

Constable _____

CONSTABLE REQUIREMENTS FOR JUDICIAL WORK

Document	Exp Date
<input type="checkbox"/> Constable Information Sheet (to be provided annually by January 31)	n/a
<input type="checkbox"/> Copy of Act 2009-49 Constable Certification Card, which must affirm that the constable <u>IS</u> firearms certified. (to be supplied annually upon renewal)	
<input type="checkbox"/> Copy of Bond (original to be filed with the Clarion County Clerk of Courts)	
<input type="checkbox"/> Copy of professional liability insurance (original to be filed with the Clarion County Clerk of Courts)	
<input type="checkbox"/> Copy of current driver's license (to be supplied upon each renewal)	
<input type="checkbox"/> Copy of current motor vehicle insurance (to be provided upon each renewal)	
<input type="checkbox"/> Vehicle Inspection Verification (to be provided annually by January 31)	
<input type="checkbox"/> Criminal Record check (to be supplied annually by January 31)	
<input type="checkbox"/> Child Certification Clearance (to be supplied annually by January 31)	
<input type="checkbox"/> W-9 (to be provided annually)	
<input type="checkbox"/> Signed Acknowledgement	

18th Judicial District Constable/Deputy Constable Information Sheet

Constable

Deputy Constable

Full Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Municipality: _____ Elected Appointed Term Expires: _____

Email Address: _____

PCCD Number: _____

I am a Deputy Constable for: _____

I have the following Deputy Constable(s): _____

*If any of the listed information changes, please contact the Court Administrator within 72 hours. Failure to report changes may result in ineligibility to receive work from the 18th Judicial District.

I, the undersigned Constable/Deputy Constable verify that the statements made on this sheet are true and correct and in accordance with the 18th Judicial District policy and procedures. I understand that false statements made herein are subject to penalties of PA C.S. §4904 relating to unsworn falsifications to authorities.

Constable/Deputy Constable

Date

PENNSYLVANIA RULES OF JUDICIAL ADMINISTRATION

CONSTABLES

RULE 1907.1 DEFINITIONS

"Constable." Includes any elected or appointed constable or deputy constable engaged to perform services for any court of the unified judicial system.

Note: For the statutorily prescribed services constables perform for the unified judicial system, *see, e.g.*, 44 Pa.C.S. §§ 7161 and 7161.1.

RULE 1907.2 POLICIES, PROCEDURES AND STANDARDS OF CONDUCT

- (a) The Court Administrator shall establish uniform policies, procedures and standards of conduct for constables who perform services for the courts. These policies, procedures and standards of conduct shall be mandatory for all judicial districts and constables engaged to perform services for any court of the unified judicial system.
- (b) The president judge of a judicial district is authorized to enact policies and procedures consistent with those established by the Court Administrator in section (a) as local rules pursuant to Pa.R.J.A. No. 103(c). Any policies and procedures enacted by the president judge of a judicial district that may deviate from the uniform policies, procedures and standards of conduct for constables established by the Court Administrator must be approved by the Court Administrator before promulgation. *See* Pa.R.J.A. No. 505(1).
- (c) President Judges are responsible for implementing the provisions set forth in this rule within their respective judicial districts.

Comment: Constables are independent contractors, belonging analytically to the executive branch of government. *In re Act 147 of 1990*, 528 Pa. 460, 598 A.2d 985 (1991). Constables are defined as "related staff" under the Judicial Code. *Rosenwald v. Barbieri*, 501 Pa. 563, 462 A.2d 644 (1983). While these Rules are established pursuant to Pa. Const. Art. V, §10(c), nothing herein, or in any document created under these Rules, shall be construed to alter the status of constables as independent contractors and related staff.

**PENNSYLVANIA
UNIFIED JUDICIAL SYSTEM**

**CONSTABLE POLICIES, PROCEDURES AND
STANDARDS OF CONDUCT¹**

**Administrative Office of Pennsylvania Courts
May, 2013**

¹ See Pa.R.J.A. No. 1907.2.

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PREFACE

In Pennsylvania, constables perform numerous important functions at the municipal level and are independent contractors, statutorily authorized to perform services for the courts.

The purpose of the Unified Judicial System Constable Policies, Procedures and Standards of Conduct (Constable Policies), is to establish uniform policies and procedures, as well as standards of conduct for constables engaged to perform services for the courts. The provisions that follow are mandatory, unless expressly stated otherwise. All references to constables herein include elected and appointed constables and deputy constables. A constable's failure to comply with the Constable Policies may render the constable ineligible to receive assignments from the courts or be paid for work performed.

