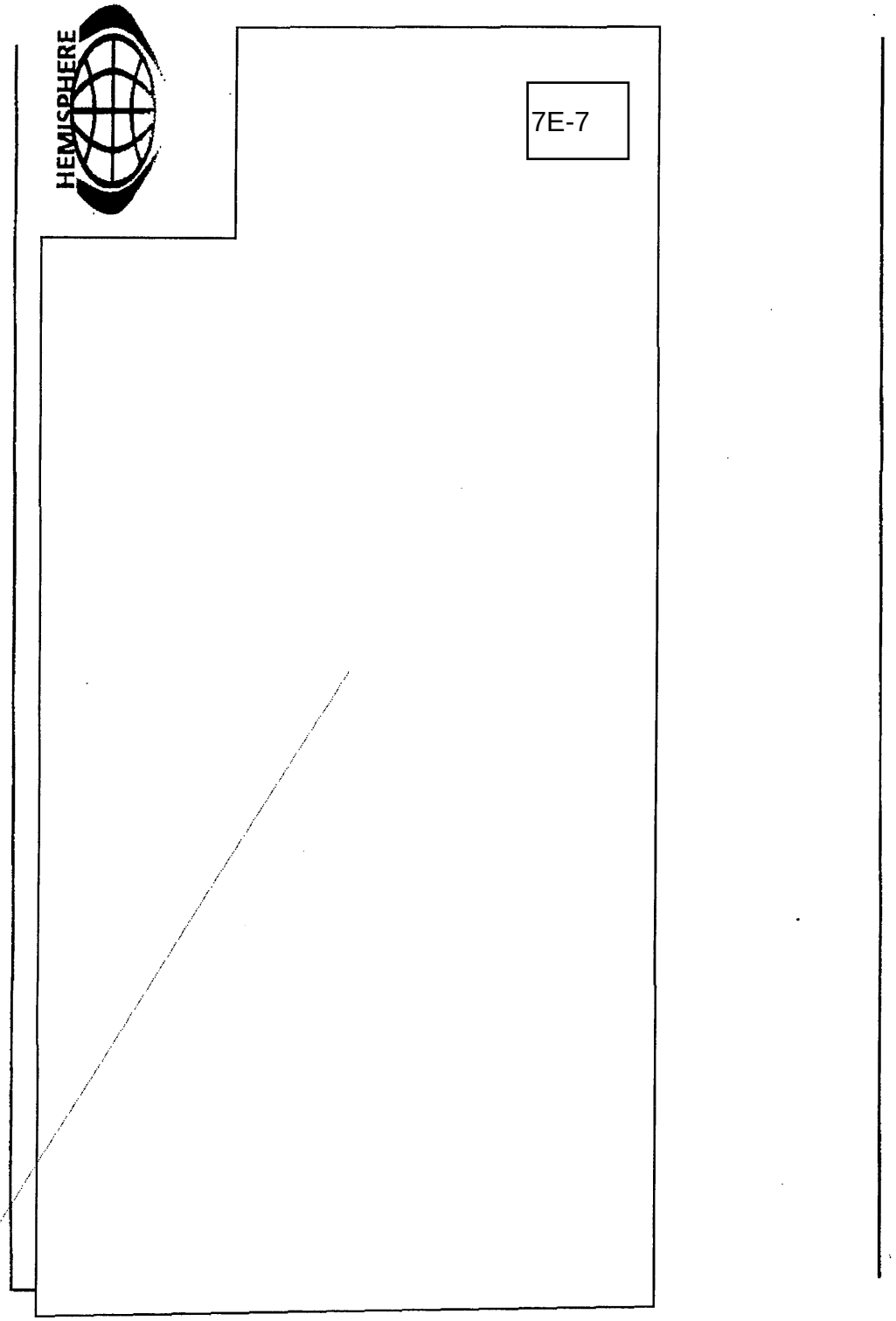
(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7



b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

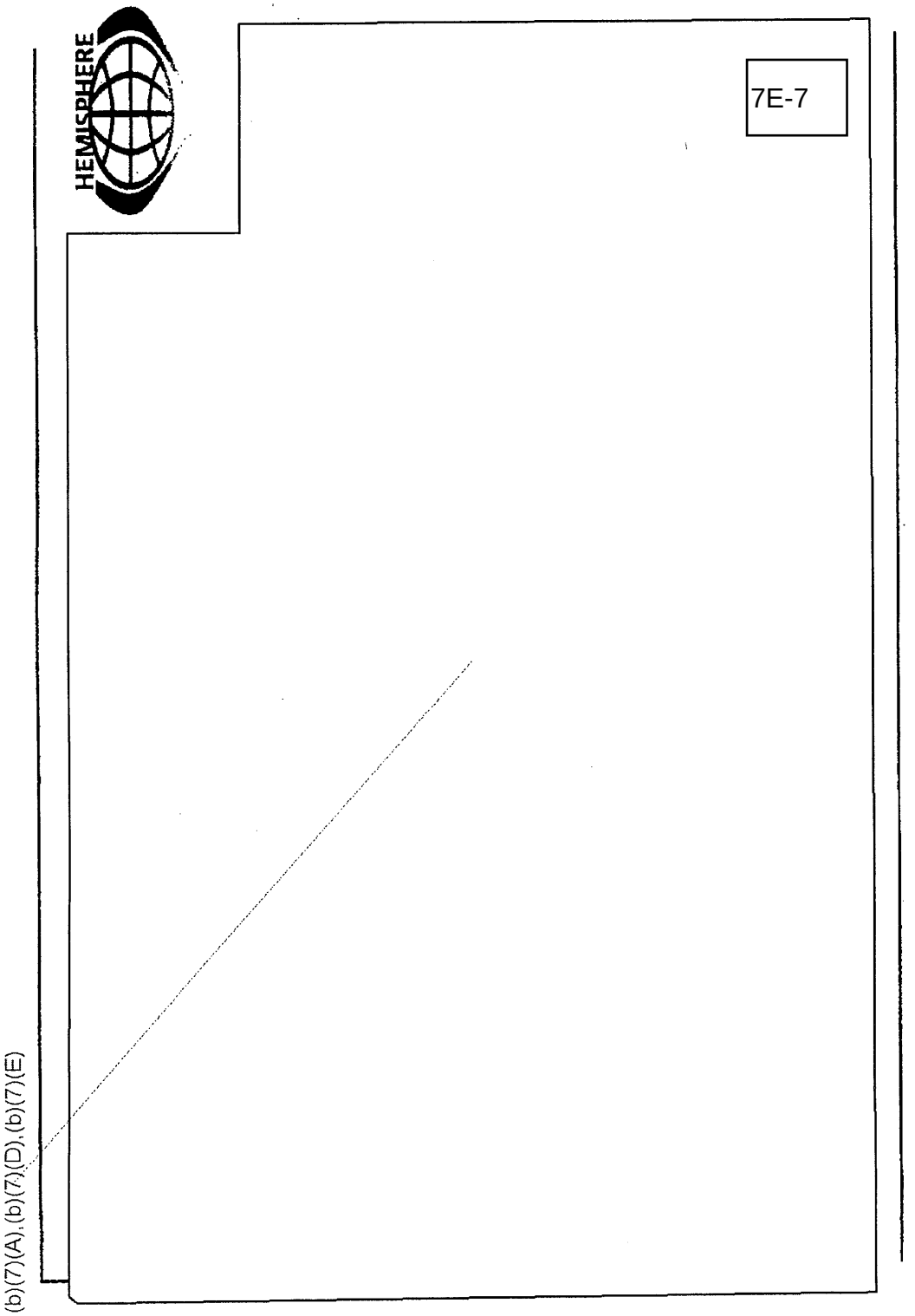
HEMISPHERE
Practical Exercises
7E-3
7E-7
(b)(7)(A),(b)(7)
D),(b)(7)(E)
S 4.0



(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7

)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)


HEMISPHERE
7E-7
(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7

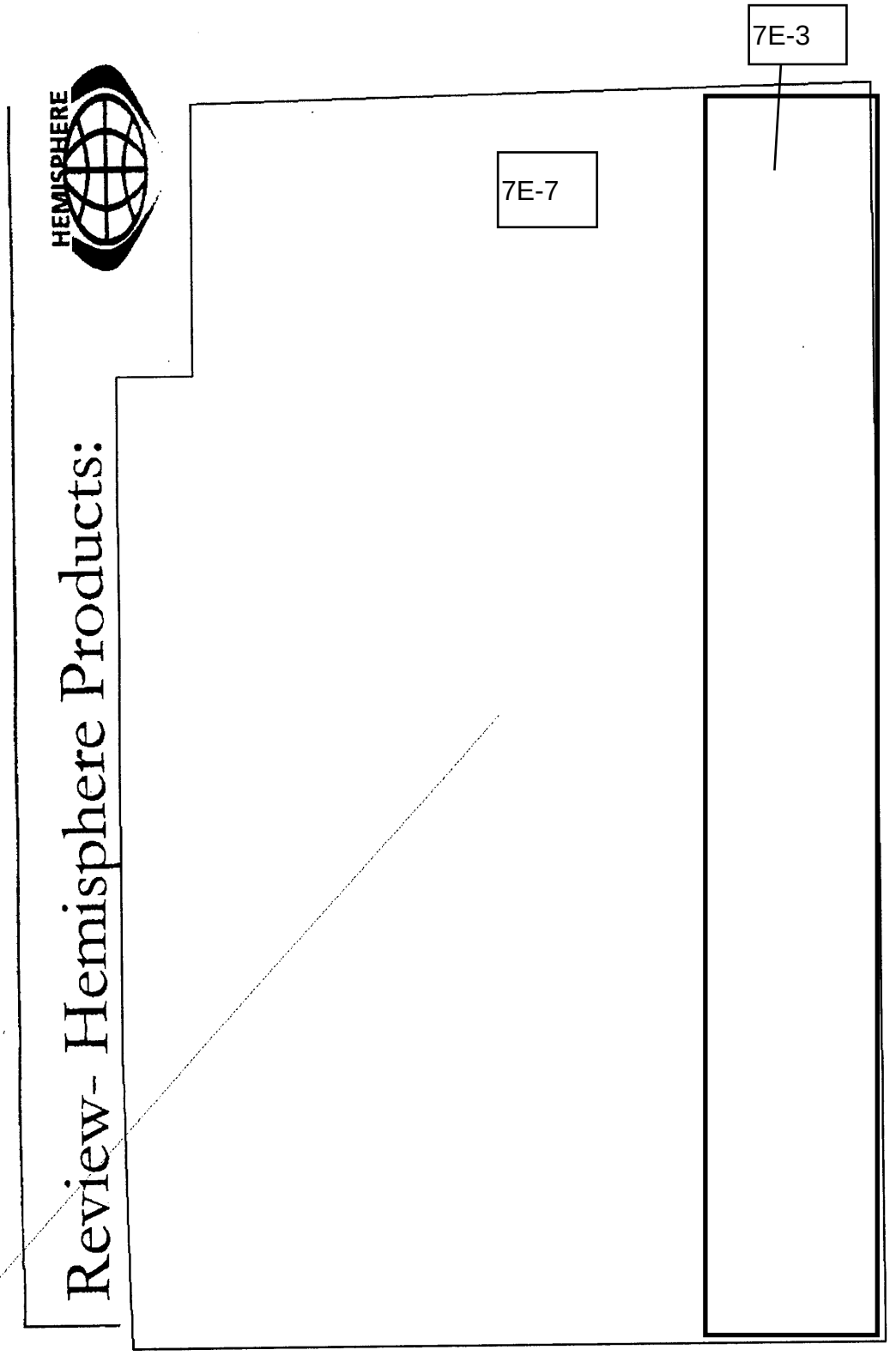
)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

