

**TRANSMITTAL/RESPONSE SHEET-FORMS MANAGEMENT**

DATE SENT

DATE DUE

RESEARCH AND DEVELOPMENT DIVISION  
CHICAGO POLICE DEPARTMENT**TO:****FROM:** John Bylina  
Senior Research Analyst  
Research and Development Division, Forms Section**SUBJECT:** Department Review of CPD Forms per the Consent Decree**REFERENCE:** Special Order S09-03-02 titled Forms Management System, Item VI

Attached for your review are the forms relative to your unit. Please review these forms for accuracy, reliability, efficiency of its data collection, consistency with current law, Department policy, electronic applications and operational practices. After your review, respond below if any of these forms need to be revised, discontinued, automated or if no changes are needed. Indicate the specific form numbers in the blank area after the appropriate box is checked and attach drafts if necessary. Return this document to the Research and Development Division by the due date indicated above. If you have any questions, contact John Bylina at (312) 745-6071 or extension 84244 or email john.bylina@chicagopolice.org. Thank you in advance for your assistance.

**CPD FORMS RELATIVE TO THIS UNIT:****RESPONSE**
 **FORM REVISIONS NEEDED (List all forms that apply and attach drafts of revisions.)**
 **DISCONTINUED FORMS NEEDED (List all forms that apply.)**
 **AUTOMATE EXISTING CPD FORM (List all forms that apply. Note: to automate a form refers to a digital ADOBE PDF or WORD file that gives the user the ability to electronically complete and/or print the form. This is not a CLEAR, CLEARNET, etc. type of form.)**
 **NO FORM CHANGES NEEDED (List all forms that apply.)**

NAME (Print)

SIGNATURE

TITLE

UNIT NO.

DATE