Nothing in the Constable Policies, Procedures or Standards of Conduct are intended to create an employer / employee relationship between the courts and constables. *See In re Act 147 of 1990*, 528 Pa. 460, 598 A.2d 985 (1991).

Constables having questions regarding the Constable Policies, or local policies and procedures should contact their president judge or district court administrator.

I. ADMINISTRATION

A. QUALIFICATIONS

1. Election & Appointment

Constables and deputy constables must be in compliance with all applicable laws, Pennsylvania Commission on Crime and Delinquency (PCCD) Constable Education and Training Board (Board) regulations and certification requirements, requirements of the Ethics Act, *see* Appendix "A", and the provisions of the Constable Policies in order to be assigned to perform judicial duties.² Compliance with the aforementioned does not entitle a constable to the receipt of judicial duties.

Only individuals who have been elected or appointed to serve as a constable, and who are currently certified by PCCD, may perform or assist in the performance of judicial duties, unless otherwise authorized by law.

2. Registration

Each district court administrator's office shall maintain a list of constables and deputy constables from their county who are authorized to perform judicial duties. The list shall include those constables who are certified to perform judicial duties by PCCD and who have not been prohibited from receiving judicial duties by the President Judge. The list, and any updates, shall be provided to all magisterial district judges in the judicial district, and, upon request, to any other judge, magisterial district judge or district court administrator.

If a president judge decides that an otherwise certified constable is not to be assigned judicial duties, the district court administrator shall immediately notify the district court administrators of all other judicial districts of this determination.

3. Insurance

A constable must file with the Clerk of Courts proof of current professional liability insurance, covering each individual in the performance of his or her judicial duties with a minimum coverage of \$250,000 per incident and a minimum aggregate of \$500,000 per year. 44 Pa.C.S.A. § 7142(b).

² Throughout the Constable Policies, "judicial duties" refers to those services a constable performs for the courts pursuant to Act 49 of 2009, 44 Pa.C.S.A. §§ 7161-7161.1.

4. Appointment of Deputies

Deputies serve based upon need and at the pleasure of elected constables, subject to approval and appointment as prescribed by law. Deputies must comply with all requirements governing elected constables.

B. CONSTABLE REVIEW BOARD

President Judges may authorize the creation of an advisory board called a Constable Review Board (CRB) to assist in resolving any disputes related to a constable's performance of judicial duties.³ If a CRB is created, the President Judge, in consultation with relevant county officials, should develop filing procedures and guidelines, including notice and opportunity to be heard, and timetables for decisions.

The CRB may receive complaints by or against constables regarding the performance of judicial duties, financial/payment disputes or other matters relevant to a constable's services to the courts. The CRB may then make recommendations to the President Judge regarding the judiciary's continued use of the constable's services, or to the county controller / county executive if the dispute concerns financial or other matters within the county's control.

Any findings of suspected criminal activity shall be forwarded to the county District Attorney. The President Judge shall be notified of any referrals to the District Attorney and shall determine if a constable's services should continue to be used.

It is recommended that membership on a CRB include:

- A Judge of the Court of Common Pleas or Magisterial District Judge
- The District Court Administrator or Special Courts Administrator
- A Certified Constable and an alternate to be used in case of conflict
- The County Controller or his or her designee.

³ If a CRB is created, it is anticipated that the President Judge will appoint members to the CRB. If the county wishes to empower the CRB to make recommendations to the appropriate county individual / agency regarding disputes within the county's purview, the county executive or another member of the county executive branch would also make an appointment to the CRB.

C. FINANCE / PAYMENTS

Each court of common pleas must develop or adopt a form ("payment sheet") to be used by all constables seeking payment for the performance of judicial duties. Payment sheets submitted by constables must be legible, complete, and contain at a minimum the following information: 1) the defendant's name; 2) the docket and/or OTN number; 3) the statutorily authorized fees requested, *see* 44 Pa.C.S. A. §§ 7161 and 7161.1; 4) the signature of the constable/deputy constable who is submitting the document; and 5) the signature of the judicial authority who authorized the services to be performed. The President Judge or his or her designee, as well as the county executive / paying agent, may require that additional information be included on payment sheets.