Practical Exercises

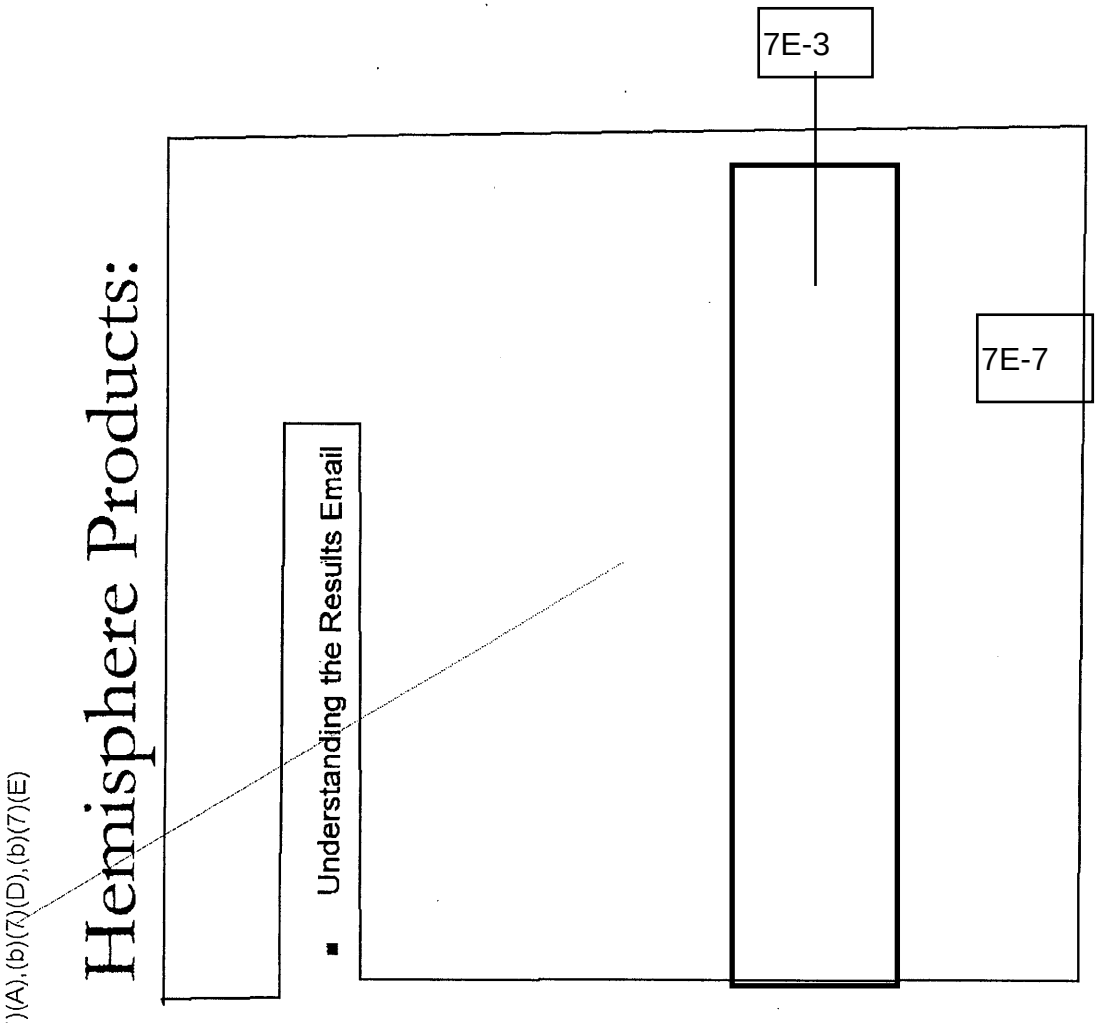
7E-7

(b)(7)(A),(b)(7)(E)

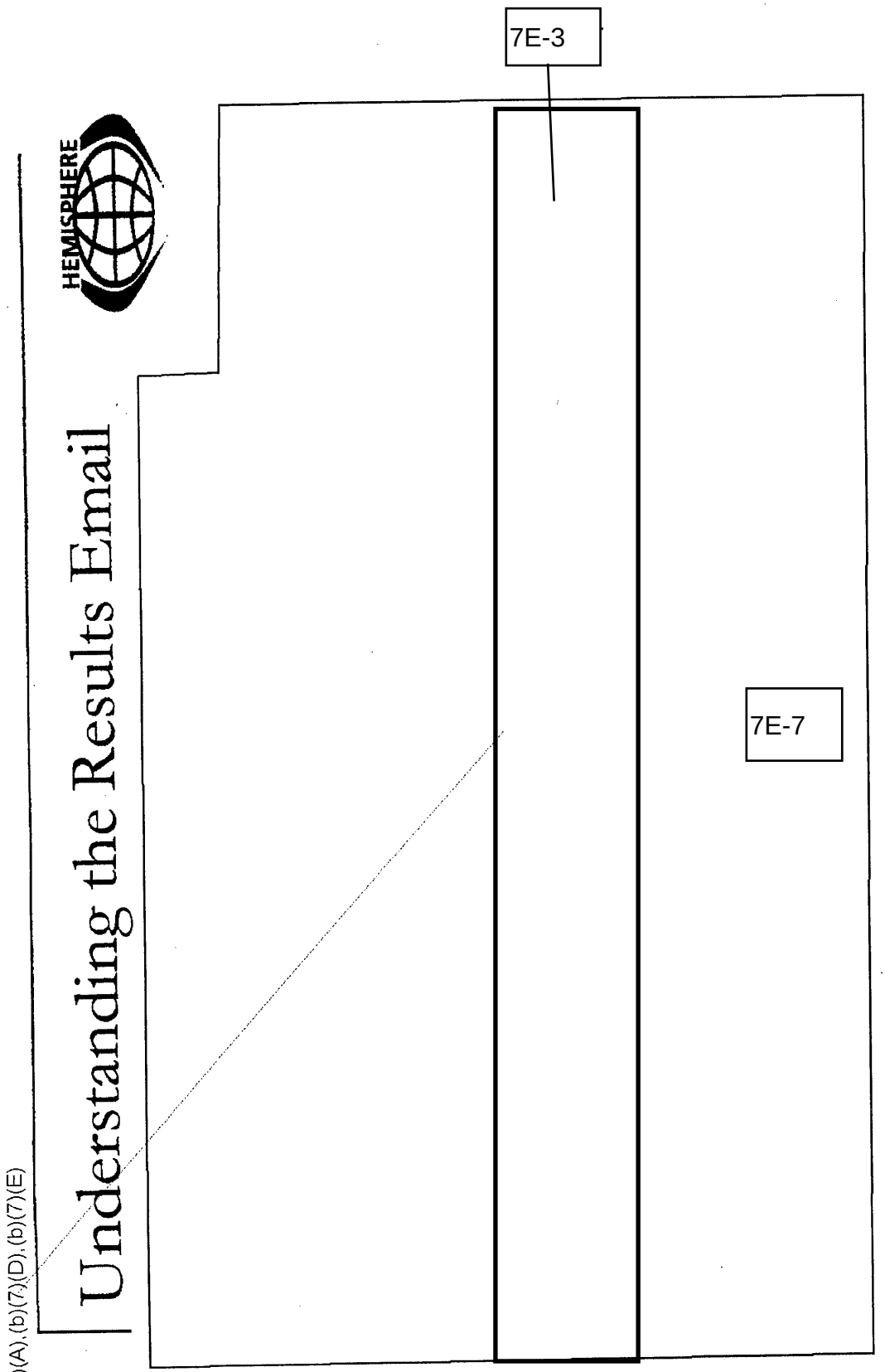
■ § 5.0



(b)(7)(A),(b)(7)(D),(b)(7)(E)

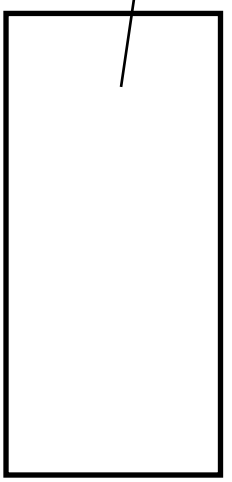

Hemisphere Products:
Understanding the Results Email
7E-3
7E-7

(b)(7)(A),(b)(7)(D),(b)(7)(E)


7E-3
HEMISPHERE
Understanding the Results Email
7E-7
(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7

7E-3



(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)

(b)(7)(A),(b)(7)(D),(b)(7)(E)

Understanding the Results Email

HEMISPHERE

7E-7

- **Scanned Copy of Original Request**
  - ("HH Task... .pdf") - A scanned copy of the packet that the Hemisphere receive

