

New
 Update

ORI# TX 1261100



LAW ENFORCEMENT AGENCY (LEA) APPLICATION FOR PARTICIPATION

This application must be updated and resubmitted within 30 days of any changes

Federal State Tribal Federal Agencies only: (Parent Affiliates (i.e. DOJ): _____)

2YTXXX DODAAC (Update Only): 2YTXG3

AGENCY: Johnson County Constable Pct 4
PHYSICAL ADDRESS (No P.O. Box): 2 N Main #B6
CITY: Cleburne STATE: Texas ZIP: 76033

AGENCY MUST HAVE AT LEAST 1 FULL-TIME OFFICER TO PARTICIPATE IN THE PROGRAM
INDICATE THE NUMBER OF COMPENSATED OFFICERS WITH ARREST AND APPREHENSION AUTHORITY

FULL-TIME: 3 PART-TIME: 4

SCREENER POC(s): INCLUDE EMAIL ADDRESS AND DIRECT CONTACT PHONE NUMBER IF AVAILABLE

*MAIN POC: Is the Primary POC for requests and property pickup

	NAME: LAST, FIRST	EMAIL	PHONE #
*SCREENER/MAIN POC	<u>Const. Tim Kinman</u>	<u>kinman@johnsoncountytexas.org</u>	<u>817 556 6363</u>
SCREENER/POC #2	<u>Dpty. Robert Herod</u>	<u>herod@johnsoncountytexas.org</u>	<u>817 556 6363</u>
SCREENER/POC #3			
SCREENER/POC #4			
WEAPON/POC	<u>Tim Kinman</u>	<u>kinman@johnsoncountytexas.org</u>	<u>817 556 6363</u>
AIRCRAFT/POC			
VEHICLE/POC			

NOTICE: LAW ENFORCEMENT ACTIVITIES ARE DEFINED AS: GOVERNMENTAL AGENCIES WHOSE PRIMARY FUNCTION IS THE ENFORCEMENT OF APPLICABLE FEDERAL, STATE AND LOCAL LAWS AND WHOSE OFFICERS HAVE THE POWERS OF ARREST AND APPREHENSION.

Upon acceptance into the Program, I understand that I have 30 days to familiarize myself with the State Plan of Operation and all Program guidance that is provided by the State Coordinator and that by signing, I certify that all information contained above is valid and accurate. (N/A for Federal Agencies)

By signing this I/we certify under penalty of perjury that the foregoing is true and correct. Making a false statement may result in judicial actions or prosecution under 18 USC § 1001.

CHIEF LAW ENFORCEMENT OFFICIAL/
HEAD OF LOCAL AGENCY

Tim Kinman - Constable

DATE: 08/09/17

PRINTED NAME

[Signature]
SIGNATURE

STATE COORDINATOR/SPOC:
(NOT REQUIRED FOR FEDERAL AGENCIES)

Michael Lesko

DATE: 8/30/17

PRINTED NAME

[Signature]
SIGNATURE

LESO Team Lead Approval

AP Version: 1/28/16

bodies, in any manner caused by or contributed to by the LEA, its agents, servants, employees, or any person subject to its control while the property is in the possession of, used by, or subject to the control of the LEA, its agents, servants, or employees after the property has been removed from U.S. Government control.

XVIII. TERMINATION

A. This SPO may be terminated by either party, provided the other party receives thirty (30) days' notice, in writing, or as otherwise stipulated by Public Law.

B. The undersigned State Coordinator and CLEO hereby agree to comply with all provisions set forth herein and acknowledge that any violation of the terms and conditions of this SPO may be grounds for immediate termination and possible legal consequences, to include pursuit of criminal prosecution if so warranted.

XIX. IN WITNESS THEREOF, the parties hereto have executed this agreement as of the last date written below.

Tim Kinman - Constable
Type / Print Chief Law Enforcement Official Name


Chief Law Enforcement Official Signature

08/09/17
Date (MM/DD/YYYY)

Roger Harmon - County Judge
Type/Print Civilian Governing Body Authorized Official


CGB Authorized Official Signature

8/28/17
Date (MM/DD/YYYY)

Michael Lesko
Type / Print State Coordinator Name


State Coordinator Signature

8/30/17
Date (MM/DD/YYYY)