

Civil Action No. 14-cv-317 (EGS)

**ATTACHMENT 1**  
**Revised Release Pages**



# Hemisphere Project Request Form

Please Fax When Complete

7E-1

HRC Fax :

HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

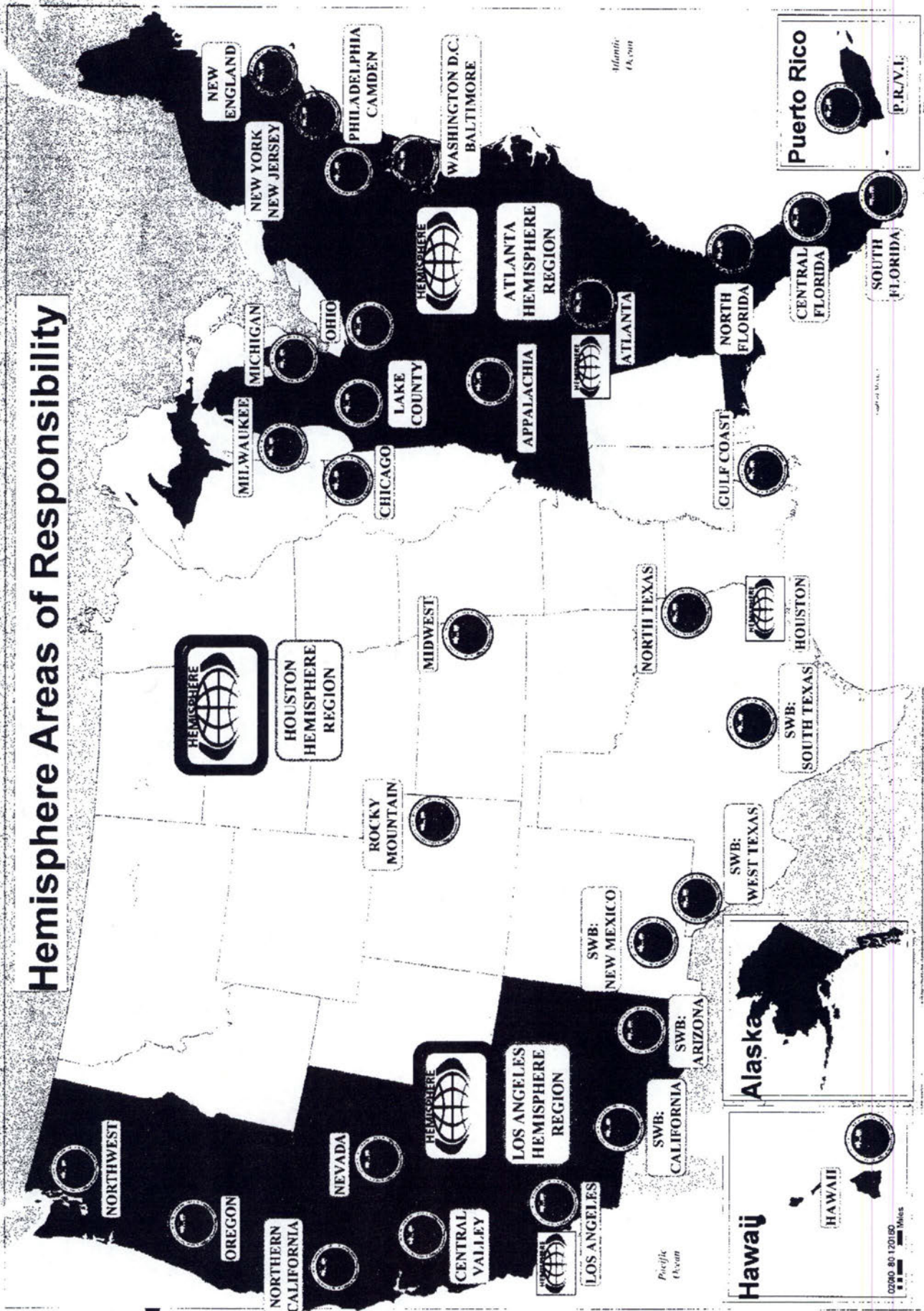
## WASHINGTON/BALTIMORE HIDTA

<b>Master Case Number:</b> <input type="text"/>	<b>Priority:</b> <input type="text"/>	<b>Current Date:</b> 2014-05-29 10:48:48
<b>HIDTA Point of Contac Name:</b> <input type="text"/>		<b>Email Results To:</b> <input type="text"/>
<b>POC Phone Number:</b> <input type="text"/>		<b>Email Notification Of Completion To:</b> <input type="text"/>
<b>Requestor Name:</b> <input type="text"/>		<b>Email Results To:</b> <input type="text"/>
<b>Requestor Phone Number:</b> <input type="text"/>		<b>Email Notification Of Completion To:</b> <input type="text"/>
<b>DTO Name (if applicable):</b> <input type="text"/>		<b>Case Name (if applicable):</b> <input type="text"/>
<b>HIDTA Initiative:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>HIDTA Initiative OR Law Enforcement Agency:</b> <input type="text"/>	
	<b>Squad Name:</b> <input type="text"/>	
	<b>Time Zone Results Requested In:</b> <input type="text"/>	

**Background / Justification / Excerpts on the Phone Numbers**

**Special Instructions / Comments**

# Hemisphere Areas of Responsibility



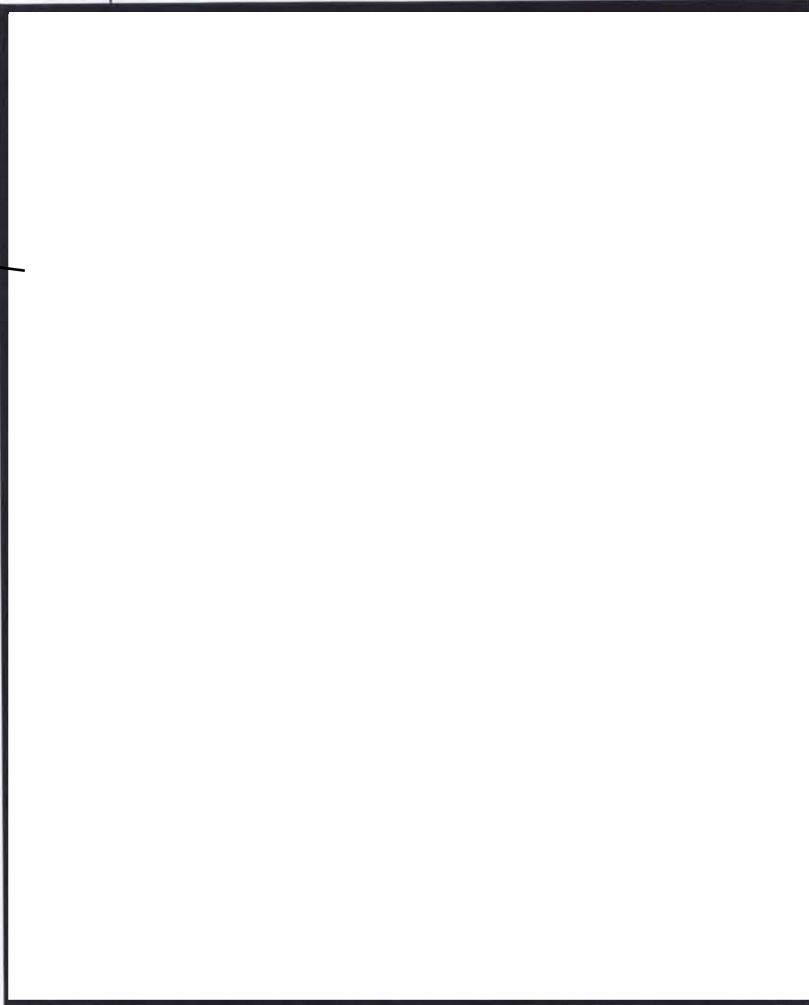
**[ Hemisphere Request Process ]**

7E-4

**Law Enforcement Agencies**



7E-5



**Law Enforcement Agencies**



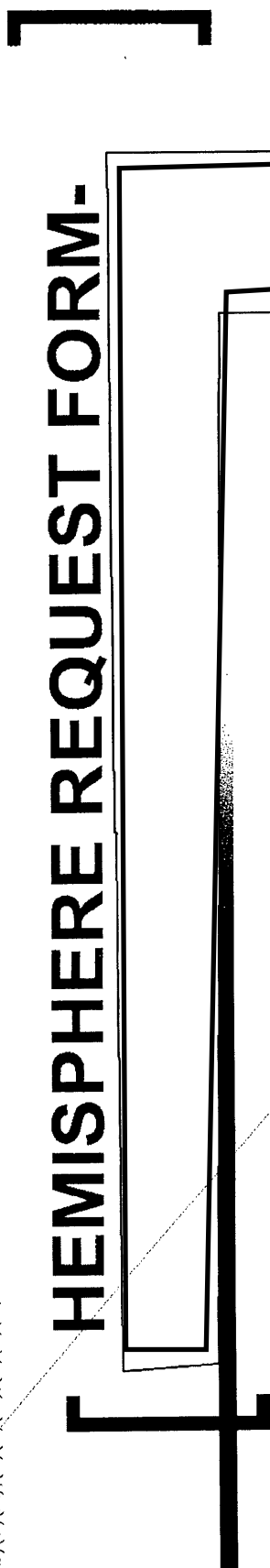
**Agencies Generate Request Forms and Subpoenas**