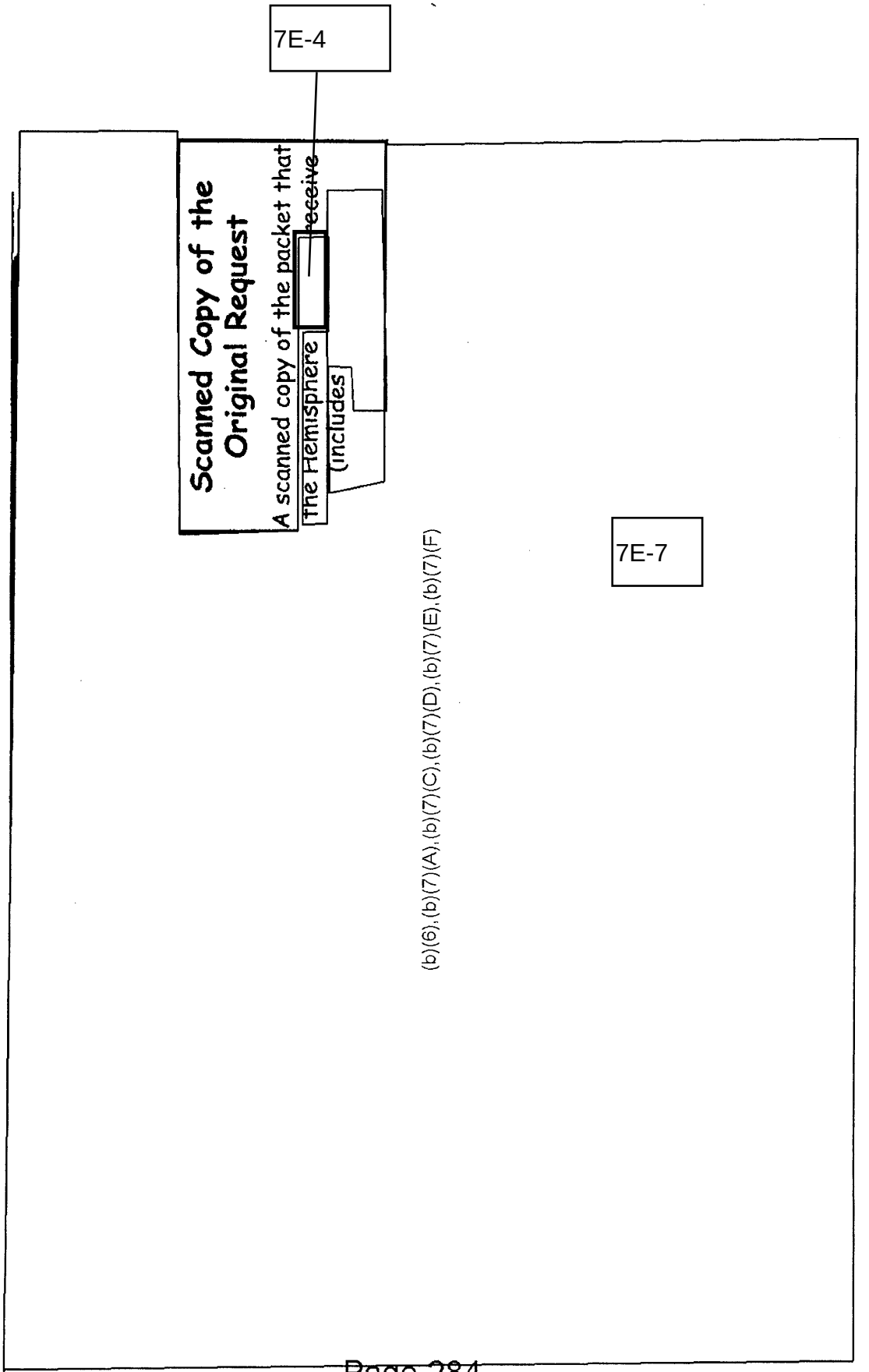
- The packet will contain additional documents (including our
the Hemisphere Project

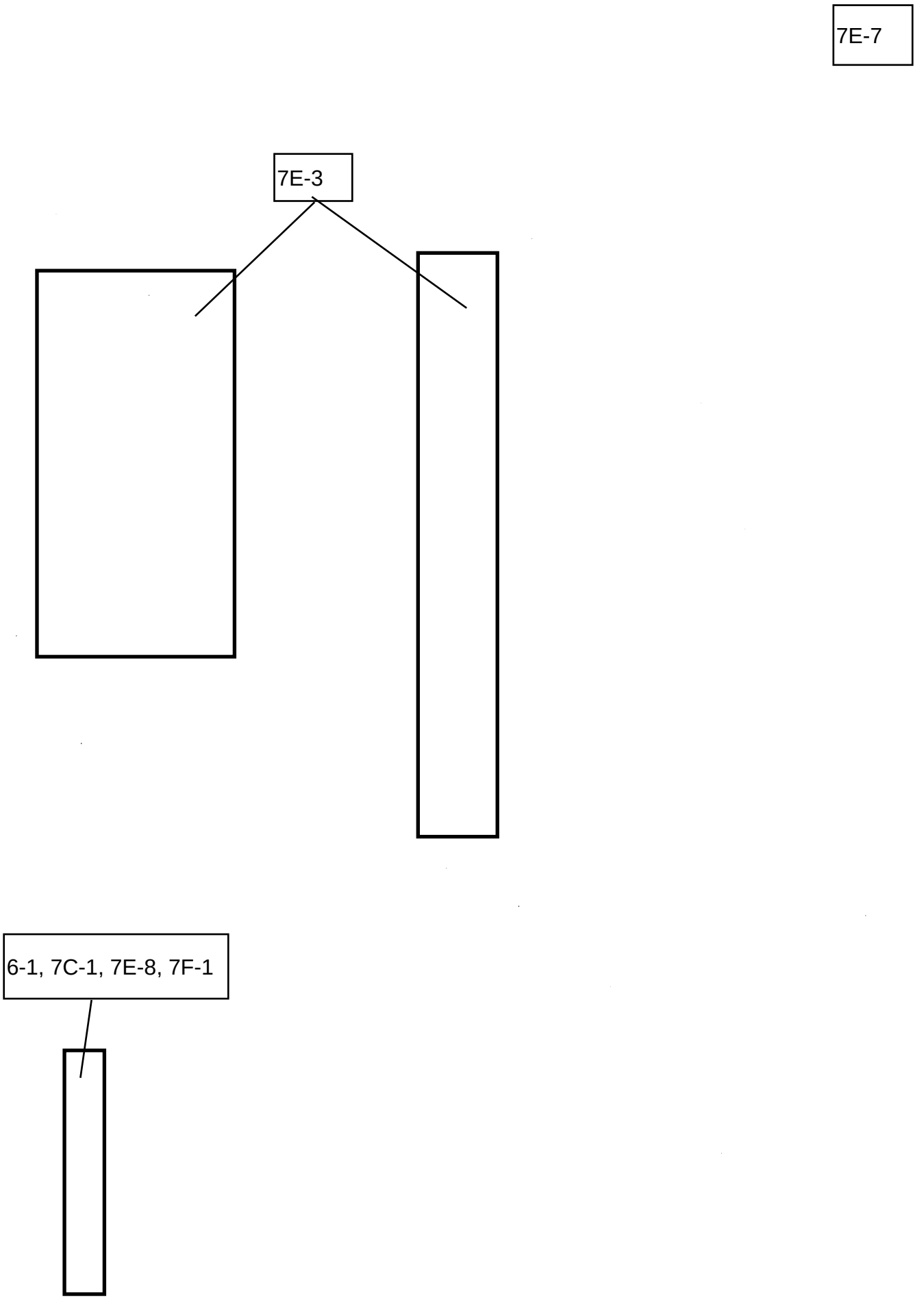
added by

7E-3

7E-7

7E-4

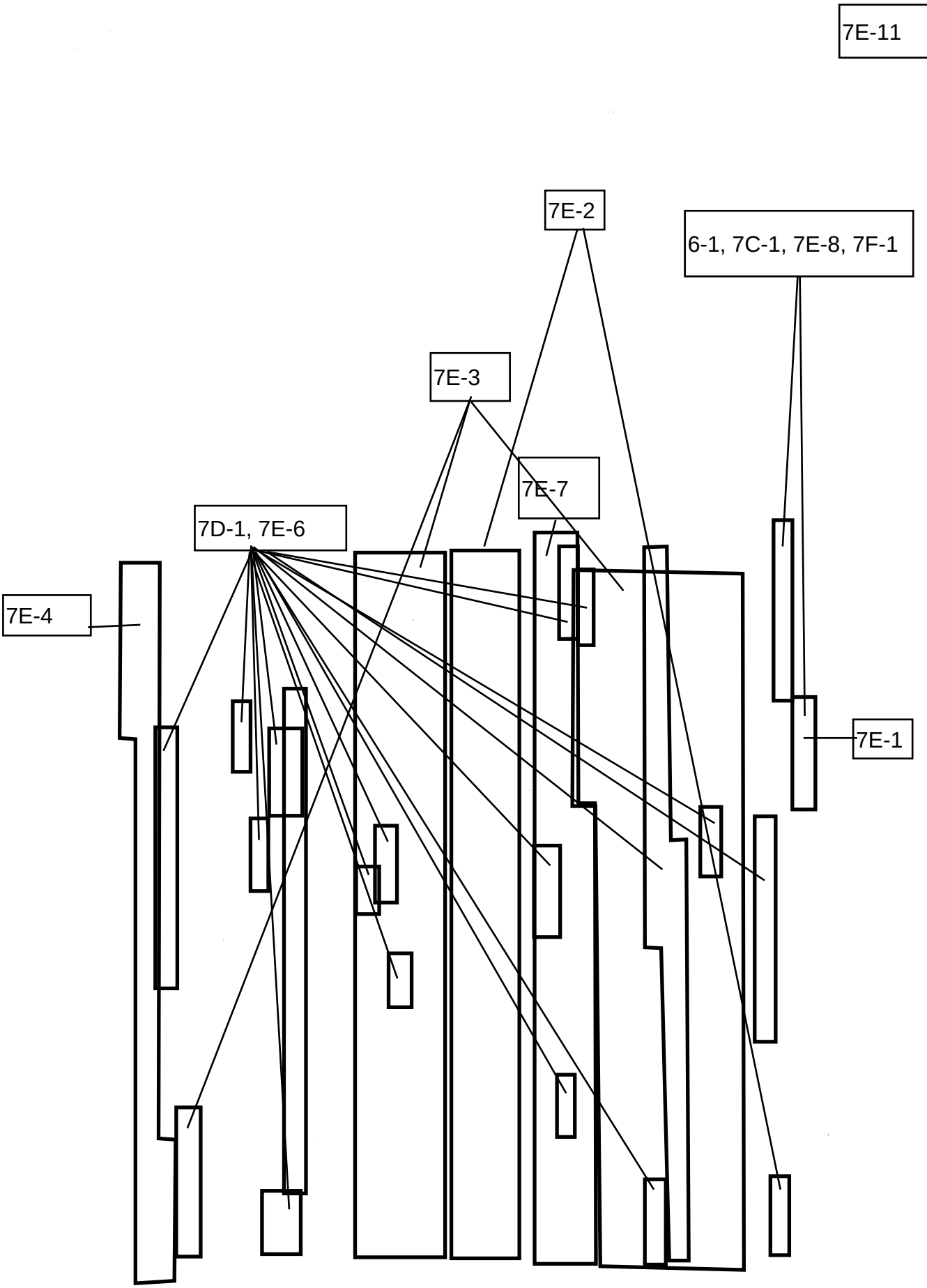

7E-4
Scanned Copy of the Original Request
A scanned copy of the packet that
the Hemisphere
(includes
7E-7
(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)



