

RELEASE OF DUTY RESTRICTIONS (SWORN MEMBERS)

CHICAGO POLICE DEPARTMENT

Date

TO: Name of Accused Rank Star No. Employee No. Unit of Assignment

Commanding Officer of Accused Unit

FROM: Chief, Bureau of Internal AffairsThe following duty restrictions which were placed upon you relative to this Log Number **only** are hereby rescinded:

(CHECK APPLICABLE BOXES AND HAVE THE ACCUSED INITIAL IN THE SPACE FOLLOWING EACH BOX)

PREVIOUSLY IMPOSED**RESCINDED**

- | | | | |
|--------------------------|---|--------------------------|-------|
| <input type="checkbox"/> | 1. You are not to carry a firearm or any other weapon. | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 2. If so ordered by the courts to surrender firearms, it is your responsibility to immediately make arrangements to surrender any firearms in your possession. | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 3. You are not to exercise the power of arrest or any other police power bestowed upon you by virtue of your employment as a sworn member of the Chicago Police Department. | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 4. You are to surrender your Chicago Police Star, Shield, and Identification Card as directed. | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 5. You are not to drive or operate any Departmental Transportation Equipment which will include but not be limited to: motor vehicle, water craft, bicycle, or any electronic powered transportation equipment except as directed by your Commanding Officer. | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 6. You are not to attend or testify in any court in the capacity of a Chicago police officer unless subpoenaed. | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 7. You are to obey any orders given by any supervisor of the Chicago Police Department. | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 8. If incarcerated or held over to bond you will be carried in a no-pay status until you notify your unit of assignment of your choice to use elective or compensatory time. | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 9. You will report to (unit) _____ on _____ 20____ at _____ (hours) as ordered. | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | 10. _____ | <input type="checkbox"/> | _____ |

I, _____, acknowledge having received the above stated order given by _____ on _____ (Date) at _____ (Time)

WITNESS: _____

SIGNATURE: _____

TO ACCUSED MEMBER:

To have your Star/Shield/Identification Card returned to you, personally present a copy of this form with the signature of the Chief, Bureau of Internal Affairs to the Human Resources Division.

TO COMMANDING OFFICER OF ACCUSED:

Some or all of the duty restrictions listed above, which were imposed on the accused officer, have been rescinded. The accused is to be restored to duties consistent with this order.

Investigator's Name

Chief, Bureau of Internal Affairs

Received Name	Rank	Log No.
Date	Time	Attachment No.