7E-5

**[ Hemisphere and AT&T ]**

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

# HEMISPHERE REQUEST FORM-



**Hemisphere**

**include:**

7E-4

7E-3

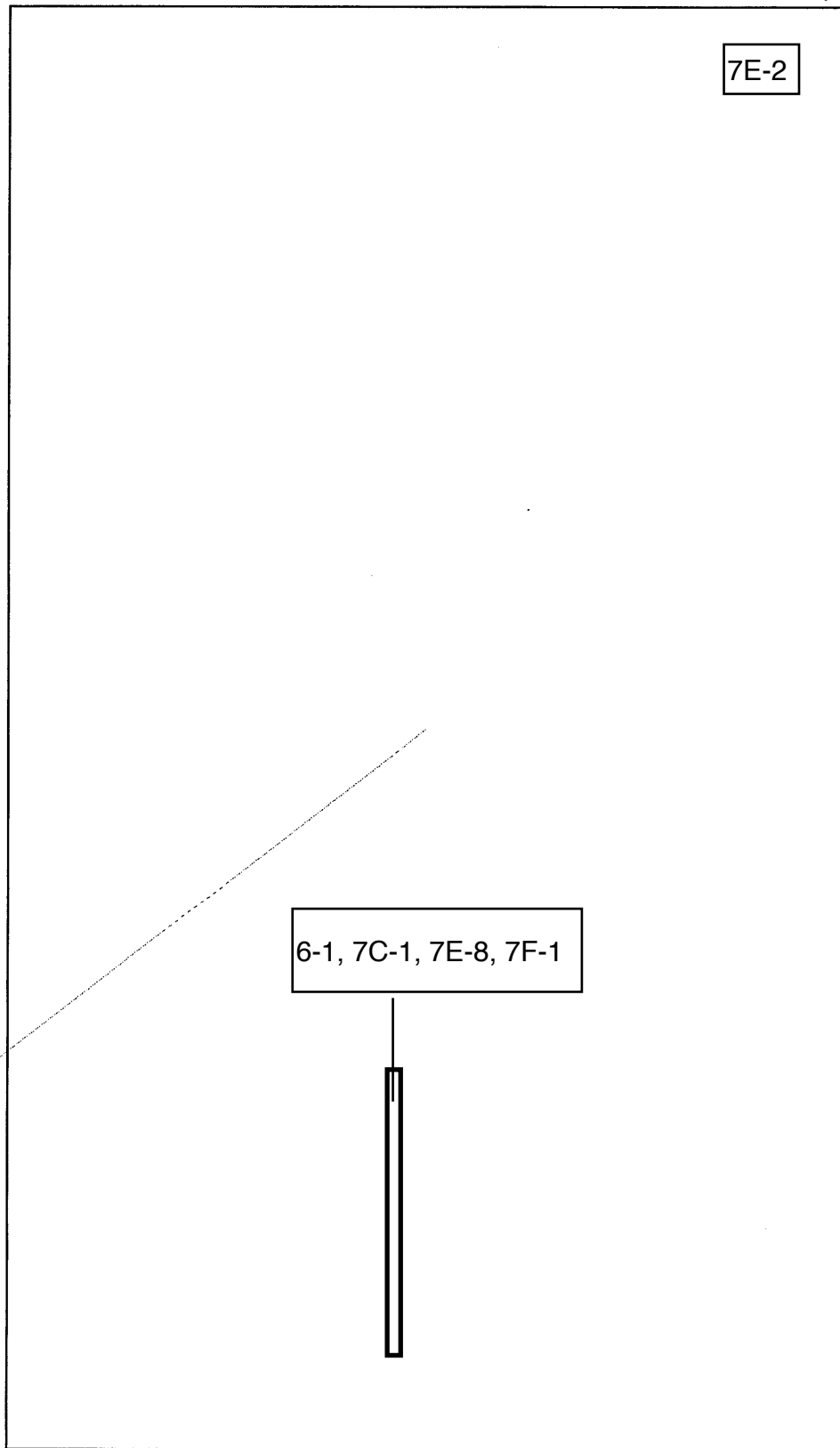
7E-2

7

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

# HEMISPHERE Subpoena

## Language



7E-2

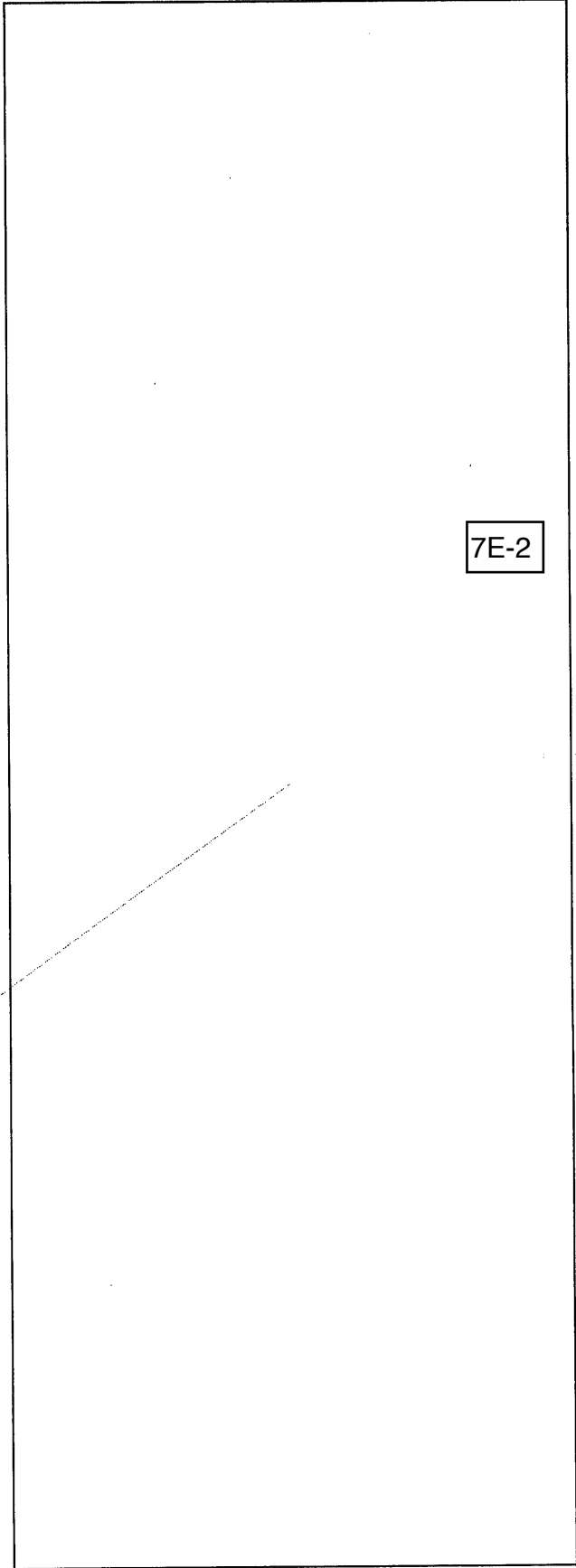
6-1, 7C-1, 7E-8, 7F-1

14

(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...**



7E-2



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

# HEMISPHERE Subpoena Date Range

7E-5

7E-5

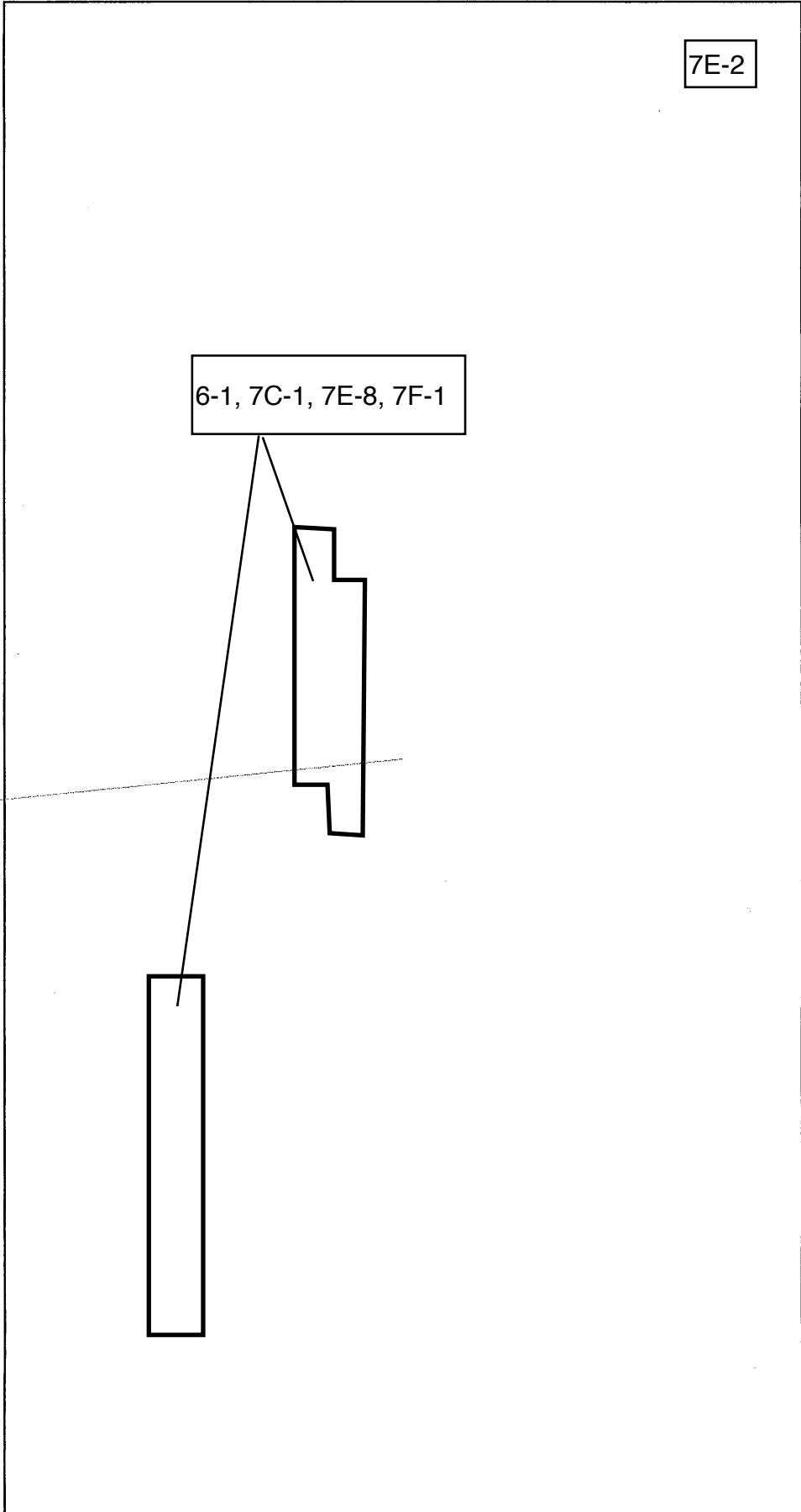
7E-2

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

**DEA**

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

**U.S. DEPARTMENT OF JUSTICE/DRUG ENFORCEMENT ADMINISTRATION  
SUBPOENA**



7E-2

AO 110 (Rev. 12/89) - U.S. DISTRICT COURT (Rev. 1/2005)

**United States District Court  
District of Maryland**

**FBI**

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

[Redacted]

[Large Redacted Area]

7E-5

7E-2

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

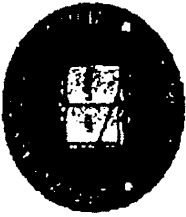
[Redacted]

[Redacted]

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

**OTHER**

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



**DEPARTMENT DE JUSTICIA  
SAN JUAN, PUERTO RICO**

**SUSPOENA**

A large rectangular area is completely redacted with a diagonal line from the bottom-left to the top-right. To the right of this redacted area is a vertical rectangular box containing the text "7E-2".