)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)

(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-11

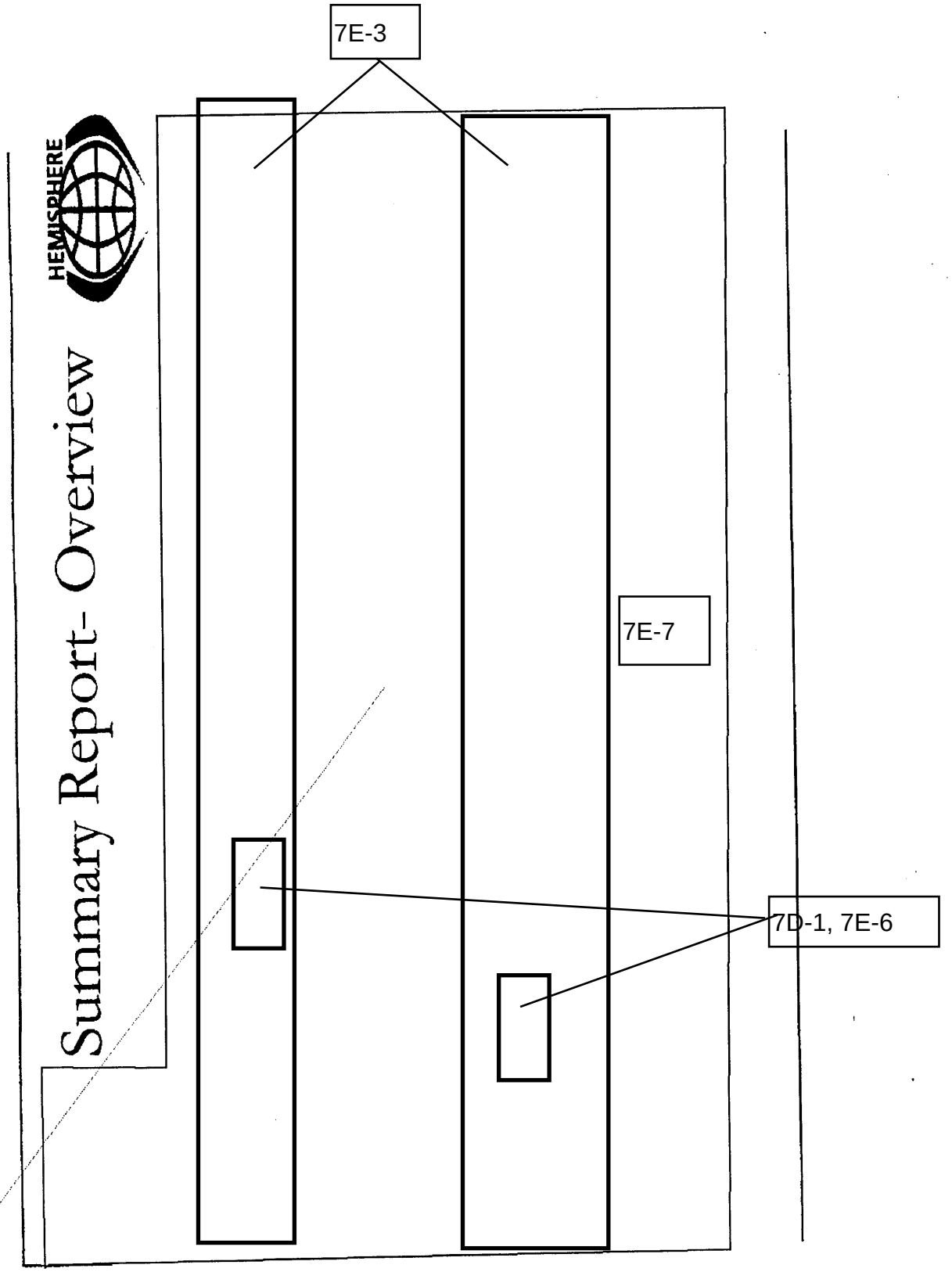


)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)

Summary Report

7E-7

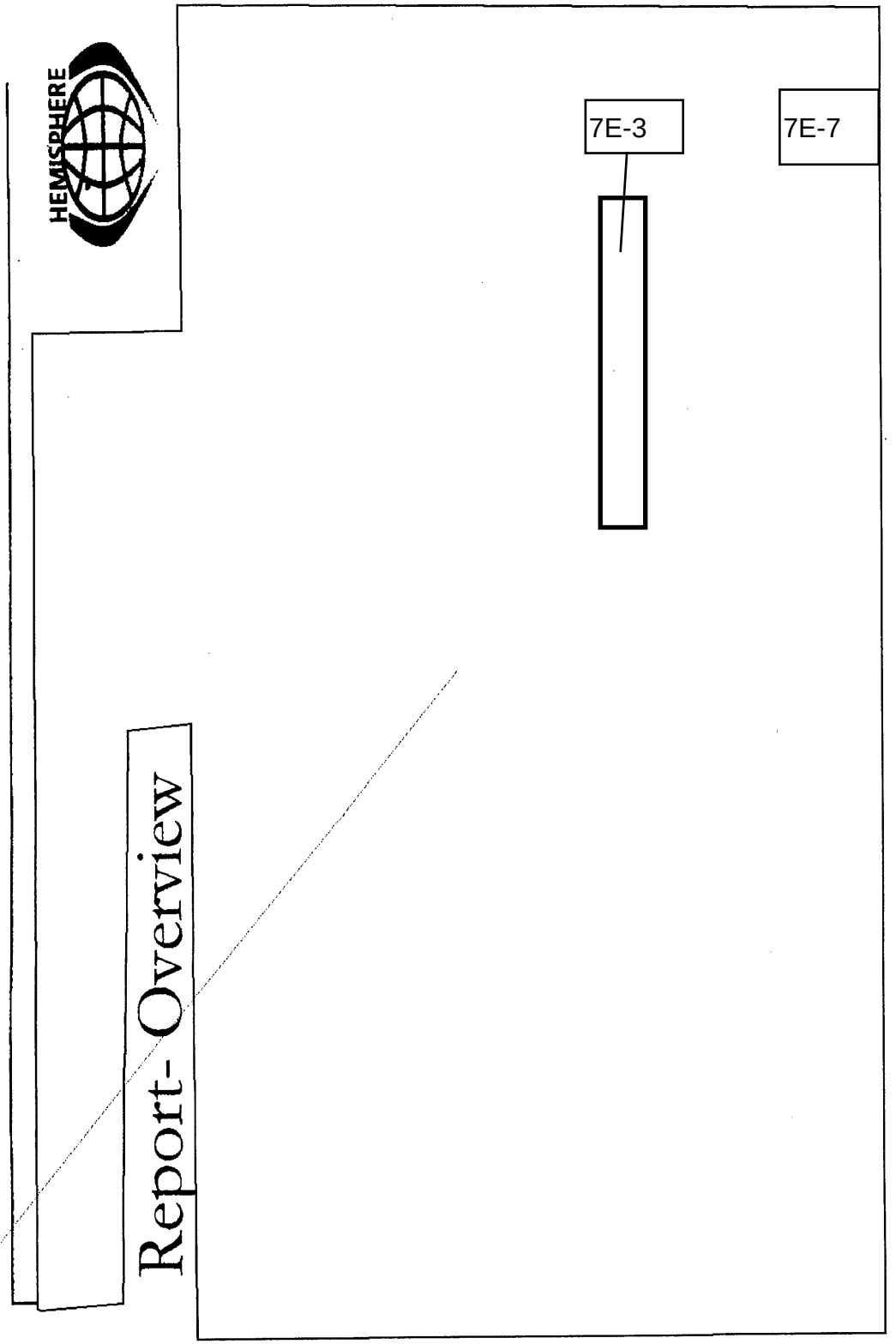
(b)(7)(E)



(b)(7)(A), (b)(7)(D), (b)(7)(E)

7E-7

(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)



