



OFFICE OF THE COUNTY SHERIFF

Montgomery County, Maryland

Raymond M. Kight, Sheriff



ADMINISTRATIVE DIRECTIVES

<u>Subject:</u>	<u>Number:</u>	<u>Effective Date:</u>
Forms Control	1.10	06/27/06

Purpose: To provide instructions for the orderly development, modification, *deletion*, approval and review of Sheriff's Office forms in general use by employees. This procedure does not cover forms informally created for internal use by only one or two employees or forms supplied or controlled by the Courts or other agencies. (11.4.2)

Contents:

- I. *Forms Coordinator*
- II. *Procedure for Requesting Creation, Modification or Deletion of a Form*
- III. *CALEA Standards*
- IV. *Cancellation*

I. Forms Coordinator

- A. The *Planning and Policy Management Section Lieutenant* will act as Forms Coordinator and will be the contact on any matter *relating to the creation, modification, or deletion of any form that will be, or is in, use by all employees.*
- B. The *Lieutenant* will *maintain a Forms Control Book that will list:*
 - (1) *The form number or name,*
 - (2) *The form title,*
 - (3) *The effective date of the form, and,*
 - (4) *The computer program(s) that can be used to access the form.*
- C. *The Forms Control Book will be kept permanently in, and is not to be removed from, the Office of Planning and Policy Management. In addition to viewing the Forms Control Book in the Office of Planning and Policy Management, it will be made available to all employees electronically in the forms directory on the shared drive.*

II. Procedure for Requesting Creation, Modification or Deletion of a Form

- A. *A written request for the creation, modification, or deletion (MCSO7) of any form that needs to be generated or is currently in use by employees of the Sheriff's Office will be directed to the Forms Coordinator.*
- (1) *A draft of the form will be attached to the request for creation or modification.*
 - (a) *If available, a diskette, CD, or electronic copy of the form will be forwarded with the request.*
 - (b) *If the form was supplied by another source outside of the Sheriff's Office a copy of the form will be forwarded with the request.*
 - (2) *Requests for deletion of a form will include a current copy of the form that is in use.*
- B. *The Forms Coordinator will take action on the request and prior to the form being deleted, modified or issued for use, will ensure that;*
- (1) *Affected supervisory personnel review the form for content, duplication, and functionality.*
 - (a) *A form review sheet and the request will be maintained with the original form in the Forms Control Book.*
 - (2) *A review by the Sheriff's Office Computer Specialist is conducted when there is a need to verify consistency with any data processing requirements.*
 - (3) *A name or number is assigned to the form.*
 - (a) *The form name or number will be positioned in the lower left-hand corner of the first page of the form.*
 - (b) *Office-wide forms will be numbered as, S:\FORMS\MCSO#-mmddy-form name.file extension.*
 - (i) *S:\ = computer drive location.*
 - (ii) *FORMS = directory location.*
 - (iii) *MCSO = a Montgomery County Sheriff's Office form.*
 - (iv) *# = the form number assigned.*
 - (v) *mmddy = the creation or modification date.*
 - (vi) *Form name = the name given to the form*
 - (vii) *ext = file extension.*
 - (i) *A file extension determines which program is needed to access the form, e.g., doc, xls, mdb etc....*

- (c) *Section specific forms will be named as S:\FORMS\Section-form name-mmddyy.file extension.*
- (i) *S:\= computer drive location.*
 - (ii) *FORMS = directory location.*
 - (iii) *Section = identify the section where the form is in use, e.g., Criminal, Domestic Violence, etc...*
 - (iv) *Form name = the name given to the form.*
 - (v) *mmddyy = the forms creation or modification date.*
 - (vi) *ext = file extension.*
 - (i) *A file extension determines which program is needed to access the form, e.g., doc, xls, mdb etc....*

- (4) *The Sheriff, Chief Deputy, or their designee approves the form.*

III. CALEA Standards

11.4.2

IV. Cancellation

This directive cancels and replaces Administration Special Operational Procedures 05, Forms Control. Shred replaced directive.

AUTHORITY:



Raymond M. Kight, Sheriff

06/27/2006



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Raymond M. Kight, Sheriff



M E M O R A N D U M

Date: _____

To: Lieutenant _____
 Planning & Policy Management Section

From: _____
 _____ Divison/Section

Re: Form Request

Per Administrative Directive 1.10, I am requesting the following:

- New Form** **Modification of an existing form**
- A draft of the form is attached.
- A draft of the form has been saved on the MCSO drive in the forms directory with the following name:

- A draft of the form has been saved to the enclosed diskette.
 - This form is specific to my section only.
 - This form is to be used office-wide.
- Deletion of a form for the following reason:** _____

The attached form has been approved for use by employees of the Sheriff's Office. All previous versions of this form are to be destroyed by shredding.

 Sheriff or Chief Deputy

A form was Created Modified on _____. A copy is attached and the original is maintained in the Forms Control Book located in the Office of Planning & Policy Management and is available in the forms directory located on the shared drive.

The above form was deleted on _____. It has been removed from the Forms Control Book and forms directory.

Lieutenant _____



OFFICE OF THE COUNTY SHERIFF
Montgomery County, Maryland
Raymond M. Kight, Sheriff



Form Review Sheet

Date: _____

To: Affected Personnel

From: Lieutenant _____
 Planning & Policy Management Section

Re: Form Review

A request for a new form or modification of an existing form was received from _____ on _____, 20_____.

In accordance with Administrative Directive, 1.10, Forms Control, a copy of the draft form has been attached for your review of the forms content, duplication, and functionality. Please make any comments or suggestions directly on the form and return to the Planning & Policy Management Section.

A request for the deletion of a form currently in use was received from _____ on _____, 20_____.

In accordance with Administrative Directive, 1.10, Forms Control, a copy of the form has been attached. If you disagree with the deletion of the form, indicate your reason why on the back of this review sheet and return it to the Planning & Policy Management Section.

Check Affected Personnel		Date Out for review	Initials	Date Returned to Planning & Policy
	Chief Deputy D. Popkin			
	Lt. Colonel B. Sherman			
	Captain Bonanno			
	Captain Brown			
	Captain Calantonio			
	Captain R. Cordes			
	Lieutenant J. Bean			
	Lieutenant G. Henderson			
	Lieutenant B. Roynestad			
	Lieutenant E. Runion			
	Lieutenant A. Picazo			
	Lieutenant J. Funt			
	Lieutenant Z. Grant			
	Lieutenant C. Lewis			
	Lieutenant R. Bonanno			
	Lieutenant S. Songco			
	Ms. Christine Goon – Sheriff's Office Computer Specialist			

Please initial and return to me no later than _____, 20_____.