7E-2

(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**

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

7E-5

7E-2

7E-2

7E-3

*Background / Justification / Excerpts on the Phone Numbers*

[Redacted content]

*Special Instructions / Comments*

[Redacted content]

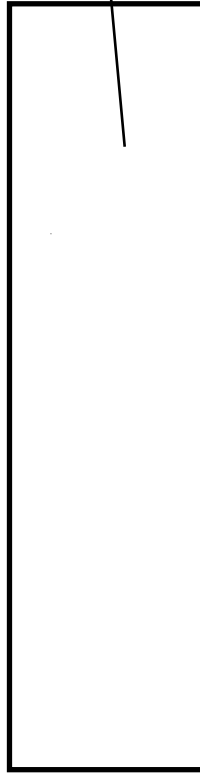
2007-08-21 16:02:14

# AT&T Wireless Coverage Areas in the U.S.



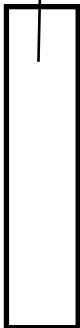


7E-3



7E-7

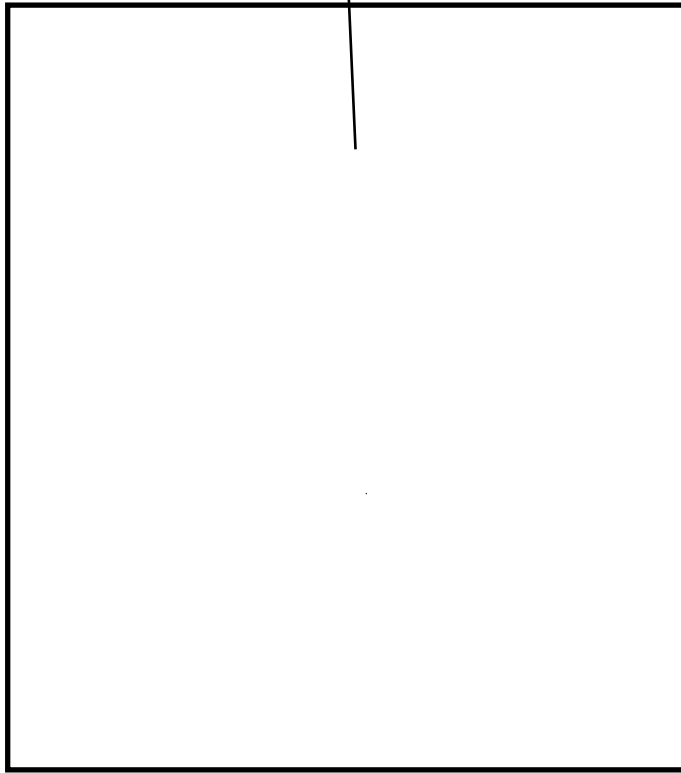
6-1, 7C-1, 7E-8, 7F-1



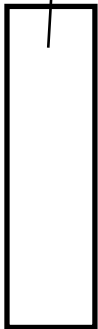
(b)(7)(A), (b)(7)(C), (b)(7)(D), (b)(7)(E), (b)(7)(F)

7E-7

7E-3



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



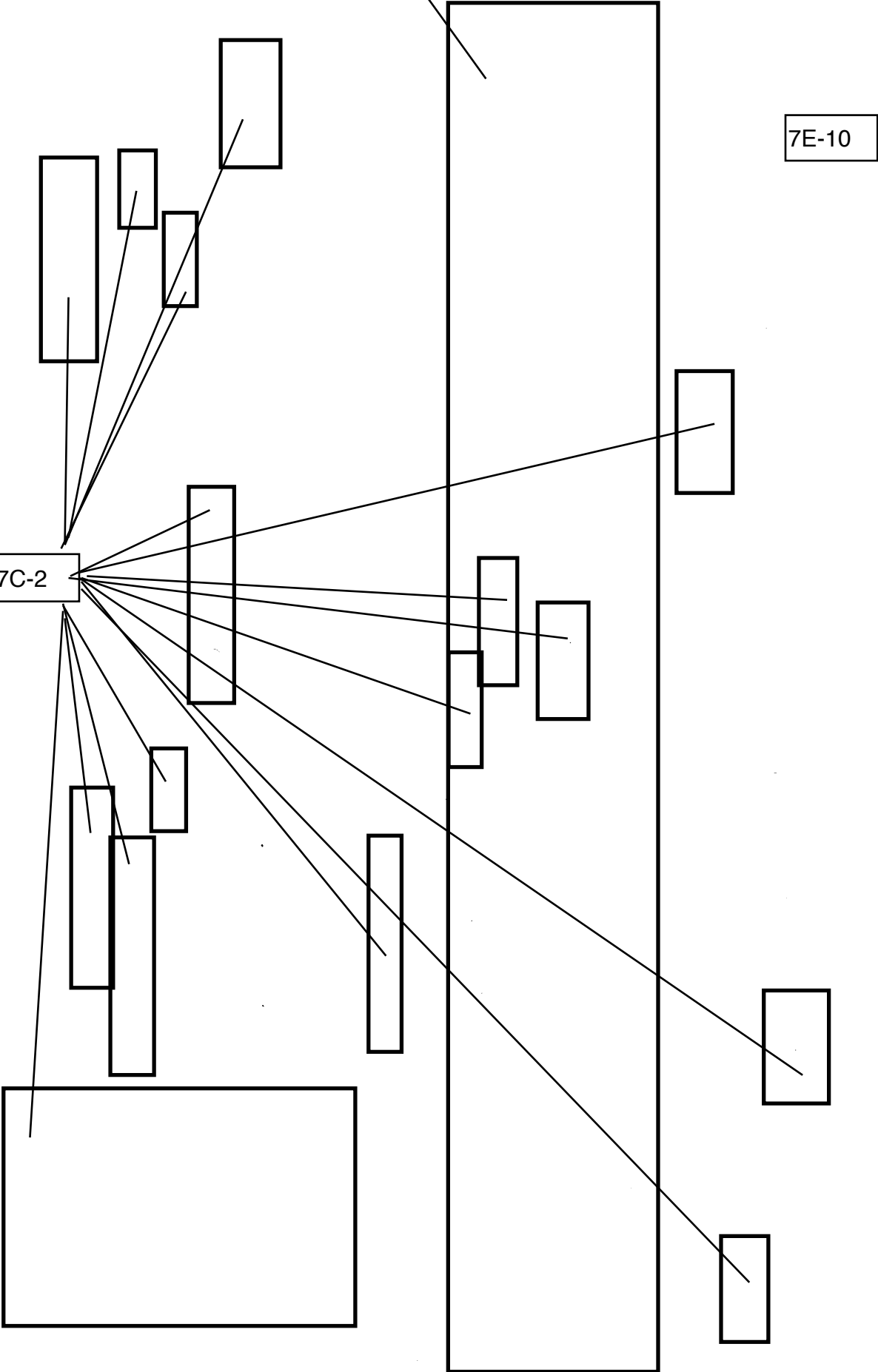
b)(6), (b)(7)(A), (b)(7)(C), (b)(7)(D), (b)(7)(E), (b)(7)(F)

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

7E-3

7E-10

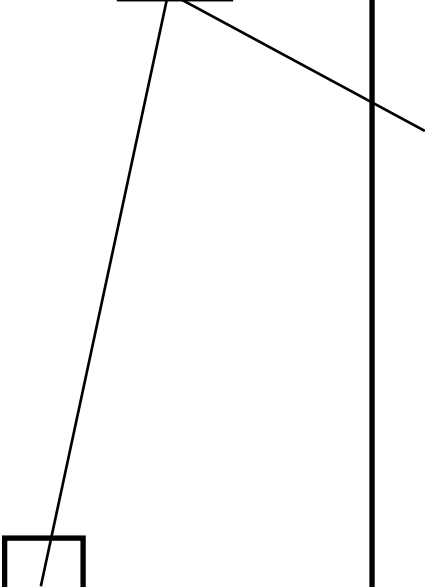
6-2, 7C-2



<i>Background / Justification / Excerpts on the Phone Numbers</i>	<i>Special Instructions / Comments</i>
	<p data-bbox="917 871 998 1808"></p> <p data-bbox="1286 210 1386 1344"></p> <p data-bbox="1386 661 1432 1354">2007-08-21 16:02:14</p>

7E-2

7E-3



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

# HEMISPHERE REQUEST FORM-

]

[

**Hemisphere**

**include:**

7E-3

7E-2

7E-4

7E-2

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

Yes  No

Squad Name:

Time Zone Results Requested In:

Eastern Standard Time (EST -5)