(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-7

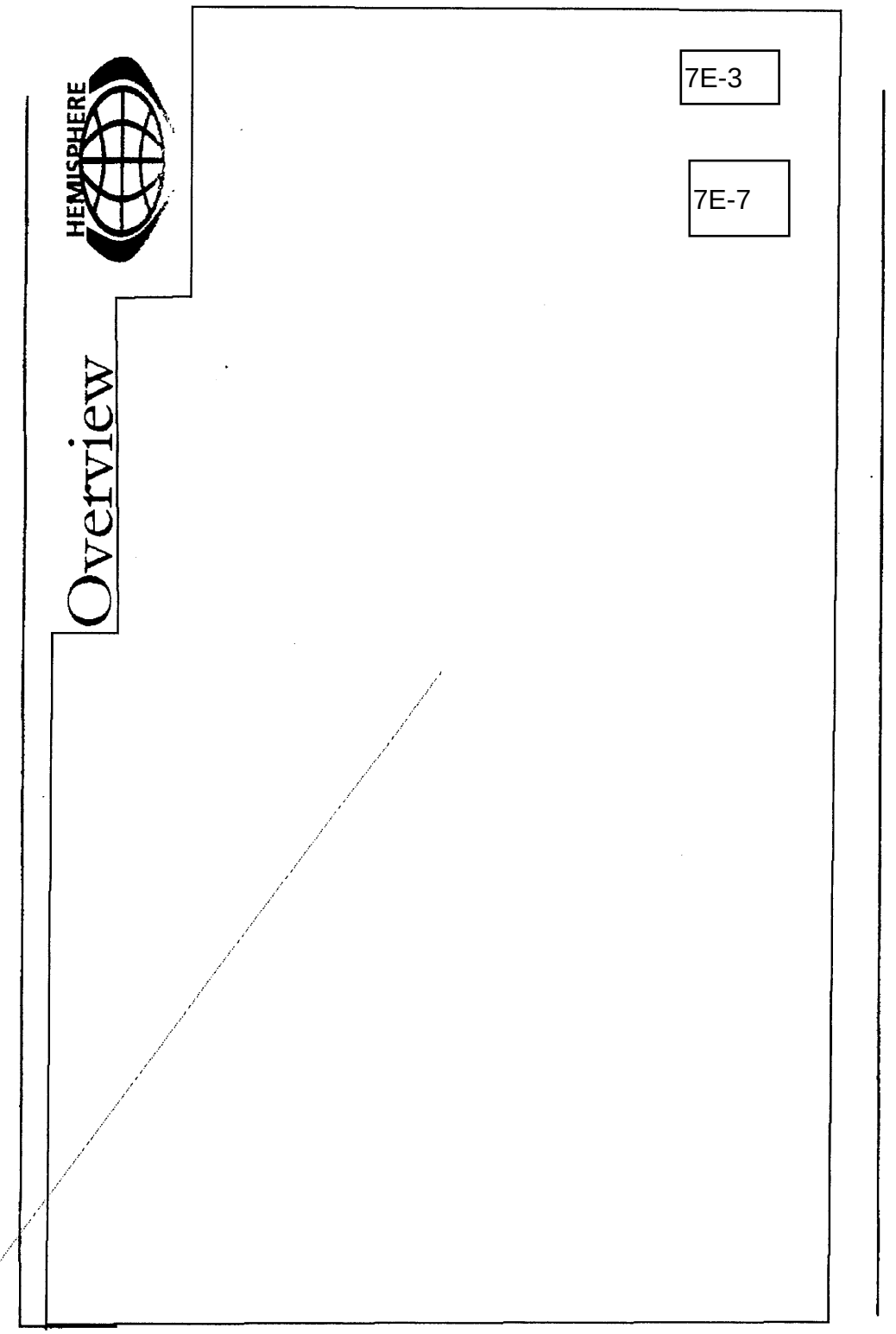
(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

Practical Exercises

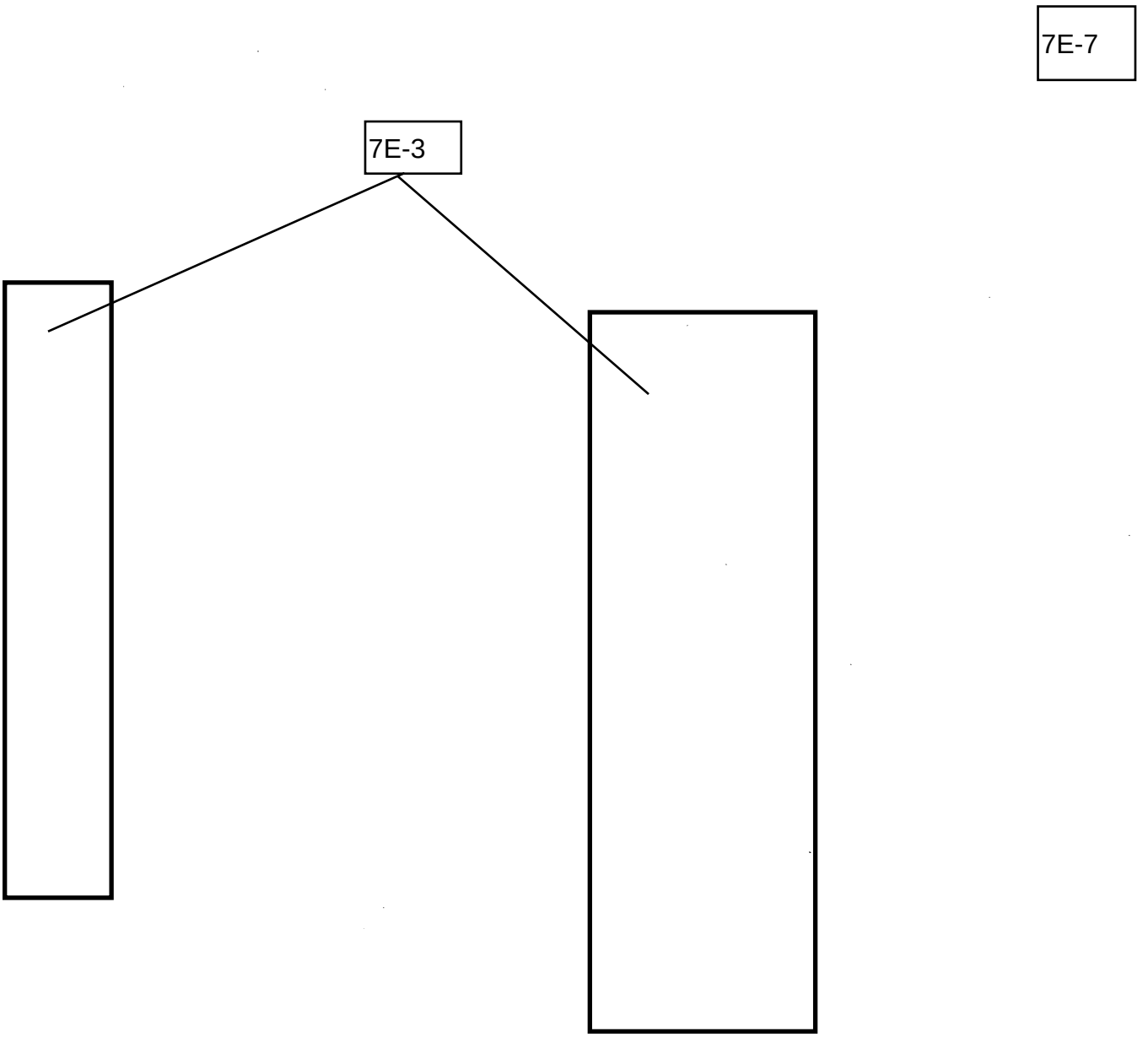
7E-7

(b)(7)(A),(b)(7)(D),(b)(7)(E)

§ 6.0 REPORT



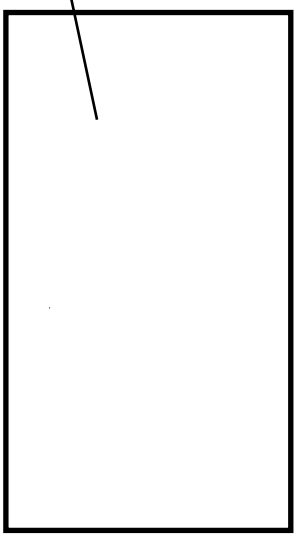
(b)(7)(A),(b)(7)(D),(b)(7)(E)



(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

7E-7

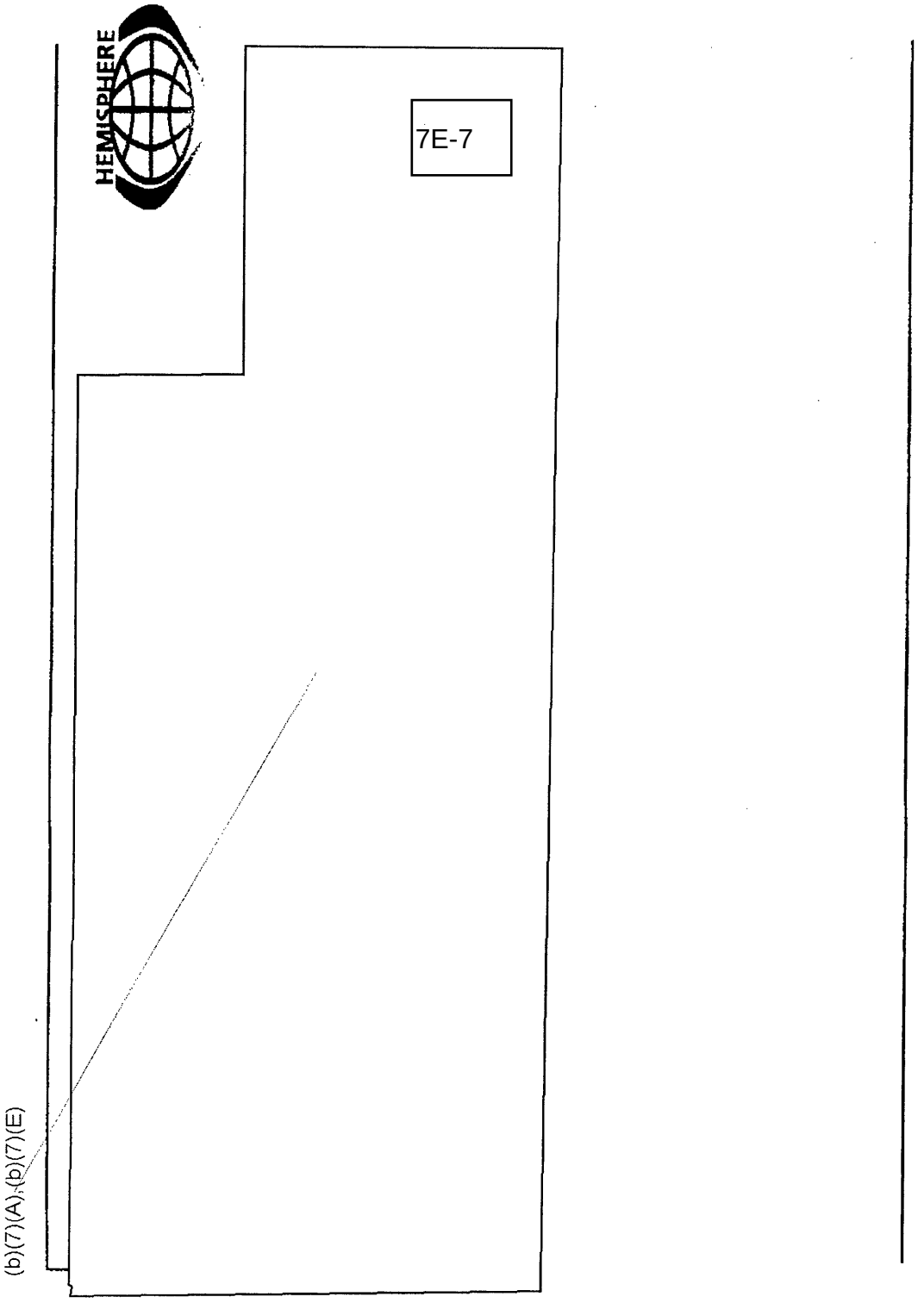
7E-3



b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

Practical Exercises

(b)(7)(A),(b)(7)(D),(b)(7)(E) § 7.0


HEMISPHERE
7E-7
(b)(7)(A),(b)(7)(E)