II. EDUCATION

The following section is a summary of the training and certification programs and requirements established by the PCCD pursuant to Act 49 of 2009. *See* 44 Pa. C.S.A. §§ 7141 - 7149 and 37 Pa. Code §§ 431.1 - 431.54 . (This information is provided by the PCCD Constables' Education and Training Board). This information applies to elected and appointed constables and deputy constables.⁴

1. Requirements for Certification

Act 49 of 2009 established the Constables' Education and Training Board (Board) as an advisory board of the PCCD and authorized the Board to establish and administer the mandatory training and certification of constables.

2. Training Requirements

Training programs administered by the Board include: basic training (the initial certification of constables) and annual continuing education (the re-certification of constables). Certification is awarded only to individuals who hold the office of constable or deputy constable. Constables/deputy constables must complete these programs in order to receive judicial assignments.

3. PCCD Registration

Act 49 training is available, free of charge, to all elected or appointed constables and deputy constables who are registered with PCCD. Registration is the first step in

⁴Constables and other users of the Constable Policies are advised to review state law and Constable's Education and Training Board regulations for changes that may occur after this publication.

obtaining certification and allows constables to receive training bulletins, training schedules, and other PCCD communications regarding certification.

4. Training

The Constables' Education and Training Program provides six types of training:

- * 80 hours basic training
- * 20 hours annual continuing education training
- * 40 hours basic firearms training
- * 20 hours annual firearms training
- * 20 hours advanced firearms training
- * Up to 16 hours annual optional training.

Regional contractors offer training from January through October of each year at various locations throughout the state.

A constable must successfully complete basic training in order to obtain initial certification as a constable. Successful completion of continuing education and training every subsequent year is required in order to maintain certification.

Firearms training is optional, as constables are not required to carry firearms in the performance of their duties. However, Act 49 mandates firearms training and certification for any constable who intends to carry a firearm during the performance of his or her constable duties. 44 Pa.C.S.A. §7148.

Note: By the requirements set forth in the Constable Policies, some judicial duties, such as prisoner transports and security, may require a constable to carry a firearm.

A constable must successfully complete basic firearms training one time in order to obtain initial certification to carry a firearm in the performance of constable duties. Following initial firearms certification, successful completion of annual or advanced firearms training every year is required in order to maintain firearms certification

A. Basic Training

A constable must attend basic training only once, as long as he or she maintains certification. If a constable has taken and passed the law enforcement basic training waiver examination, as determined by PCCD, and has been certified by the Board, he or she is not required to attend basic training.

B. Continuing Education

A constable must complete annual continuing education in order to renew his or her certification for the following calendar year. Upon successful completion of

continuing education by October, constables and deputy constables will be issued new certification cards in December, providing certification for the following year.

C. Basic Firearms Training

A constable must be at least twenty-one (21) years of age to attend firearms training. Constables who seek Act 49 firearms certification must first complete Basic Firearms Training. While not mandatory, this training is available to any constable who has completed the 80-hour basic training course, has acquired a certification number, and is not precluded under state or federal law from possessing or using a firearm. Firearms certification is contingent upon a constable passing an annual criminal history record check. Successful completion of the 40-hour Basic Firearms training course is a prerequisite for the Annual Firearms and the Advanced Firearms courses.

D. Annual & Advanced Firearms Training

Constables who are currently in office and have obtained certification through basic training or the waiver examination are authorized to attend firearms training. This training must be completed annually in order to maintain firearm certification. The Annual Firearms course is designed for the average proficiency level shooter while the Advanced Firearms course is for more experienced proficiency level shooters.

III. STANDARDS OF CONDUCT

Scope: "Constable" includes elected and appointed constables and deputy constables.

Standard 1. Adherence to the Unified Judicial System Constable Policies, Procedures and Standards of Conduct

A constable shall adhere to the terms and provisions contained within the Constable Policies. Nothing in the Constable Policies shall prohibit judicial districts from enacting policies and procedures consistent therewith.

Standard 2. Non-Discrimination and Equal Employment Opportunity

A constable shall comply with all provisions of the UJS Policy on Non-Discrimination and Equal Employment Opportunity (attached as Appendix "B"). As "officers serving process or enforcing orders," a constable is included in the policy's definition of "related staff" (as defined in 42 Pa.C.S.A. § 102) and is thus covered by the Supreme Court policy.