Background / Justification / Excerpts on the Phone Numbers

7E-5

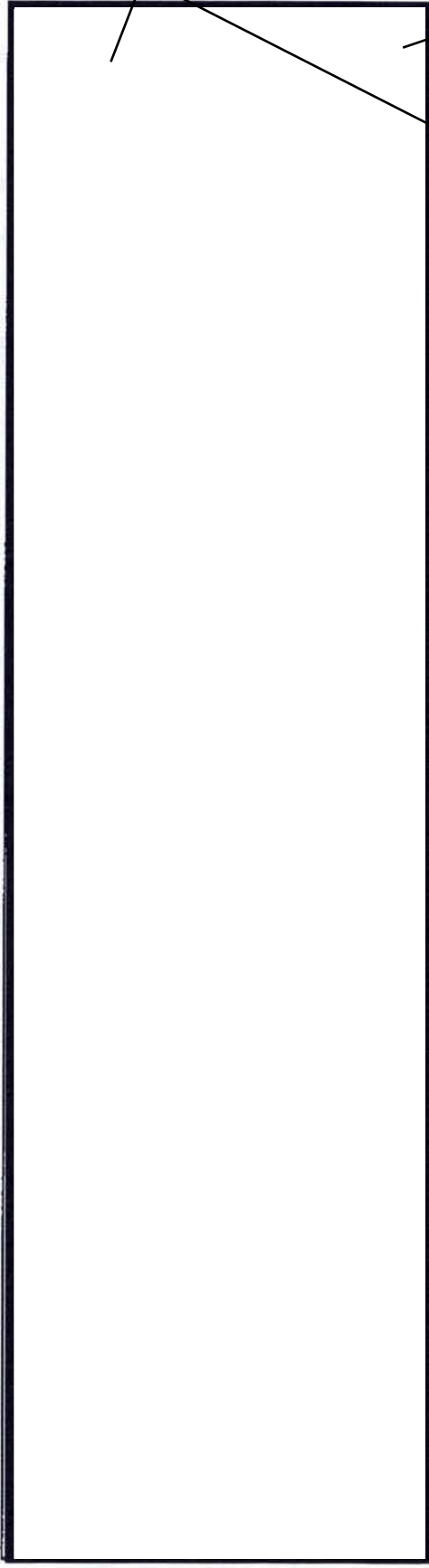
Special Instructions / Comments

7E-3

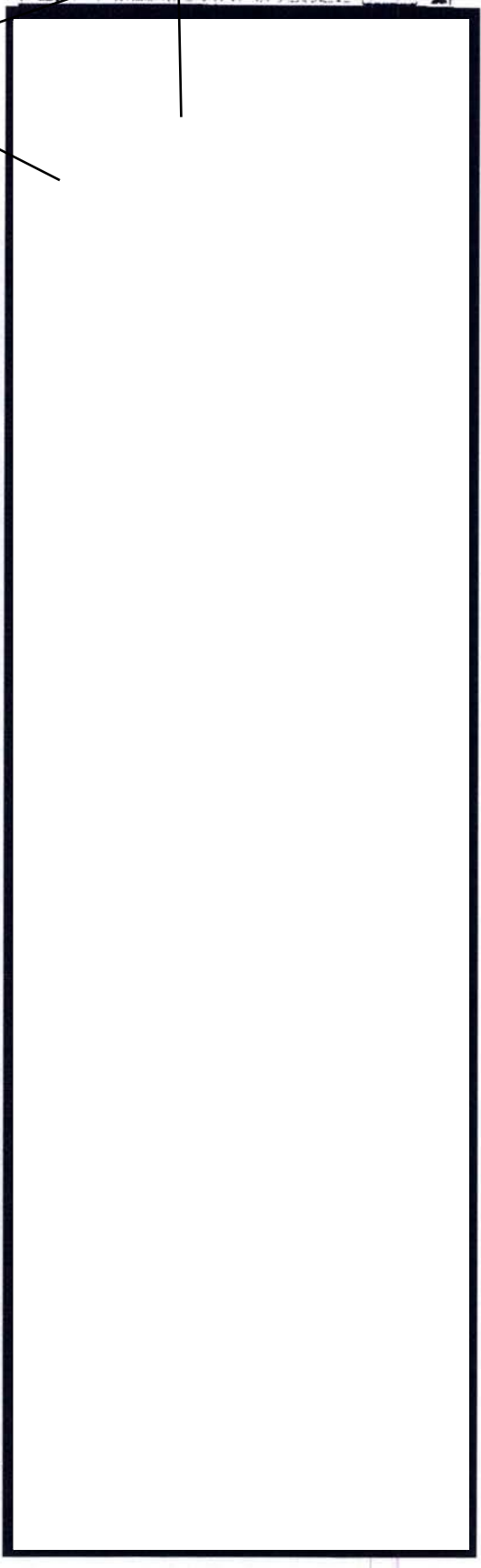
7E-2

Yes  No  
 Squad Name: FBI  
 Time Zone Results Requested In: Eastern Standard Time (EST -5)

*Background / Justification / Excerpts on the Phone Numbers*



*Special Instructions / Comments*



Yes  No

Squad Name:

DEA

Time Zone Results Requested In:

Eastern Standard Time (EST -5)

*Background / Justification / Excerpts on the Phone Numbers*

[Redacted content]

7E-3

*Special Instructions / Comments*

[Redacted content]

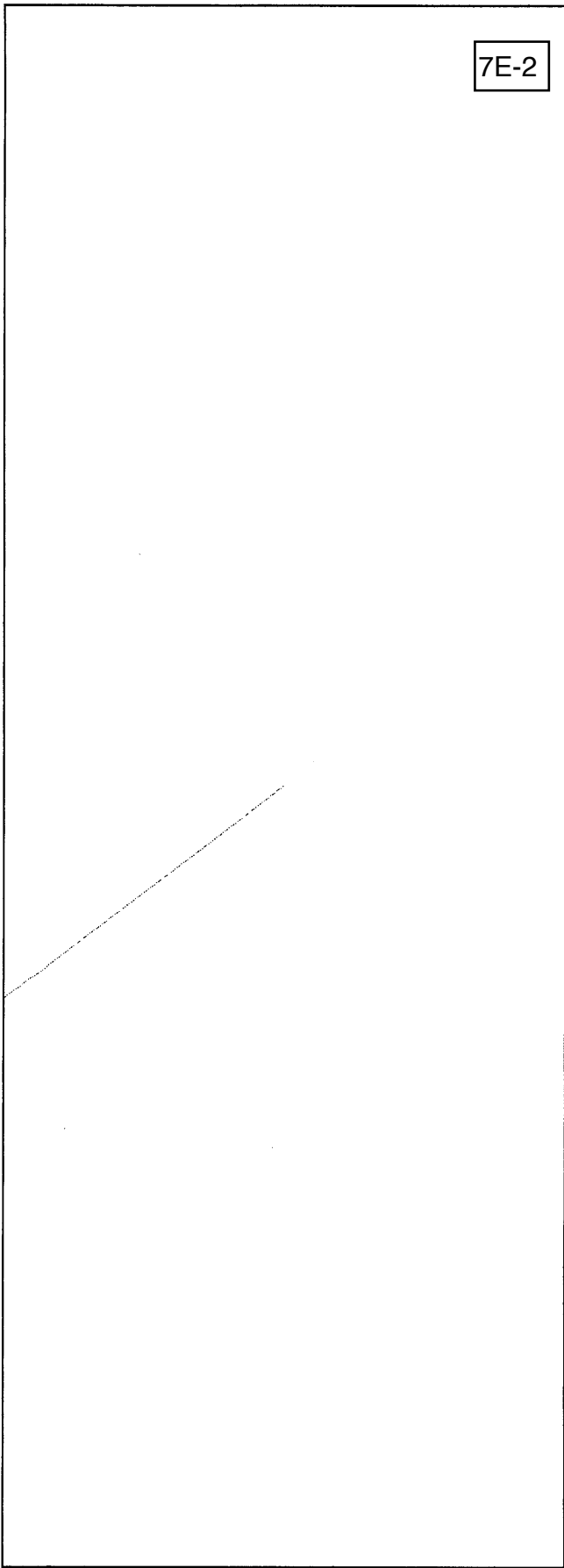
7E-2



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

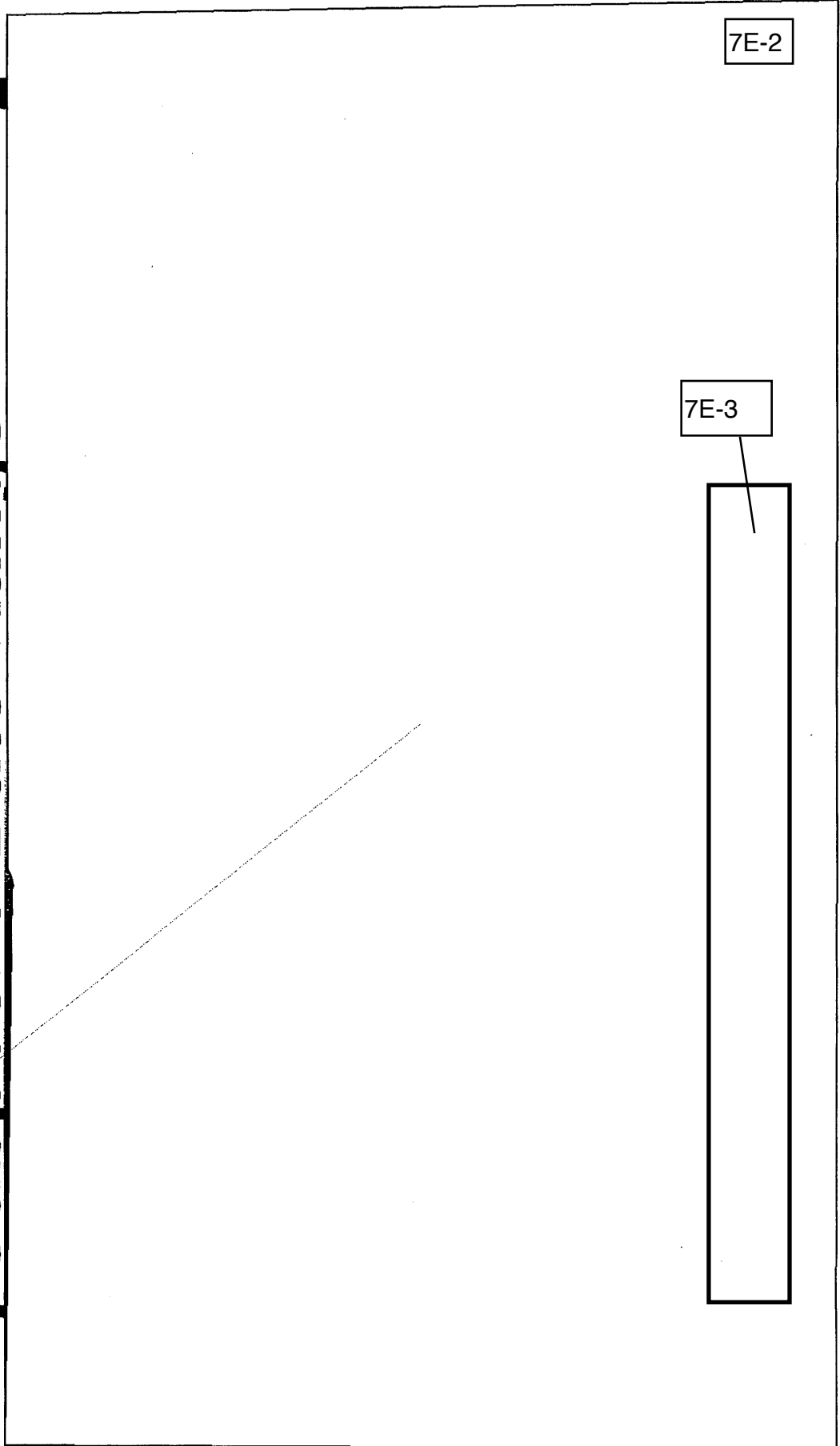
# **[ HEMISPHERE Subpoena Recipient ]**

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



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

# HEMISPHERE Subpoena Date Range



7E-2

7E-3



# Hemisphere Project Request Form APPALACHIA HIDTA

Please Fax When Complete

7E-1

HRC Fax :

HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

<b>Master Case Number:</b>	<input type="text"/>	<b>Priority:</b>	<input type="text"/>	<b>Current Date:</b>	2014-05-29 10:53:55
<b>HIDTA Point of Contac Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>POC Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>DTO Name (if applicable):</b>			<b>Case Name (if applicable):</b>		
<input type="text"/>			<input type="text"/>		
<b>HIDTA Initiative:</b>	<b>HIDTA Initiative OR Law Enforcement Agency:</b>				
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>				
<b>Squad Name:</b>		<input type="text"/>			
<b>Time Zone Results Requested In:</b>		<input type="text"/>			

**Background / Justification / Excerpts on the Phone Numbers**

**Special Instructions / Comments**



# Hemisphere Project Request Form ATLANTA HIDTA

Please Fax When Complete

7E-1

HRC Fax :

HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

<b>Master Case Number:</b>	<input type="text"/>	<b>Priority:</b>	<input type="text"/>	<b>Current Date:</b>	<input type="text" value="2014-05-29 10:54:10"/>
<b>HIDTA Point of Contac Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>POC Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>DTO Name (if applicable):</b>			<b>Case Name (if applicable):</b>		
<input type="text"/>			<input type="text"/>		
<b>HIDTA Initiative:</b>	<b>HIDTA Initiative OR Law Enforcement Agency:</b>				
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>				
<b>Squad Name:</b>		<input type="text"/>			
<b>Time Zone Results Requested In:</b>		<input type="text"/>			