7E-7

Importing Hemisphere Data

(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)

7E-7

Importing Hemisphere Data

(b)(7)(A),(b)(7)(E)

7E-7

HEMISPHERE

Importing Hemisphere Data

(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(E),(b)(7)(F)

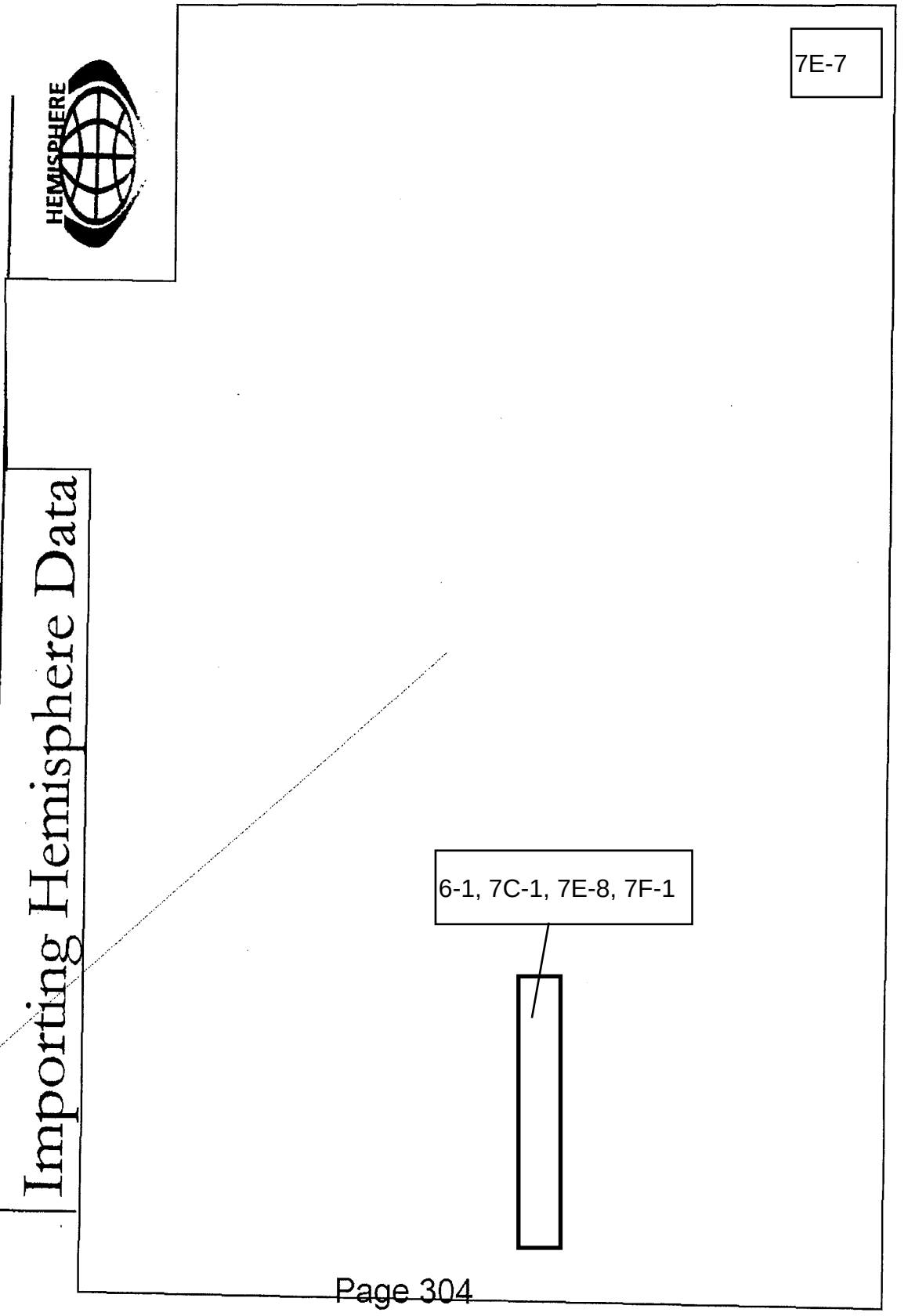
(b)(7)(A), (b)(7)(E)

7E-7

HEMISPHERE

Importing Hemisphere Data

(b)(7)(A),(b)(7)(E)



(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)

7E-7

HEMISPHERE

Importing Hemisphere Data

(b)(7)(A),(b)(7)(E)

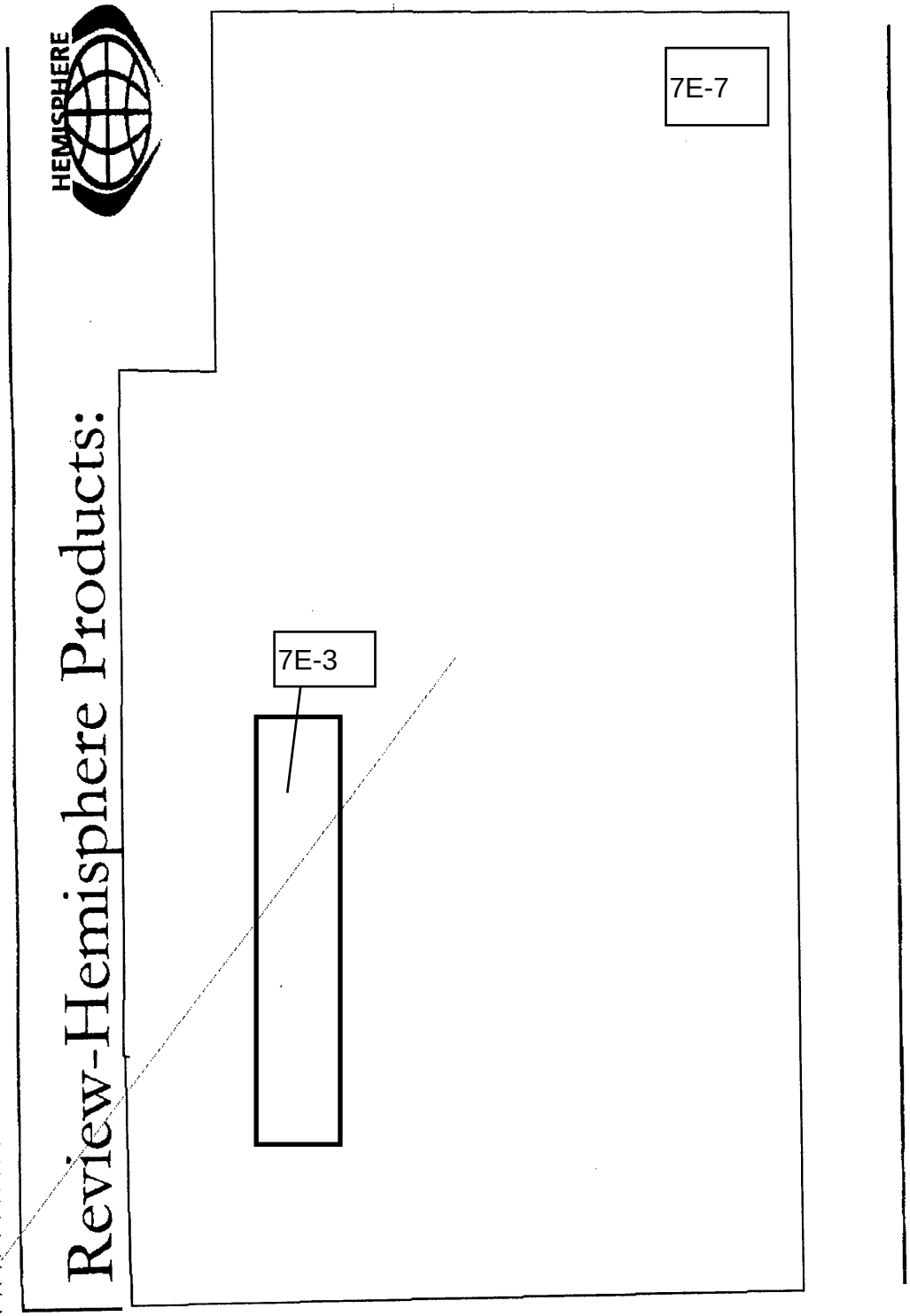
7E-7

Importing Hemisphere Data

(b)(7)(A);(b)(7)(E)

HEMISPHERE
7E-7
Importing Hemisphere Data
(b)(7)(A),(b)(7)(E)

(b)(7)(A),(b)(7)(E)

