



Texas Military Forces Joint Counterdrug Task Force Support Request Form

(Detailed Instructions On Second Page)

NGTX-JCD
COL Suzanne Adkinson
P.O. Box 5218
Austin, TX 78763-5218



Agency Information

1. Requesting Agency: 2. Agency Type: Federal State Local Multi
(Select One)

3. Name and title of requesting official: 4. Date:

5. Phone number: 6. E-mail Address:

7. Supporting Agency(ies):
(Enter all that apply. Separate with comma)

Position Information

8. Category of support requested: **Note: Only one category per Support Request Form (Select One)*

<input type="radio"/> 2A Linguist Support	<input type="radio"/> 2G CTF Support	<input type="radio"/> 2E Crackdown	<input type="radio"/> 4A LEA Training	<input type="radio"/> 5B Aerial Recon Army
<input checked="" type="radio"/> 2B ICAS Support	<input type="radio"/> 2H Map and Imagery	<input type="radio"/> 3A Eradication	<input type="radio"/> 5A Ground Recon	<input type="radio"/> 6C Coalition Support
<input type="radio"/> 2D Communications	<input type="radio"/> 9A Ringgold	<input type="radio"/> 3B Transportation	<input type="radio"/> 5B Aerial Recon Air	<input type="radio"/> Other

Find Congressional District [Here](#)

9. Support location: Street Address: City: Zip: Cong. Dist:

(10, 11, 12, 13 and 14 only apply to Year-Long support)

10. How many personnel are you requesting for the category selected above?

11. Names of National Guard Personnel Assigned: **Note: Do not include temporary hires*

12. If you are currently receiving support for this mission, how many personnel are assigned? **Note: Do not include temporary hires*

13. Security Clearance Required: *(Select One)* None NCIC/TCIC Secret Top Secret

14. Foreign Language Required: *(Select One)* Yes No
If Yes: *(Select all that apply)* Read Write Speak

15. Position Supported Is: *(Select One)* Non HIDTA Funded *(Skip to Step 18)* HIDTA Funded *(Go To Step 16)*
What language?

16. Which HIDTA does it fall under? *(Select One If Applicable)* Houston SWB South Texas SWB North Texas Texoma

17. Which HIDTA Initiative?

18. Does Non HIDTA funded agency participate with HIDTA? Yes No

Support Description

19. Dates of support requested: From: To: 20. Have you coordinated support with element requested? Yes No

21. Briefly describe drug nexus: *(Do not state LEA Sensitive information)* 22. Name and title of main point of contact:

23. Phone number: 24. E-mail Address:

Duty Description

25. List the anticipated daily activities of the requested individual and any specific knowledge or skills required.
Attach a continuation sheet if more space is needed.
[If the Agency needs to deviate significantly from these descriptions in the future, the requesting official or his/her designated official must contact their Texas Military Forces Joint Counterdrug Task Force Component OIC or the JCDTF Operations Section at (512) 782 - 6262 prior to doing so.]

Legal Restrictions on National Guard Support

26. National Guard Personnel will NOT -

- * Participate in real time transcription or translation of oral or wire intercepts.
- * Participate in direct contact with suspects during investigative or interrogative interviews.
- * Participate in surveillance directed against specific U.S. persons; physical collection of evidence; pursuit or arrest of individuals; or search and seizures.
- * Become involved in the evidentiary chain of custody.
- * Store or maintain law enforcement agency (LEA) / case related information outside of an LEA facility.

Requesting Official Signature

By signing below, the requesting official agrees to the job description, to follow the legal restrictions, and to disseminate this information to the law enforcement supervisors of National Guard personnel.

Signature of requestor: Date:



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INSTRUCTIONS TO COMPLETE SUPPORT REQUEST FORM

1. Requesting Agency: Enter specific Law Enforcement Agency/Community Based Organization requesting support. Include specific department.

(e.g. CID, MDS, CLAVE, Narcotics; If JTF-North Support Request enter JTF-North or JTF-North ISO CBP)
If HIDTA, enter Major HIDTA and Law Enforcement Agency National Guard member is physically located.
(e.g. Houston HIDTA / DEA MDS; South Texas HIDTA / USMS)

2. Agency Type: Choose One (1) to determine agency or agencies participating in investigations.

3. Name and Title of Requesting Official: Name of LEA/CBO direct supervisor.

4. Date: Date submitting request.

5. Phone Number: LEA/CBO direct supervisor phone number.

6. E-Mail Address: LEA/CBO direct supervisor e-mail address.

7. Supporting Agency: Enter any supporting law enforcement agency that is assisting.
(If JTF-North Support Request enter agency JTF-North is supporting)

8. Category of Support Requested: Choose One (1) support type requested per support request form.

9. Support location: Street Address: City: Zip: Congressional District: Enter specific address and Congressional District of duty location where National Guard personnel will be assigned.

www.fyi.legis.state.tx.us/address.aspx Only add Texas U.S. Representatives Congressional District

The following questions (10, 11, 12, 13 and 14 only) only pertain to Year Long support.

10. How many personnel are you requesting for the category selected above? Enter desired amount of National Guard personnel requested for the support type requested.

11. If you are currently receiving support for this mission, how many personnel are assigned? Enter number of National Guard personnel currently assigned to LEA/CBO.

12. Names of National Guard Personnel Assigned: Enter Rank, First and Last Name(s) of National Guard personnel currently assigned to LEA/CBO.

13. Security Clearance Required: Choose One (1) security clearance type if clearance is required.

14. Foreign Language Required: If a foreign language is required, choose all tasks needed and what language is required.

15. Position Supported Is: Choose whether LEA/CBO is HIDTA Funded or Non-HIDTA Funded. HIDTA Participating is not HIDTA Funded. Only choose HIDTA Funded Agency if LEA/CBO is actually funded by HIDTA by a HIDTA Initiative. If Non-HIDTA Funded, Skip to Step 18.

16. Which HIDTA does it fall under? Only if a HIDTA Funded Agency, Choose One (1) major HIDTA in which your HIDTA Funded Agency falls under.

17. Which HIDTA Initiative? Only if a HIDTA Funded, Choose One (1) HIDTA Funded Initiative which funds the HIDTA Funded within the drop down menu. Be sure to choose only the Initiative within the major HIDTA your HIDTA Funded falls under. If HIDTA Initiative is not located in the drop down menu, please write in initiative and provide documentation showing initiative exists. Initiatives pulled from HIDTA Watch Center 311 dated April 2011.

18. Does Non HIDTA funded agency participate with HIDTA? If your Non-HIDTA Funded does or does not participate in HIDTA file sharing, etc using HIDTA databases, etc then choose Yes or No.

19. Dates of support requested: Enter the dates using the calendar of support days requested.

20. Have you coordinated support with element requested? Choose Yes or No to if your agency has coordinated support with requested element (e.g. SOD, CDAE or RC-26).

21. Briefly describe drug nexus: (Do not state LEA sensitive information): Describe the drug nexus which Texas National support is requested. Ensure you do not provide LEA sensitive information.

22. Name and Title of main point of contact: Provide the name of the lead case officer that will be the main point of contact for requested support.

23. Phone Number: Provide the phone number of the lead case officer that will be the main point of contact for requested support.

24. E-Mail Address: Provide the e-mail address of the lead case officer that will be the main point of contact for requested support.

25. List the anticipated daily activities of the requested individual and any specific knowledge or skills required. Include all daily activities to duty description that National Guard members will be completing.

26. National Guard Personnel will NOT - List of items and tasks National Guard personnel that are unauthorized and legally not allowed to accomplish.