**Background / Justification / Excerpts on the Phone Numbers**

**Special Instructions / Comments**



# Hemisphere Project Request Form CENTRAL FLORIDA HIDTA

Please Fax When Complete

7E-1

HRC Fax :

HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

<b>Master Case Number:</b>	<input type="text"/>	<b>Priority:</b>	<input type="text"/>	<b>Current Date:</b>	<input type="text" value="2014-05-29 10:54:25"/>
<b>HIDTA Point of Contac Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>POC Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>DTO Name (if applicable):</b>			<b>Case Name (if applicable):</b>		
<input type="text"/>			<input type="text"/>		
<b>HIDTA Initiative:</b>	<b>HIDTA Initiative OR Law Enforcement Agency:</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>				
<b>Squad Name:</b>		<input type="text"/>			
<b>Time Zone Results Requested In:</b>		<input type="text"/>			

**Background / Justification / Excerpts on the Phone Numbers**

**Special Instructions / Comments**



# Hemisphere Project Request Form LAKE COUNTY HIDTA

Please Fax When Complete

7E-1

HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

HRC Fax :

<b>Master Case Number:</b>	<input type="text"/>	<b>Priority:</b>	<input type="text"/>	<b>Current Date:</b>	<input type="text" value="2014-05-29 10:54:37"/>
<b>HIDTA Point of Contac Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>POC Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>DTO Name (if applicable):</b>			<b>Case Name (if applicable):</b>		
<input type="text"/>			<input type="text"/>		
<b>HIDTA Initiative:</b>	<b>HIDTA Initiative OR Law Enforcement Agency:</b>				
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>				
<b>Squad Name:</b>		<input type="text"/>			
<b>Time Zone Results Requested In:</b>		<input type="text"/>			

**Background / Justification / Excerpts on the Phone Numbers**

**Special Instructions / Comments**



# Hemisphere Project Request Form MICHIGAN HIDTA

Please Fax When Complete

7E-1

HRC Fax :

HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

<b>Master Case Number:</b>	<input type="text"/>	<b>Priority:</b>	<input type="text"/>	<b>Current Date:</b>	2014-05-29 10:54:50
<b>HIDTA Point of Contac Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>POC Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>DTO Name (if applicable):</b>			<b>Case Name (if applicable):</b>		
<input type="text"/>			<input type="text"/>		
<b>HIDTA Initiative:</b>	<b>HIDTA Initiative QR Law Enforcement Agency:</b>		<input type="text"/>		
Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Squad Name:</b>		<input type="text"/>		
<b>Time Zone Results Requested In:</b>		<input type="text"/>			

**Background / Justification / Excerpts on the Phone Numbers**

**Special Instructions / Comments**



# Hemisphere Project Request Form NEW ENGLAND HIDTA

Please Fax When Complete

7E-1

HRC Fax :

HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

<b>Master Case Number:</b>	<input type="text"/>	<b>Priority:</b>	<input type="text"/>	<b>Current Date:</b>	2014-05-29 10:55:03
<b>HIDTA Point of Contac Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>POC Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>DTO Name (if applicable):</b>			<b>Case Name (if applicable):</b>		
<input type="text"/>			<input type="text"/>		
<b>HIDTA Initiative:</b>	<b>HIDTA Initiative OR Law Enforcement Agency:</b>				
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>				
<b>Squad Name:</b>		<input type="text"/>			
<b>Time Zone Results Requested In:</b>		<input type="text"/>			

*Background / Justification / Excerpts on the Phone Numbers*

*Special Instructions / Comments*





# Hemisphere Project Request Form

Please Fax When Complete

7E-1

HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

HRC Fax:

## NEW YORK/NEW JERSEY HIDTA

<b>Master Case Number:</b> <input type="text"/>	<b>Priority:</b> <input type="text"/>	<b>Current Date:</b> 2014-05-29 10:55:20
<b>HIDTA Point of Contac Name:</b> <input type="text"/>		<b>Email Results To:</b> <input type="text"/>
<b>POC Phone Number:</b> <input type="text"/>		<b>Email Notification Of Completion To:</b> <input type="text"/>
<b>Requestor Name:</b> <input type="text"/>		<b>Email Results To:</b> <input type="text"/>
<b>Requestor Phone Number:</b> <input type="text"/>		<b>Email Notification Of Completion To:</b> <input type="text"/>
<b>DTO Name (if applicable):</b> <input type="text"/>		<b>Case Name (if applicable):</b> <input type="text"/>
<b>HIDTA Initiative:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>HIDTA Initiative OR Law Enforcement Agency:</b> <input type="text"/>	
	<b>Squad Name:</b> <input type="text"/>	
	<b>Time Zone Results Requested In:</b> <input type="text"/>	

**Background / Justification / Excerpts on the Phone Numbers**

**Special Instructions / Comments**



# Hemisphere Project Request Form NORTH FLORIDA HIDTA

Please Fax When Complete

7E-1

HRC Fax :

HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

<b>Master Case Number:</b>	<input type="text"/>	<b>Priority:</b>	<input type="text"/>	<b>Current Date:</b>	<input type="text" value="2014-05-29 10:55:32"/>
<b>HIDTA Point of Contac Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>POC Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>DTO Name (if applicable):</b>			<b>Case Name (if applicable):</b>		
<input type="text"/>			<input type="text"/>		
<b>HIDTA Initiative:</b>	<b>HIDTA Initiative QR Law Enforcement Agency:</b>	<input type="text"/>			
Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Squad Name:</b>	<input type="text"/>			
<b>Time Zone Results Requested In:</b>		<input type="text"/>			

**Background / Justification / Excerpts on the Phone Numbers**

**Special Instructions / Comments**



# Hemisphere Project Request Form OHIO HIDTA

Please Fax When Complete

7E-1

HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

HRC Fax:

<b>Master Case Number:</b>	<input type="text"/>	<b>Priority:</b>	<input type="text"/>	<b>Current Date:</b>	<input type="text" value="2014-05-29 10:55:44"/>
<b>HIDTA Point of Contac Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>POC Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>DTO Name (if applicable):</b>			<b>Case Name (if applicable):</b>		
<input type="text"/>			<input type="text"/>		
<b>HIDTA Initiative:</b>	<b>HIDTA Initiative OR Law Enforcement Agency:</b>				
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>				
<b>Squad Name:</b>		<input type="text"/>			
<b>Time Zone Results Requested In:</b>		<input type="text"/>			

**Background / Justification / Excerpts on the Phone Numbers**

**Special Instructions / Comments**



# Hemisphere Project Request Form

Please Fax When Complete

7E-1

HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

## PHILADELPHIA/CAMDEN HIDTA

HRC Fax:

<b>Master Case Number:</b>	<input type="text"/>	<b>Priority:</b>	<input type="text"/>	<b>Current Date:</b>	<input type="text" value="2014-05-29 10:55:55"/>
<b>HIDTA Point of Contac Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>POC Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>DTO Name (if applicable):</b>			<b>Case Name (if applicable):</b>		
<input type="text"/>			<input type="text"/>		
<b>HIDTA Initiative:</b>	<b>HIDTA Initiative OR Law Enforcement Agency:</b>				
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>				
<b>Squad Name:</b>		<input type="text"/>			
<b>Time Zone Results Requested In:</b>		<input type="text"/>			

**Background / Justification / Excerpts on the Phone Numbers**

**Special Instructions / Comments**



# Hemisphere Project Request Form

Please Fax When Complete

7E-1

HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

HRC Fax :

## PUERTO RICO/VIRGIN IS. HIDTA

<b>Master Case Number:</b>	<input type="text"/>	<b>Priority:</b>	<input type="text"/>	<b>Current Date:</b>	2014-05-29 10:56:07
<b>HIDTA Point of Contac Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>POC Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>DTO Name (if applicable):</b>			<b>Case Name (if applicable):</b>		
<input type="text"/>			<input type="text"/>		
<b>HIDTA Initiative:</b>	<b>HIDTA Initiative OR Law Enforcement Agency:</b>				
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>				
<b>Squad Name:</b>		<input type="text"/>			
<b>Time Zone Results Requested In:</b>		<input type="text"/>			

**Background / Justification / Excerpts on the Phone Numbers**

**Special Instructions / Comments**



# Hemisphere Project Request Form SOUTH FLORIDA HIDTA

Please Fax When Complete  
South Florida ISC Fax: 7E-1

HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

<b>Master Case Number:</b>	<input type="text"/>	<b>Priority:</b>	<input type="text"/>	<b>Current Date:</b>	<input type="text" value="2014-05-29 10:56:18"/>
<b>HIDTA Point of Contac Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>POC Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Name:</b>		<b>Email Results To:</b>			
<input type="text"/>		<input type="text"/>			
<b>Requestor Phone Number:</b>		<b>Email Notification Of Completion To:</b>			
<input type="text"/>		<input type="text"/>			
<b>DTO Name (if applicable):</b>			<b>Case Name (if applicable):</b>		
<input type="text"/>			<input type="text"/>		
<b>HIDTA Initiative:</b>	<b>HIDTA Initiative OR Law Enforcement Agency:</b>		<input type="text"/>		
Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Squad Name:</b>		<input type="text"/>		
<b>Time Zone Results Requested In:</b>		<input type="text"/>			

**Background / Justification / Excerpts on the Phone Numbers**

**Special Instructions / Comments**



# Hemisphere Project Request Form

Please Fax When Complete

7E-1

HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

HRC Fax :

## WASHINGTON/BALTIMORE HIDTA

<b>Master Case Number:</b> <input type="text"/>	<b>Priority:</b> <input type="text"/>	<b>Current Date:</b> <input type="text" value="2014-05-29 10:56:31"/>
<b>HIDTA Point of Contac Name:</b> <input type="text"/>		<b>Email Results To:</b> <input type="text"/>
<b>POC Phone Number:</b> <input type="text"/>		<b>Email Notification Of Completion To:</b> <input type="text"/>
<b>Requestor Name:</b> <input type="text"/>		<b>Email Results To:</b> <input type="text"/>
<b>Requestor Phone Number:</b> <input type="text"/>		<b>Email Notification Of Completion To:</b> <input type="text"/>
<b>DTO Name (if applicable):</b> <input type="text"/>		<b>Case Name (if applicable):</b> <input type="text"/>
<b>HIDTA Initiative:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>HIDTA Initiative OR Law Enforcement Agency:</b> <input type="text"/>	
	<b>Squad Name:</b> <input type="text"/>	
	<b>Time Zone Results Requested In:</b> <input type="text"/>	

**Background / Justification / Excerpts on the Phone Numbers**

**Special Instructions / Comments**



# Hemisphere Project Request Form HOUSTON HIDTA

Please Fax When Complete

7E-1

HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

HRC Fax :