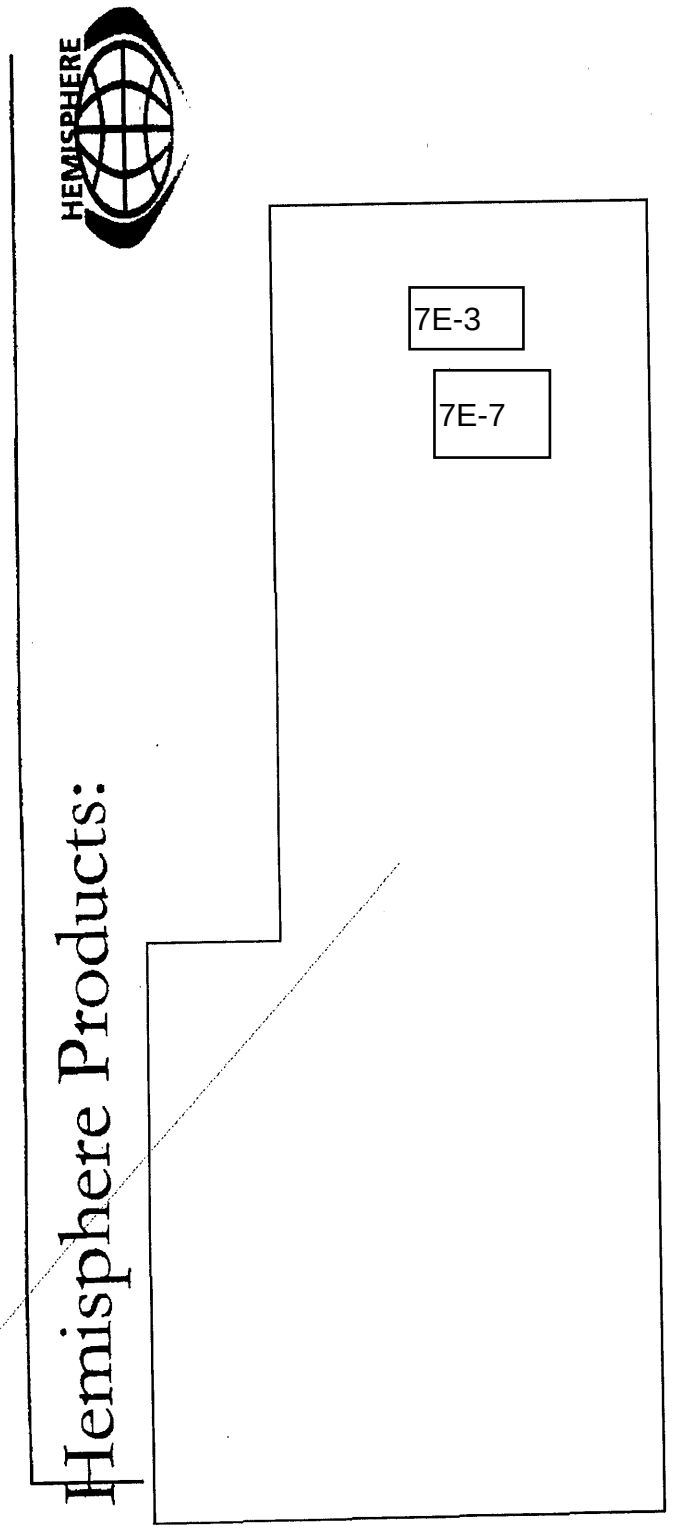


(b)(7)(A),(b)(7)(D),(b)(7)(E)

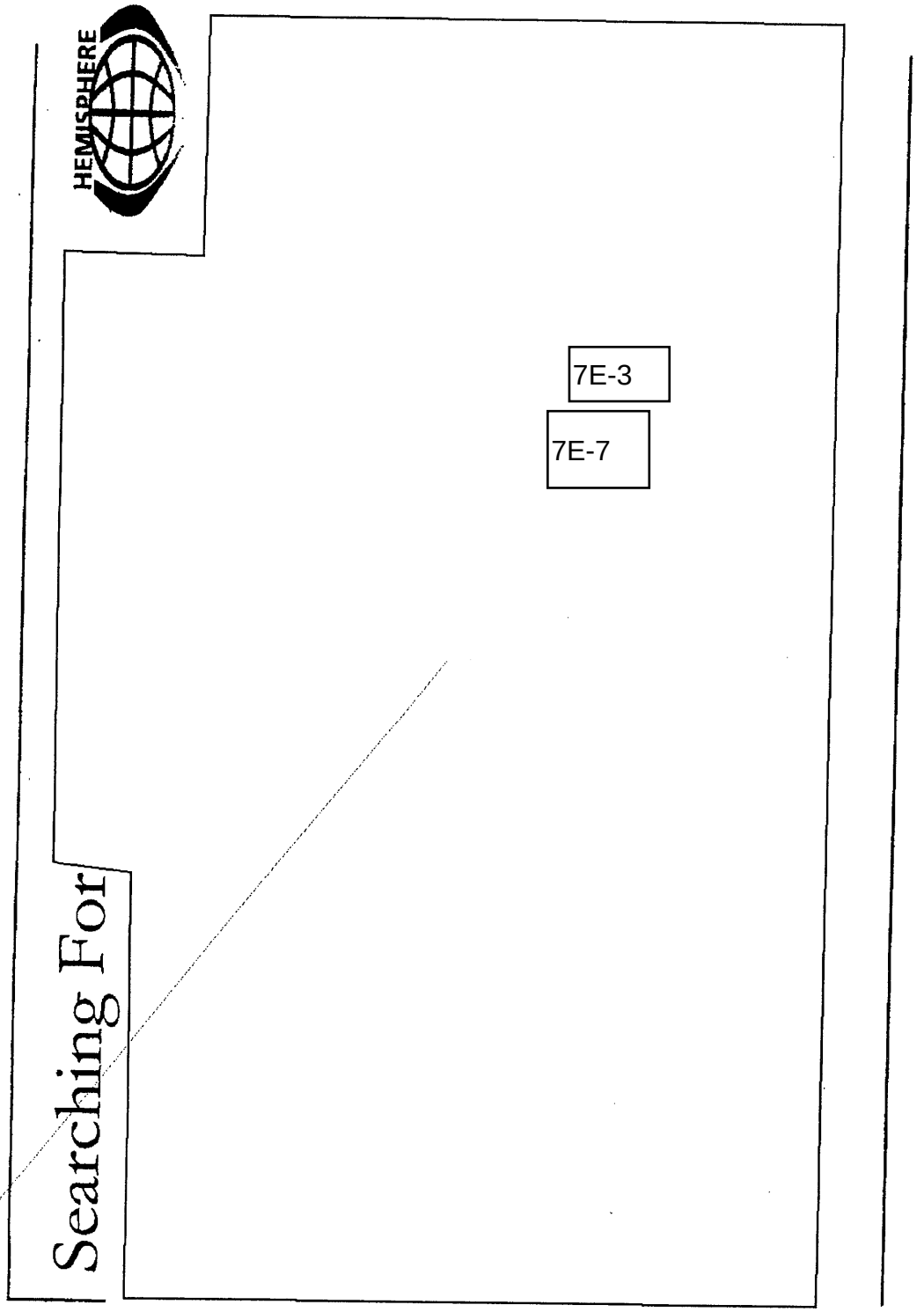
Practical Exercises

HEMISPHERE

- § 8.0 CUMULATIVE REVIEW



(b)(7)(A),(b)(7)(D),(b)(7)(E)



(b)(7)(A),(b)(7)(D),(b)(7)(E)

7E-3

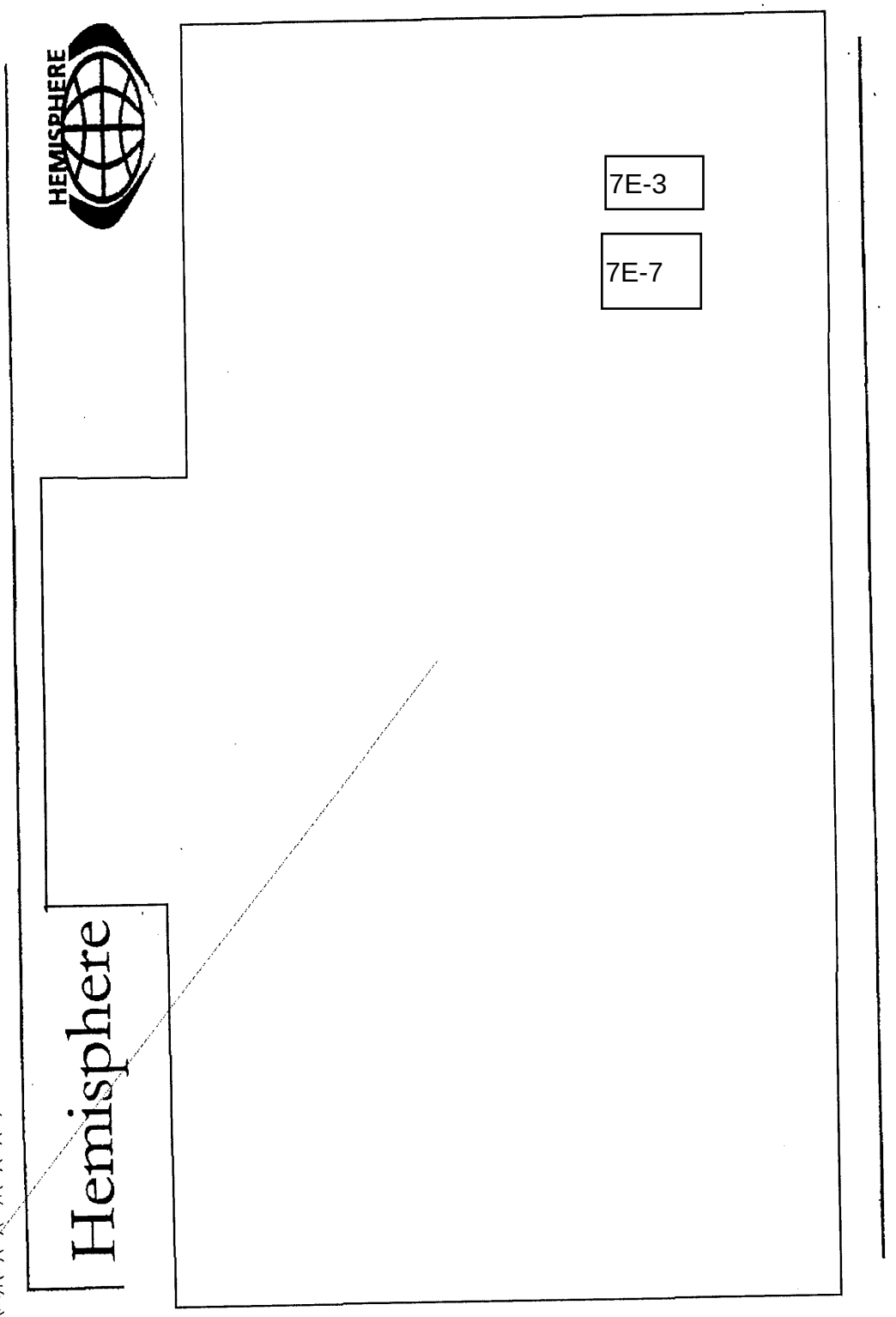
7E-7

)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)

