



LONDONDERRY POLICE DEPARTMENT

268A MAMMOTH ROAD
LONDONDERRY, NEW HAMPSHIRE 03053
(603) 432-1118
FAX: (603) 432-1117
www.londonderrynh.org



CHIEF OF POLICE:
WILLIAM R. HART

DIVISION CAPTAINS:
STEVE M. TATHAM
GERARD J. DUSSAULT
PAUL D. FULONE

Cooperating Individual Agreement

I, _____ agree to following in regards to being a cooperating individual for the Londonderry Police Department:

1. I will not participate in any investigation of criminal activities, unless the investigation is being directly supervised by an assigned member of the Londonderry Police Department. I understand that should I violate any local ordinances, state statutes, or federal laws, outside of the direction of the Londonderry Police Department, I will receive no special treatment or consideration by virtue of my status as a cooperating individual for the Londonderry Police Department.
2. I have no official status, implied or otherwise, as an agent of the Londonderry Police Department. I understand that I am not empowered to exercise police authority in any manner or fashion. I am not authorized to carry, to possess or to use any firearms, other weapons, or other items of contraband while acting as a cooperating individual.
3. The information I provide may be used in a criminal proceeding and I may be called to upon to testify to such information in a Court of Law. The Londonderry Police Department will use all lawful means to protect my identity to protect my confidentiality.
4. I am aware that any consideration given to me will only be evaluated at the end of my involvement with providing services/information and/or court testimony. I agree that any compensation given to me for services/information provided to the Londonderry Police Department shall be full and complete payment for said services.
5. I release and acquit the Londonderry Police Department, their officers, agents and employees from any injury or liability which I may suffer or sustain in the future as result of these investigations.

I have read and understand the above regarding my conduct as a Londonderry police cooperating individual.

Signature

Date

Witness

Date

CI Number _____

IV Number _____

Londonderry Police Department
Potential Target Information

Informant number: _____

Target Name: _____ **Age:** _____ **DOB:** _____

AKA: _____ **Address:** _____

Phone: _____ **Car/s:** _____

Occupation: _____ **Employer:** _____

Physical Description: **Height:** _____ **Weight:** _____ **Hair:** _____ **Eyes:** _____

Glasses: _____ **Tattoos:** _____ **Scars:** _____

Illegal Activity:

Type (drugs,etc.) _____ **Quantity:** _____ **Price paid** _____

Largest amount target has possessed? _____ **When:** _____

Has CI purchased drugs from CI? _____ **When:** _____ **Quantity:** _____ **Price:** _____

Does CI owe target Money? _____ **How much?** _____

Conducts drug business from; Vehicles, Home, Parking Lot, Other _____

Transaction "one on one" or with other associates: _____

Other associates: _____

Does target "have" drugs or does he have to "travel" to pick up? _____

Where do they travel to? _____ **Travel Time:** _____

Does target ever "front" drugs? _____ **How much?** _____ **Target Drug user?** _____

Where does target stash drugs: _____

How do you contact target? _____

Ever been threatened by target? _____ **Weapons owned or seen:** _____ **Type:** _____

Other: _____