Master Case Number:	<input type="text"/>	Priority:	<input type="text"/>	Current Date:	2013-12-02 09:32:52
HIDTA Point of Contact Name:		Email Results To:			
<input type="text"/>		<input type="text"/>			
POC Phone Number:		Email Notification Of Completion To:			
<input type="text"/>		<input type="text"/>			
Requestor Name:		Email Results To:			
<input type="text"/>		<input type="text"/>			
Requestor Phone Number:		Email Notification Of Completion To:			
<input type="text"/>		<input type="text"/>			
DTO Name (if applicable):		Case Name (if applicable):			
<input type="text"/>		<input type="text"/>			
HIDTA Initiative:	HIDTA Initiative OR Law Enforcement Agency:		<input type="text"/>		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Squad Name:		<input type="text"/>		
Time Zone Results Requested In:		<input type="text"/>			

Background / Justification / Excerpts on the Phone Numbers

Special Instructions / Comments



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



# HEMISPHERE SUBPOENA-

Official Language

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

7E-2



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

# Hemisphere Project Request Form

Please Fax When Complete

7E-1

HISC Fax :

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:

**Special Instructions / Comments**

**Background / Justification / Excerpts on the Phone Numbers**

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

PAGE 01/04

U.S. DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

**SUBPOENA**

7E-2

In the matter of the investigation of

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

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

5-1

7E-1

[Redacted]

[Redacted]

7E-2

7E-7

7E-3

[Redacted]



# Hemisphere Project Request Form

Please Fax When Complete  
ISC Fax :

7E-1

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:

Time Zone Results Requested in:

*Background / Justification / Excerpts on the Phone Numbers*

*Special Instructions / Comments*



HIGH INTENSITY DRUG TRAFFICKING AREA  
Office of National Drug Control Policy

# Hemisphere Project Request Form

7E-1

*Please Fax When Complete*

LACLEAR Hemisphere Fax: [Redacted]

Questions? Phone: [Redacted]

Master Case Number:	[Redacted]	Sub- Case Number:	[Redacted]	Date:	[Redacted]
Drug Type Associated with Investigation:	Narcotic Related		Priority:	[Redacted]	
Submitting Agent/Analyst:	[Redacted]	Secure Phone Number:	[Redacted]		
Lead Case Agent if Different from Above:	[Redacted]				
Lead Case Agent Phone Number:	[Redacted]				
E-mail Results To:	[Redacted]		E-mail Notification of Completion To:	[Redacted]	
Drug Trafficking Organization/Name (if applicable):	[Redacted]				
Case Name (if applicable):	[Redacted]				
HIDTA Initiative:	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
HIDTA Initiative OR Law Enforcement Agency:	[Redacted]				
Squad Name:	[Redacted]				
Time Zone Results Requested In:	[Redacted]				

### Background / Justification / Excerpts on the Phone Numbers

[Large empty text box for background information]

### Special Instructions / Comments

[Large empty text box for special instructions]

11/13/2007



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

# Hemisphere Project Request Form

Please Fax When Complete

HISC Fax :

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:

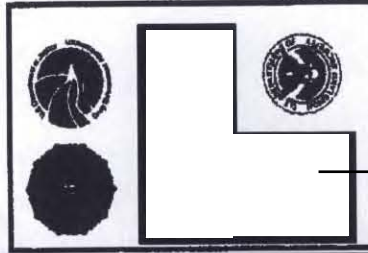
**Special Instructions / Comments**

**Background / Justification / Excerpts on the Phone Numbers**

# Hemisphere Request Process



Law  
Enforcement  
Agencies

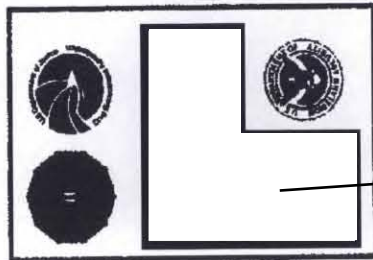


7E-5



7E-4

Law Enforcement  
Agencies



Agencies  
generate  
request forms  
and subpoenas

7E-5

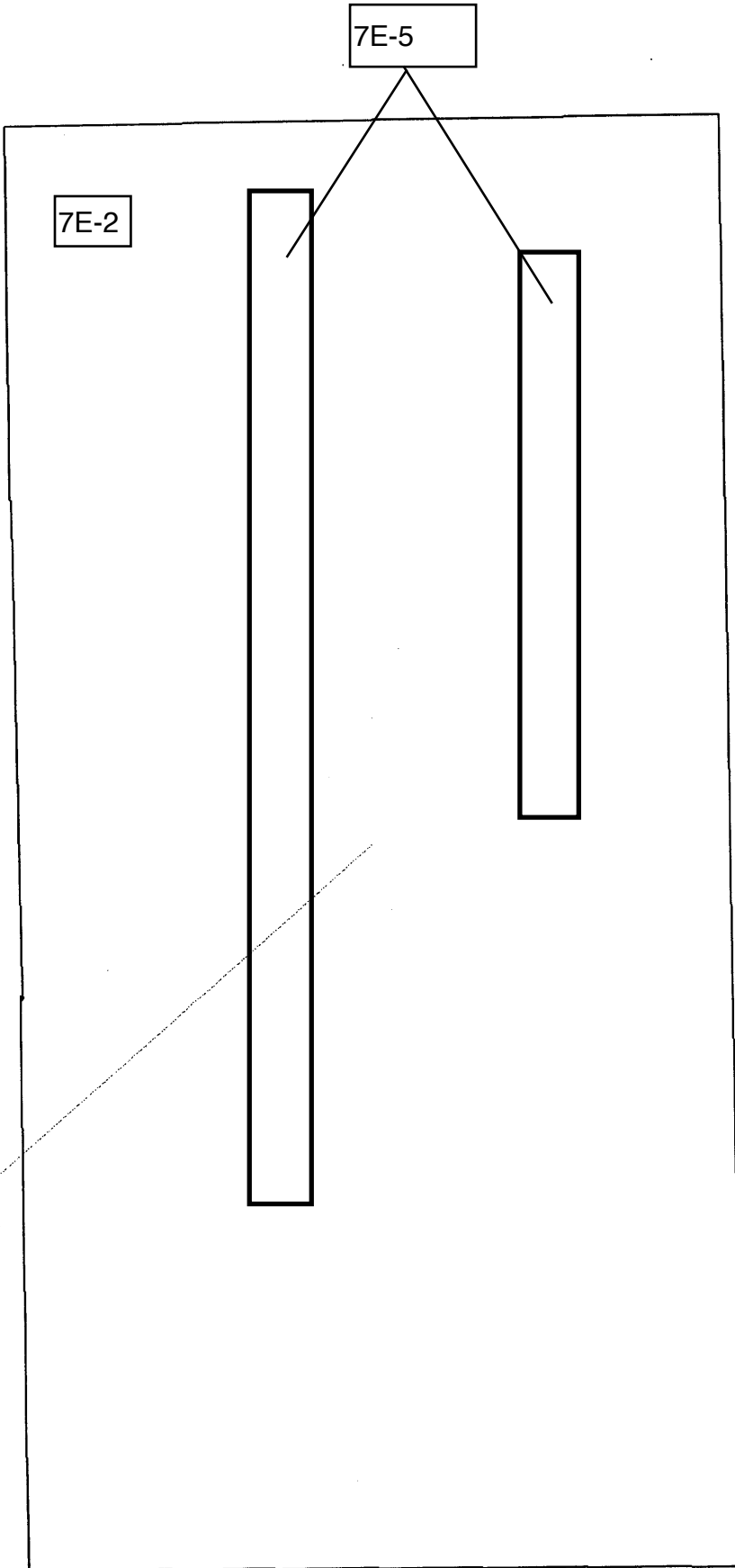


(b)(7)(A), (b)(7)(D), (b)(7)(E), (b)(7)(F)



# HEMISPHERE SUBPOENA-

## Date Ranges



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

U.S. DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

**SUBPOENA**

In the matter of the investigation of



7E-2

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

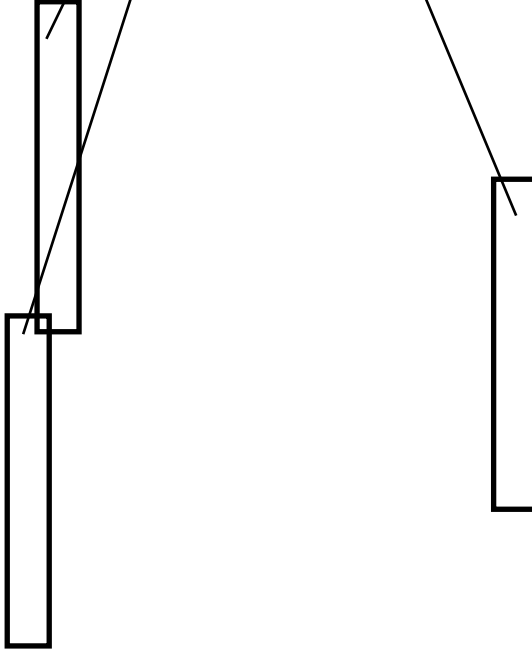


U.S. DEPARTMENT OF JUSTICE/FEDERAL BUREAU OF INVESTIGATION

**SUBPOENA**

In the matter of case numbers

7E-2



3420

7E-5

7E-2

7E-5

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

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



**Customs and Border Protection/Office of  
Border Patrol**

**SUBPOENA**



7E-2

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

A large rectangular frame containing a smaller vertical rectangle on the left side. A line connects the bottom of this smaller rectangle to a box containing the text "6-1, 7C-1, 7E-8, 7F-1". In the top right corner of the large frame is a box containing the text "7E-2".