Standard 3. Impropriety and Appearance of Impropriety to be Avoided

A constable must respect and comply with the law, and while performing judicial duties, shall conduct him or herself in a manner that promotes public confidence in his or her integrity and impartiality. A constable shall not allow family, social or other relationships to influence his or her conduct while performing judicial duties. A constable shall not lend the prestige of his or her office to advance the private interests of others, nor shall he or she convey or permit others to convey the impression that they are in a special position to influence the constable in the performance of judicial duties.

Standard 4. Business of the Office of Constable

A constable shall devote the time necessary for the prompt and proper performance of judicial duties.

Standard 5. Solicitation of Funds

A constable shall not solicit funds for any educational, religious, charitable, fraternal, political or civic organizations while performing judicial duties.

Standard 6. Political Activity

A constable shall not engage in partisan political activity while performing judicial duties.

As used in this Rule, the term "partisan political activity" shall include, but is not limited to: running for public office; serving as a party committee-person; working at a polling place on Election Day, except as part of the constable's statutory duties; performing volunteer work in a political campaign; soliciting contributions for political campaigns; and soliciting contributions for a political action committee or organization, but shall not include involvement in non-partisan or public community organizations or professional groups.

This prohibition applies only while constables are performing judicial duties. It is not a complete ban on all political activity.

Standard 7. Professionalism

A constable shall conduct him or herself in a professional, courteous and respectful manner when interacting with the public and the courts.

Standard 8. Confidentiality

A constable shall not disclose personal or confidential information obtained while performing judicial duties, except as authorized by law. A constable shall neither access directly, nor request through an individual with authorized access, information contained within criminal justice agency databases, unless expressly authorized to do so by law,

Supreme Court rule, AOPC policy, or by the court on a case-by-case basis. Criminal justice agency databases include, but are not limited to, the Pennsylvania Justice Network (JNET), the Commonwealth Law Enforcement Assistance Network (CLEAN), and the Federal Bureau of Investigation's National Crime Information Center (NCIC).

IV. SECURITY AND TRANSPORTS

The following procedures set forth the minimum standards to be implemented by constables and deputy constables while performing judicial duties, including but not limited to the transportation of defendants to and from magisterial district courts and the performance of security within a magisterial district court facility.

A. Certification & Clearances

A constable may only perform judicial duties for the courts if he or she has been certified by the Constables' Education and Training Board pursuant to 44 Pa.C.S.A. § 7142.

B. Weapons

No constable shall carry a firearm in the performance of judicial duties unless he or she has received firearm certification pursuant to 44 Pa.C.S.A. § 7144 and complied with all regulations established by the Constables' Education and Training Board.

C. Attire

A constable shall carry identification and wear clothing that clearly identifies him or her as a constable while performing judicial duties.

D. Security at a Magisterial District Court Facility

1. When providing security at a magisterial district court, a constable:
 - a. shall conduct a search of prisoner hold areas, restrooms, and any other areas of the magisterial district court facility accessible by prisoners prior to allowing them to occupy such areas;
 - b. shall observe all actions of those within the court facility to ensure the safety of the public, the parties, court staff, and the magisterial district judge, and be prepared to act swiftly should the need arise;
 - c. shall prohibit any direct or indirect contact within the magisterial district court facility between a defendant and family members,

friends, or members of the public unless authorized by the magisterial district judge;

- d. shall search all defendants prior to handcuffing and shackling of the waist and/or ankles.⁵ Concerns regarding the use of restraints on a defendant while in a magisterial district court facility or during proceedings should be discussed with the magisterial district judge; and
 - e. shall, when carrying a firearm, secure the weapon in a Level 2, or higher, security holster.
2. High-Profile/High-Risk Cases: In addition to the requirements set forth above, the following shall also be observed when providing security at a magisterial district court in a proceeding that has been deemed high-profile and/or high-risk by the magisterial district judge and/or the President Judge of the judicial district or his or her designee:
- a. As many constables as necessary shall be present to ensure safety and security⁶;
 - b. Two fire armed, certified constables shall transport the defendant(s) to and from the magisterial district court, unless directed otherwise by the President Judge.⁷

E. Vehicles

Vehicles used for the transportation of defendants shall:

- 1. comply with applicable law and regulations, including the provisions of the Pennsylvania Motor Vehicle Code (Title 75);

⁵ It is recommended that a transport belt with an integrated "D" ring be used around the defendant's waist. It is further recommended that all handcuffs and shackles should be double-locked for added security.