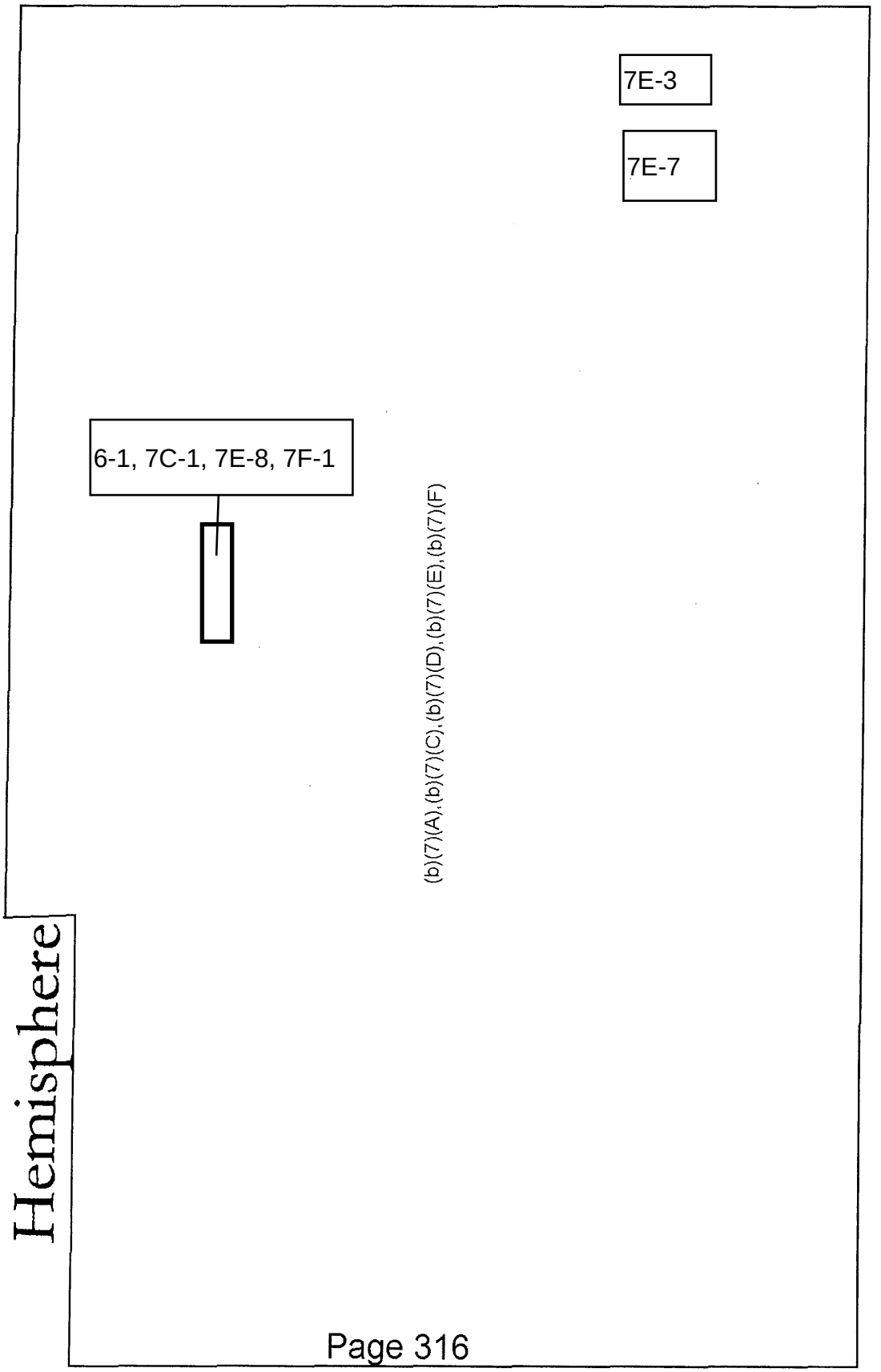
7E-3

7E-7

b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)



(b)(7)(A),(b)(7)(D),(b)(7)(E)


7E-3
7E-7
6-1, 7C-1, 7E-8, 7F-1
(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E),(b)(7)(F)
Hemisphere

Questions?

Please contact your Hemisphere HIDTA ISC P.O.C.

Or, for assistance regarding:

- *The identification of your appropriate P.O.C.*
- *P.O.C. contact information*
- *The arrangement of training sessions*
- *General Hemisphere questions*

call the Houston Hemisphere Training Team at [redacted] (b)(7)(C) 7E-1

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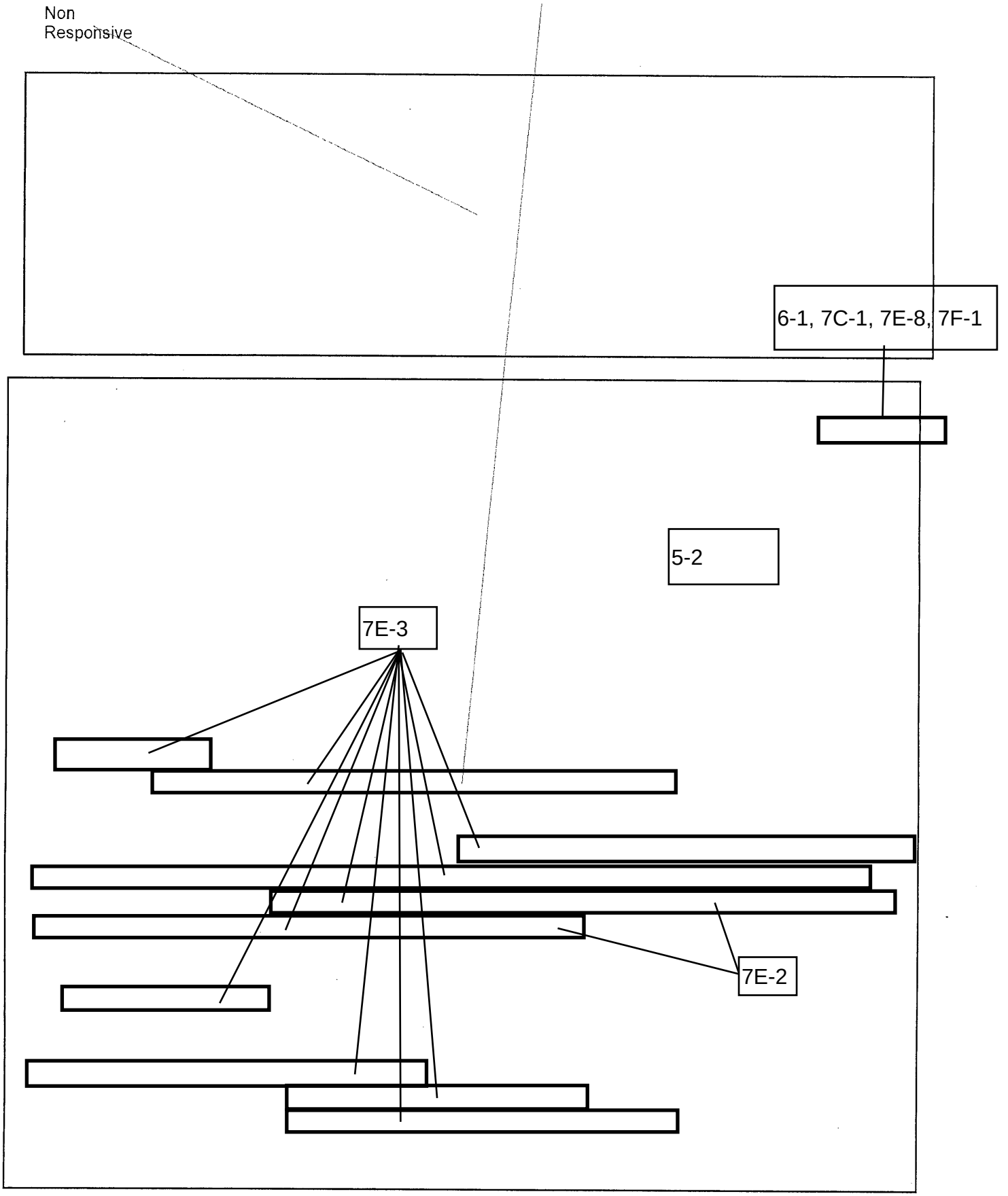
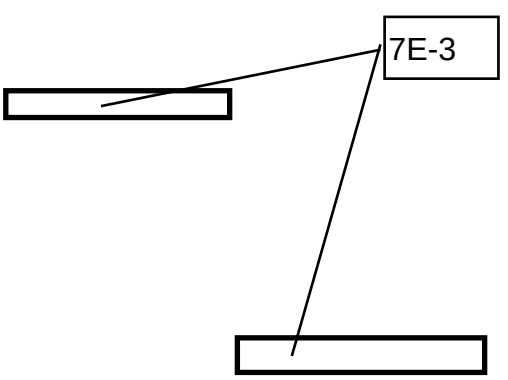
Non
Responsive



(b)(5),(b)(6),(b)(7)(A),(b)(7)(C),(b)(7)(D),(b)(7)(E)



5-2

Hemisphere Project Request Form

7E-1

(b)(7)(C),(b)(7)(E)

LOS ANGELES HIDTA

Please Fax When Complete

LACLEAR Hemisphere **Fax:**

Questions? **Phone:**

Type of Request

Master Case Number:

Other Case Number:

Date:

Drug Type Associated with Investigation:

Priority:

HIDTA Point of Contac Name:

Email Results To:

POC Phone Number:

Email Notification Of Completion To:

Requestor Name:

Email Results To:

Requestor Phone Number:

Email Notification Of Completion To:

Drug Trafficking Organization/Name (if applicable)

Case Name (if applicable):

HIDTA Initiative? ☐ Yes ☐ No

HIDTA Initiative OR Law Enforcement Agency:

(b)(7)(E)

Squad Name:

Time Zone Results Requested in:

7E-2

Phone Number	**Date Range Requested**
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To

7E-1 7E-2 7E-9

Hemisphere Project Request Form

Print Form

Please Fax When Complete

LACLEAR Hemisphere **Fax:**

Questions? **Phone:**

(b)(7)(C),(b)(7)(E)

(b)(7)(E)

Type of Request **Basic**

Master Case Number:

Other Case Number:

Date:

Drug Type Associated with Investigation: Narcotic Related

Priority:

Submitting Investigator/Analyst:

Secure Phone Number:

Lead Case Investigator if Different from Above:

Lead Case Investigator Phone Number:

E-mail Results To:

E-mail Notification of Completion To:

Drug Trafficking Organization/Name (if applicable)

Case Name (if applicable):

HIDTA Initiative? ☐ Yes ☐ No

HIDTA Initiative OR Law Enforcement Agency:

Squad Name:

(b)(7)(E)

Time Zone Results Requested in: Pacific Standard Time (PST -8)

7E-2

Phone Number	**Date Range Phone Was Active**
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
	To
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