7E-2

7E-5

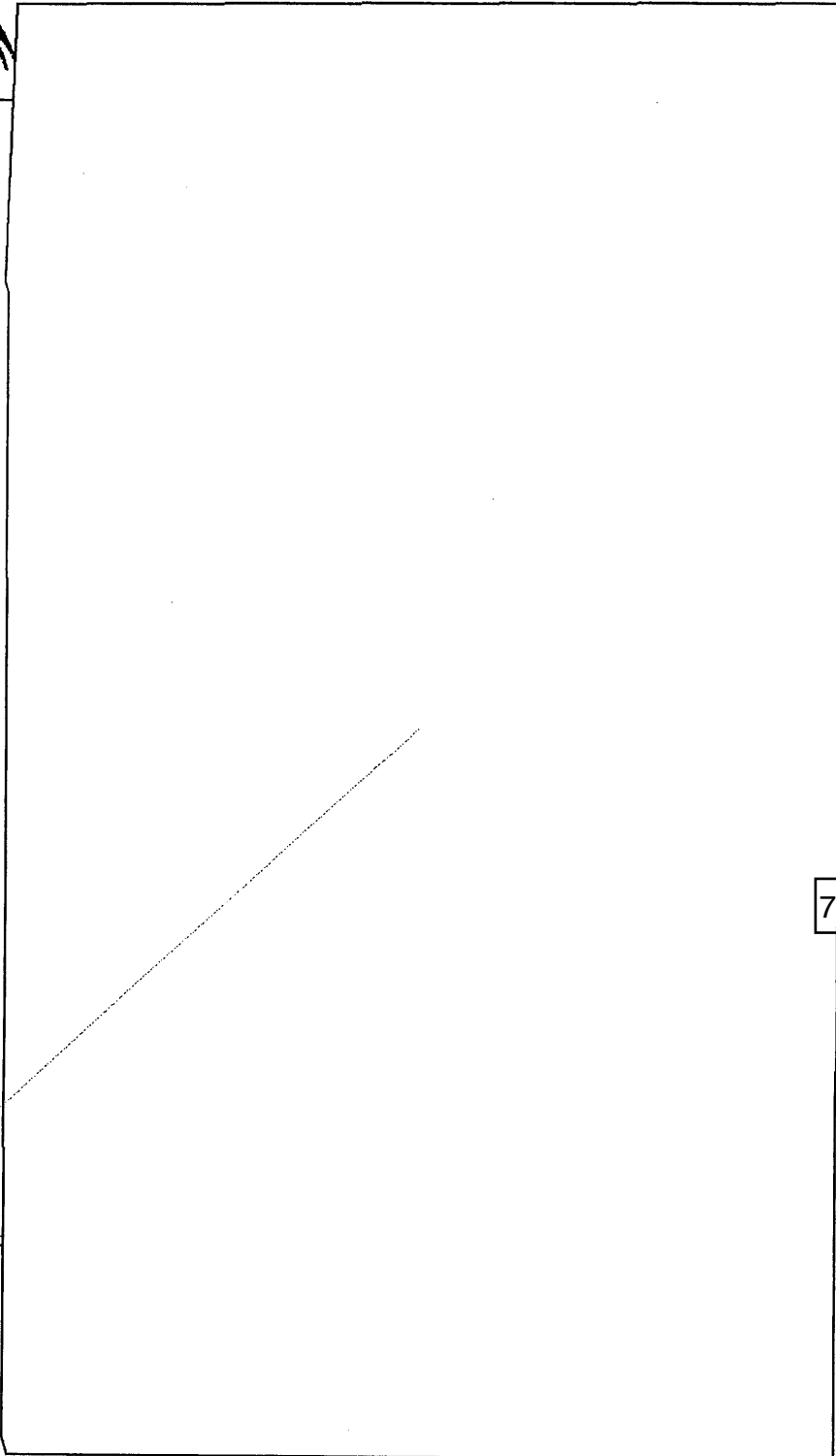
7E-5



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

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

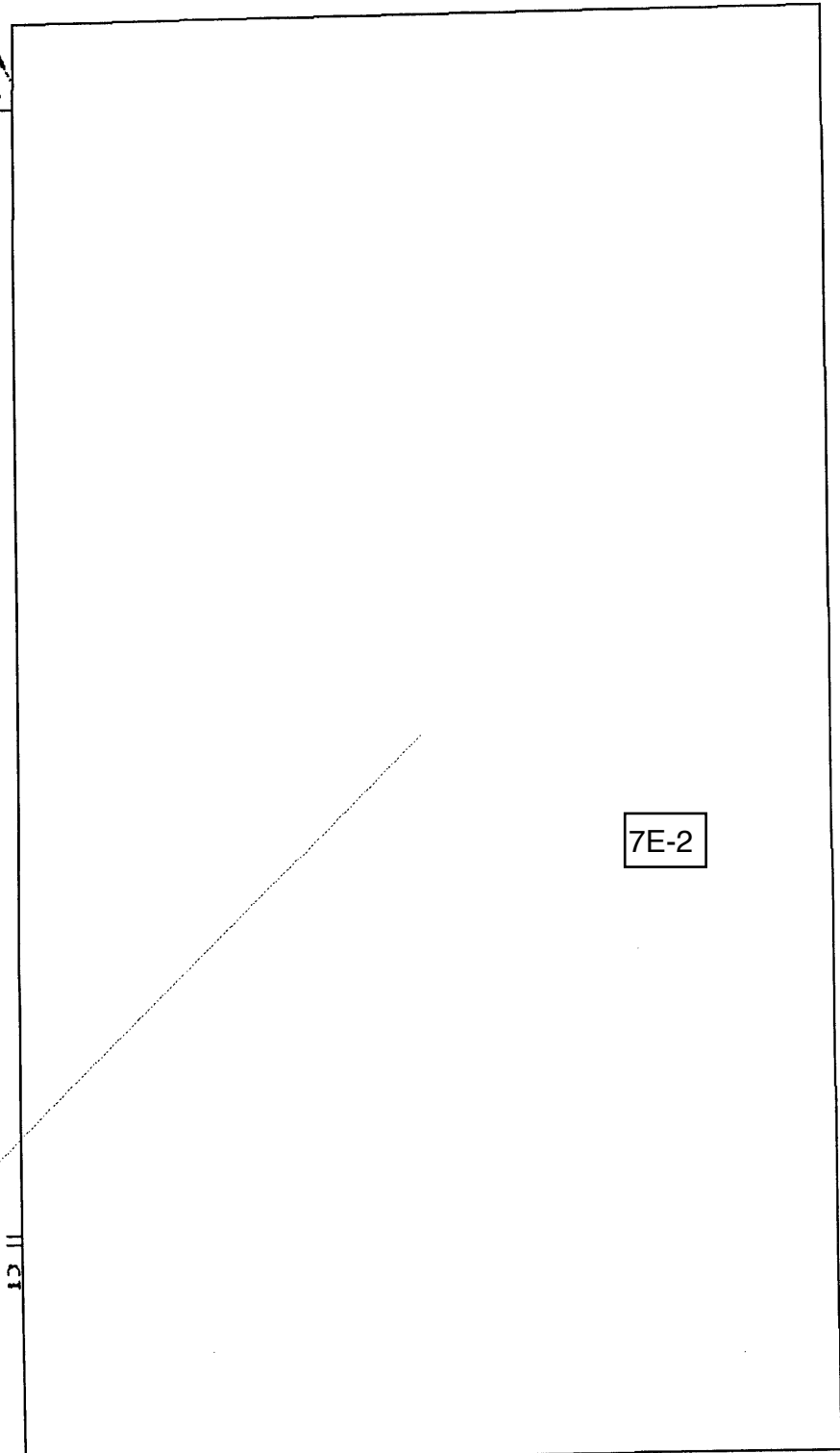
**COURT ORDERS FOR CALIFORNIA  
SUBMISSIONS ONLY!**



7E-2

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

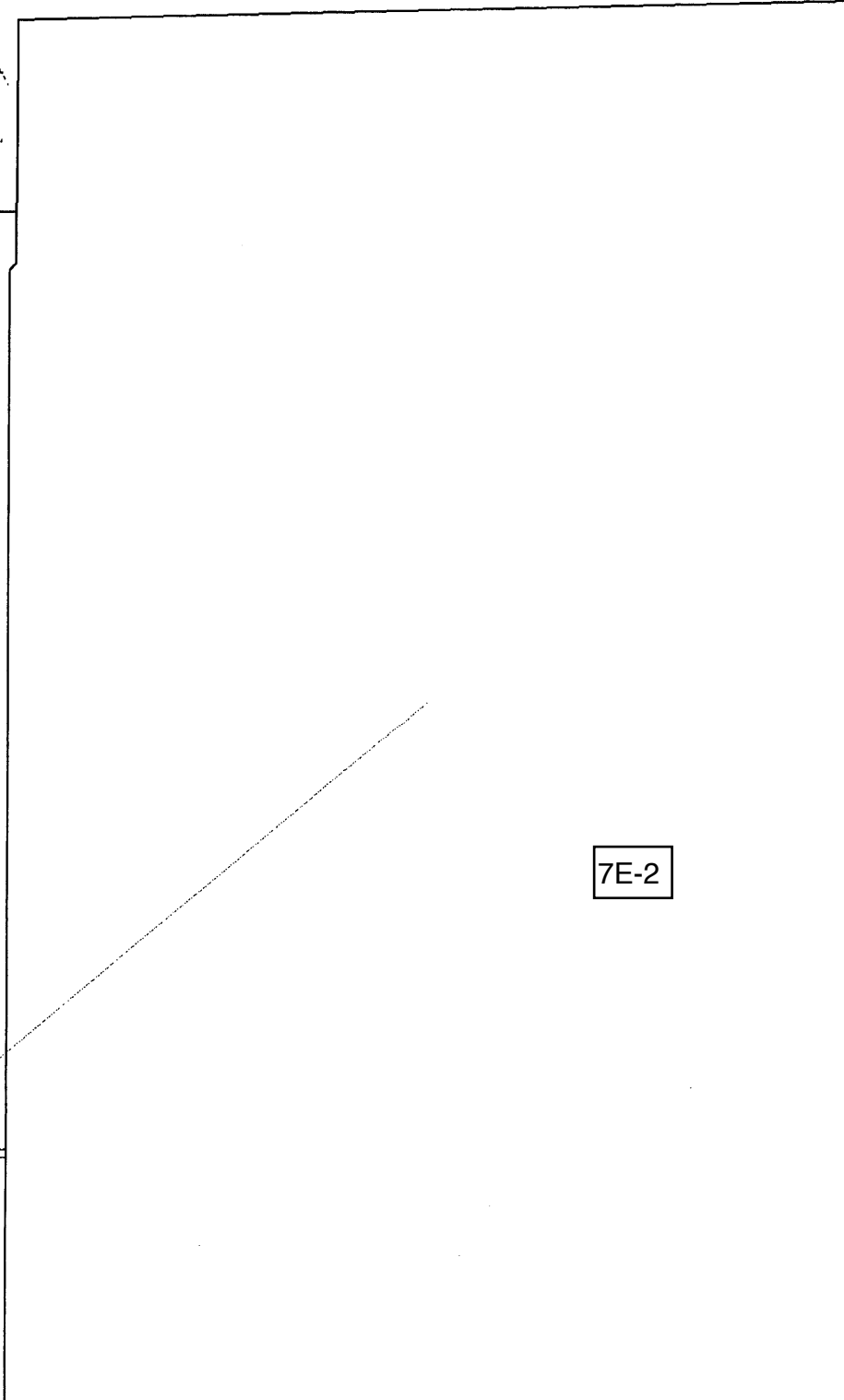
**COURT ORDERS FOR CALIFORNIA  
SUBMISSIONS ONLY!**





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

# **COURT ORDERS FOR CALIFORNIA SUBMISSIONS ONLY!**



7E-2



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: [Redacted]

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:	Requestor Phone Number:	<p>Indicate HIDTA/non HIDTA and what agency the request should be credited to</p>	
DTO Name (if applicable):	HIDTA Initiative OR Law Enforcement Agency:	Squad Name:	Time Zone Results
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	HIDTA Initiative - FBI		

**HEMISPHERE**  
**Hemisphere Project**  
**Request Form**  
**HOUSTON HIDTA**

Office of National Drug Control Policy  
 HIGH INTENSITY DRUG TRAFFICKING AREA

Please Fax When Complete

HISC Fax: **HEMISPHERE**



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 Number:  Email Notification of