⁶ For example, a constable may be stationed at the court entrance with a metal detector wand while another is assigned to monitor activity within the courtroom and another to escort defendants to and from a holding cell. It is recommended that constables assigned to maintain physical custody of defendants should not be assigned to or perform other court security duties.

⁷ A President Judge may waive or amend this requirement in individual cases, or in a class of cases.

2. be maintained in a roadworthy condition to ensure the safety of its occupants and the public;
3. contain a cage behind the driver's seat and in front of the back passenger seat for purposes of creating separate and secure areas of the vehicle for the constable and the defendant(s). Cages shall be permanent, rather than temporary, and of the same type and quality used in police and sheriff vehicles; and
4. include functioning window and child safety door locks.

F. Transports

While transporting a defendant to and from court, the following provisions apply.

1. Each transport to and from a magisterial district court or other court facility⁸ shall include at least one certified fire armed constable, unless directed otherwise by the President Judge.⁹
2. Each transport shall include at least one of the following forms of two-way communication: i) two-way radio or ii) cellular phone.
3. A constable shall not transport a number of defendants that is greater than the number of seatbelts present in the secure area of the vehicle, in accordance with applicable provisions of the Pennsylvania Motor Vehicle Code (with the exception of a specially-adapted van without seatbelts, such as a prisoner transport van).
4. The constable shall search the transport area of the vehicle prior to and following each transport.
5. The constable shall, in the event of an escape or other security breach during a transport, immediately contact 911 or, if applicable, the local emergency communications center, and then notify the magisterial district judge who issued the transport or commitment order.

⁸ Magisterial district court includes not only the established magisterial district court office, but also any other facility that may be used by that court to conduct judicial business.

⁹ A President Judge may waive or amend this requirement in individual cases, or in a class of cases.

APPENDIX A

FINANCIAL DISCLOSURE REQUIREMENTS OF THE STATE ETHICS COMMISSION

FINANCIAL INTEREST STATEMENTS: WHAT YOU NEED TO KNOW

As required by the Ethics Act, most elected and appointed public officials must file their statement by May 1 of each year. The same holds true for constables/deputy constables. Constables are required by law to file their Financial Interest Statements directly with the State Ethics Commission. Financial Interest Statement forms are available from the State Ethics Commission, the PCCD, Boards of Elections and managers of townships and boroughs throughout the Commonwealth. Forms may also be obtained over the Internet at www.ethics.state.pa.us.

WHO IS REQUIRED TO FILE A FINANCIAL INTEREST STATEMENT?

There are several categories of constables, deputy constables, public officials or public employees who are required to file an annual Financial Interest Statement. First, elected officials, whether they are on the state, county, or local level are required to file. Constables and deputy constables are required to file Financial Interest Statements as well even if they do not work as a constable and even if they do not earn money as a constable.

Further, constables and deputy constables must file even if they are not certified through required class work to perform the role of constable/deputy constable. The key standard is whether the constable/deputy constable has taken the oath of office. If so, then the constable/deputy constable must file a Financial Interest Statement. These rules apply whether the constable/deputy constable is elected or appointed to fill a vacancy.

APPENDIX B



Supreme Court of Pennsylvania
Unified Judicial System of Pennsylvania

**Policy on Non-Discrimination and Equal Employment
Opportunity**

The Supreme Court of Pennsylvania declares that it is the policy of the Unified Judicial System of Pennsylvania (UJS) to ensure that all individuals having business with the UJS are treated in a dignified, civil, respectful, and non-discriminatory manner.

This policy prohibits all forms of discrimination and harassment in a Court Facility (defined as "Any building or office serving as the workplace for Personnel of the System and/or Related Staff; and any UJS-related building or office in which Court Users conduct business with the UJS"), and applies to the following:

Personnel of the System – defined in 42 Pa.C.S.A. § 102 as "Judicial officers, personal staff, administrative staff, and central staff."

Related Staff – defined in 42 Pa.C.S.A. § 102 as "All individuals employed at public expense who serve the UJS, but the term does not include Personnel of the System". Those who serve the UJS include district attorneys, public defenders, sheriffs and other officers serving process or enforcing orders, registers of wills, prothonotaries, clerks of courts, clerks of the orphan's court division, coroners, jury commissioners, probation officials, and personnel of all of the foregoing.

Court Users – includes, but is not limited to, attorneys, applicants for employment, litigants, witnesses, jurors, and court volunteers.

The Supreme Court of Pennsylvania is committed to the principles of equal employment opportunity to ensure legal and appropriate hiring and employment practices, and to promote public confidence in the fairness and integrity of the judicial system and the judicial process. It is, therefore, the policy of the Supreme Court that there shall be no discrimination because of race, color, sex, sexual orientation, national origin, age, disability, or religion by any Personnel of the System or Related Staff in any employment-related action (e.g., hiring, promotion, terms or privileges of employment, etc.), or by any Personnel of the System, Related Staff or attorney in any court-related action.

Accordingly, all judicial officers and managerial and supervisory Personnel of the System shall ensure adherence to and compliance with this Policy and the procedures intended to facilitate its implementation and administration.

Prohibition Against Discrimination and Harassment

Discrimination and harassment because of race, color, sex, sexual orientation, national origin, age, disability, or religion are prohibited. Such discrimination and harassment constitute an abuse of authority that will not be tolerated by the UJS. Further, such discrimination and harassment constitute misconduct, warranting appropriate disciplinary action. All judicial officers and managerial and supervisory Personnel of the System shall ensure adherence to, and compliance with, this Policy.

1. Prohibition Against Discrimination

Under this Policy, discrimination includes actions by an individual or organization that cause an individual or a group of individuals to be denigrated or treated less favorably than another person or group because of one's race, color, sex, sexual orientation, national origin, age, disability, or religion. Such discriminatory conduct may include, but is not limited to, actions relating to the following:

1. Recruitment and hiring by Personnel of the System or Related Staff; or
2. Provision of salary, benefits, or other terms or conditions of employment by Personnel of the System or Related Staff; or
3. Provision of training and other education opportunities by Personnel of the System or Related Staff; or
4. Promotions, transfers, discharge or other employment actions by Personnel of the System or Related Staff; or
5. Any matter relating to the judicial process by Personnel of the System, Related Staff or attorneys.

2. Prohibition Against Harassment

a. Sexual Harassment

Sexual harassment is sex discrimination. Equal Employment Opportunity Commission (EEOC) guidelines define sexual harassment as unwelcome sexual attention, sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature where:

1. The submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
2. The submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or

3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment does not refer to socially acceptable behavior or occasional compliments of a socially acceptable nature. It refers to behavior that a reasonable person could and does consider unwelcome or personally offensive. Sexual harassment involves improper behavior or requests that establish improper *quid pro quo* workplace requirements of a sexual nature, or which otherwise create a hostile work environment for a reasonable person of that gender. Types of sexual harassment include:

1. "*Quid Pro Quo*" Harassment – Is when an individual in a position of authority demands sexual consideration in exchange for the promise of a job, certain job benefits such as raises or promotions, or the promise of continued employment.
2. "Hostile Work Environment" Harassment – Is when unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature create an atmosphere which unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment for any individual.

Sexual harassment may take different forms including, but not limited to, the following examples.

1. *Verbal*: Sexually explicit language, sexual innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions or threats.
2. *Non-Verbal*: Display of sexually suggestive objects or pictures, commentaries, suggestive or insulting sounds, leering, whistling, or obscene gestures.
3. *Physical*: Unwanted physical contact, or the threat of unwanted physical contact, including offensive touching, un-welcomed sexual intercourse, sexual assault and other forms of physical contact of a sexual nature.

b. Racial and Other Harassment

Under this Policy, racial and other harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of that individual's race, color, sexual orientation, national origin, age, disability, or religion. Harassing conduct may include, but is not limited to, the following:

1. *Verbal*: Epithets, slurs, stereotyping, or denigrating jokes.
2. *Non-Verbal*: Display of written or graphic materials that denigrate or show hostility or aversion toward an individual or group in such a manner as to be readily viewed by others.

3. *Physical*: Threatening, intimidating, or hostile acts.

Prohibition Against Retaliation

Retaliation in any form against any person who complains about harassment or discrimination, who files a harassment or discrimination complaint, or who cooperates with, or assists in, the investigation of such complaints is prohibited under this Policy. Retaliation constitutes an abuse of authority, and will not be tolerated. Retaliation by any Personnel of the System or Related Staff will be considered misconduct warranting disciplinary action. All judicial officers and managerial and supervisory Personnel of the System shall ensure adherence to and compliance with this Policy.