Indicate what squad within your agency the request should be credited to

DTO Name (if applicable):

HIDTA Initiative:  HIDTA Initiative OR Law Enforcement Agency:

Yes  No

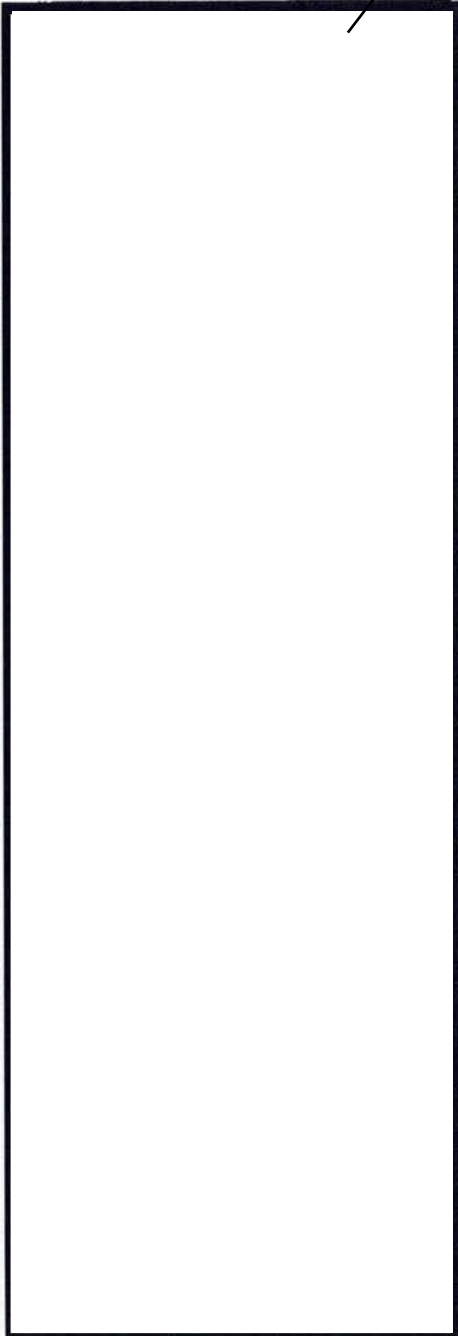
Squad Name:

Time Zone Results Requested In:

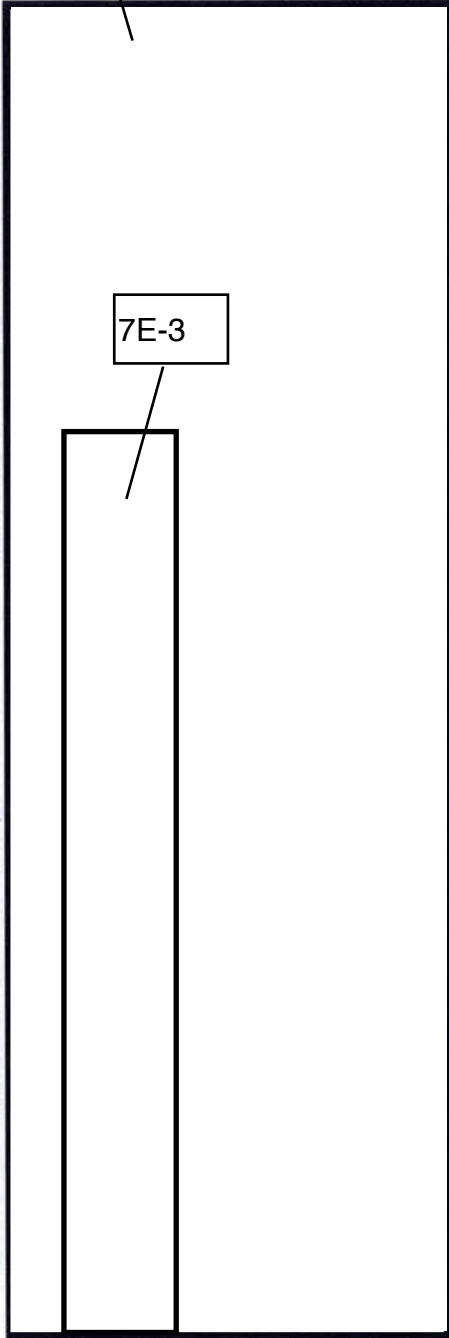
Background / Justification / Excerpts on

HIDTA - HISC  
 HIDTA - HISC IS  
 HIDTA - HISC IRT  
 NON HIDTA - FBI CT  
 NON HIDTA - FBI CI  
 NON HIDTA - FBI WC  
 NON HIDTA - FBI CE  
 NON HIDTA - FBI Other

*Background / Justification / Excerpts on the Phone Numbers*



*Special Instructions / Comments*



7E-3



7E-2

2007-08-21 16:02:14

46

Phone Number	Priority	Date Range	
7136935000		June 23, 2008	July 1, 2008
713-693-1912		March 6, 2008	July 1, 2008
(713)693-1907		March 6, 2008	July 1, 2008

Multiple date ranges can be requested; however this will result in requests being split



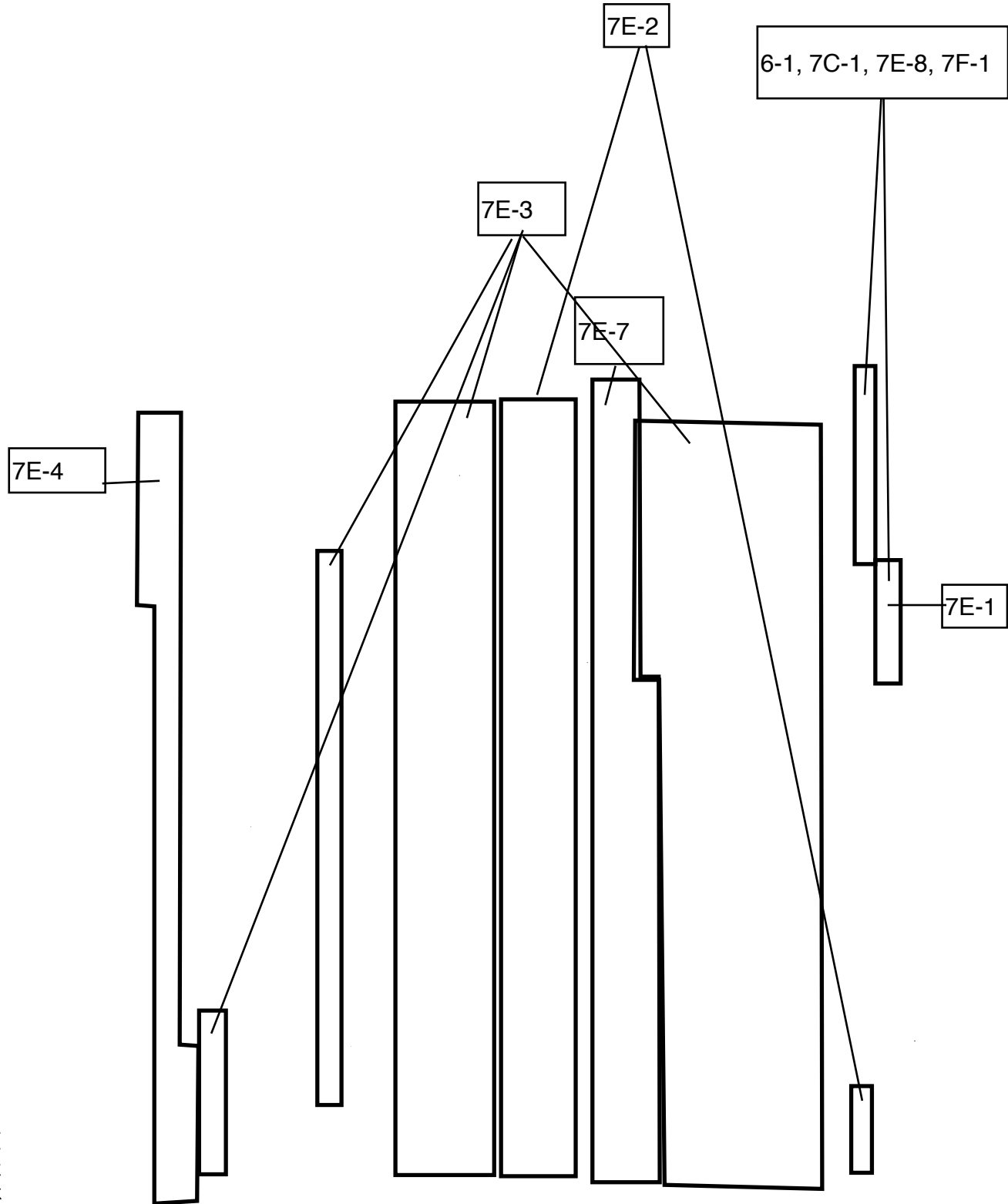
7E-3

7E-7

Overview

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

7E-11



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

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



# Summary Report- Overview

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7E-3

7E-7





# Hemisphere Project Request Form

7E-1

**LOS ANGELES HIDTA**

*Please Fax When Complete*  
LACLEAR Hemisphere Fax: [ ]

Type of Request [ ]

Questions? Phone: [ ]

Master Case Number: [ ]

Other Case Number: [ ]

Date: [ ]

Drug Type Associated with Investigation: [ ]

Priority: [ ]

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: [ ]

Drug Trafficking Organization/Name (if applicable): [ ]

Case Name (if applicable): [ ]

HIDTA Initiative?

Yes

No

HIDTA Initiative OR

Law Enforcement Agency: [ ]

Squad Name: [ ]

Time Zone Results Requested in: [ ]

**Background / Justification / Excerpts on the Phone Numbers...What Are You Hoping To Achieve With Search**

[ ]

**Special Instructions / Comments**

[ ]



# Hemisphere Project Request Form

Please Fax When Complete

7E-2

7E-9

Print Form

7E-1

LACLEAR Hemisphere Fax: [Redacted]

Questions? Phone: [Redacted]

Type of Request **Basic**

Master Case Number: [Redacted] Other Case Number: [Redacted] Date: [Redacted]

Drug Type Associated with Investigation: **Narcotic Related** Priority: [Redacted]

Submitting Investigator/Analyst: [Redacted] Secure Phone Number: [Redacted]

Lead Case Investigator if Different from Above: [Redacted]

Lead Case Investigator Phone Number: [Redacted]

E-mail Results To: [Redacted] E-mail Notification of Completion To: [Redacted]

Drug Trafficking Organization/Name (if applicable): [Redacted]

Case Name (if applicable): [Redacted]

HIDTA Initiative?  Yes  No HIDTA Initiative OR Law Enforcement Agency: [Redacted]

Squad Name: [Redacted]

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

**Background / Justification / Excerpts on the Phone Numbers...What Are You Hoping To Achieve With Search**

[Large empty text box for background/justification]

**Special Instructions / Comments**

[Large empty text box for special instructions/comments]