Charges of retaliation will be viewed as separate and distinct from the original complaint or action which precipitated the alleged retaliation and may form the basis for a new complaint. Retaliation may result in disciplinary action even though the original harassment or discrimination complaint was determined to be unfounded and dismissed.

Compliance and Reporting Responsibilities

All Personnel of the System and Related Staff are expected to comply with this Policy, and all judicial officers and managerial and supervisory Personnel of the System are obligated to take appropriate measures to ensure that prohibited conduct does not occur, or is properly reported, if observed.

Personnel of the System who engage in any form of prohibited discrimination or harassment within a Court Facility may be subject to disciplinary action.

Related Staff who serve the UJS and who engage in any form of prohibited discrimination or harassment within a Court Facility will be reported to the chief official in their Related Staff offices for appropriate review and action. With respect to violations of this UJS Policy by Related Staff, the Supreme Court expects each Related Staff office to take discrimination and harassment complaints very seriously and to properly investigate and adjudicate such complaints.

Any Personnel of the System, Related Staff or Court Users who feel they have been subjected to, or have observed, any form of discrimination or harassment in any judicial process or Court Facility are urged to report such discrimination or harassment in accordance with the published UJS Non-Discrimination and Equal Employment Opportunity Complaint Procedures which are posted as a companion document to this Policy.

Any Personnel of the System, Related Staff or Court Users who do not have access to these complaint procedures may obtain a copy of these procedures from their local personnel office, the AOPC Office of Human Resources at 717-231-3309, or the UJS Website at www.pacourts.us.

Judicial officers and managerial and supervisory Personnel of the System who observe, or have reason to believe that discrimination or harassment has occurred in a Court Facility, must (1) take immediate action to terminate any ongoing harassment/discrimination if they are reasonably able to do so; or (2) immediately report such harassment/discrimination, if possible, as described in the UJS Non-Discrimination and Equal Employment Opportunity Complaint Procedures referenced above.

Filing Complaints under This Policy

The UJS Non-Discrimination and Equal Employment Opportunity Complaint Procedures accompanying this Policy offer guidance as to how to file complaints of alleged harassment or discrimination as described in this Policy. Specific procedures have been created for Personnel of the System and Related Staff based on their organizational entity. Separate procedures have been created for Court Users doing business with the UJS in a Court Facility. Complaints should be filed to the office designated in each procedure document either by phone, by email, or by using the Non-Discrimination Plan Complaint Form available on the UJS website at www.pacourts.us.

If the appropriate procedures are not immediately available, complainants may obtain a copy of these procedures from their local personnel office, the AOPC Office of Human Resources at 717-231-3309, or the UJS Website at www.pacourts.us.

Investigation and Adjudication of Complaints

All complaints alleging harassment or discrimination will be fully investigated and adjudicated by duly designated authorities of the UJS. Such authorities are identified in the complaint procedures which are posted as a companion document to this Policy.

Disciplinary or Remedial Actions

Violations of this Policy may result in disciplinary action as prescribed by the appropriate policies, which govern the behavior and performance of Personnel of the System and Related Staff. In addition to such discipline, appropriate remedial actions will be taken by the employing authority to (1) remedy the instant complaint, and (2) prevent future violations.

Responsibility to Monitor the Implementation and Enforcement of this Policy

For UJS offices employing Personnel of the System, the AOPC shall undertake those measures necessary to properly monitor compliance with this Policy through the following actions:

1. Develop and promote policies and procedures designed to ensure equal employment opportunity and fair and non-discriminatory treatment of the protected classes listed in this Policy.

2. Develop the administrative policies and procedures needed to ensure that alleged violations of this Policy can be appropriately investigated on a timely basis.
3. Collect data related to the hiring and employment practices of each UJS office employing Personnel of the System and conduct related audits of equal employment opportunity and non-discrimination practices.
4. Collect and maintain data/statistics relating to the number, nature, and disposition of complaints filed under this Policy.
5. Work with each UJS office employing Personnel of the System to oversee the development of education and training opportunities and materials designed to promote and ensure proper adherence to these policy guidelines.

For those offices employing Related Staff, the Supreme Court expects each office to take appropriate steps to monitor and enforce this Policy through 1) the development of administrative policies and procedures, 2) the collection of data and statistics, and 3) the development of education and training opportunities and materials.

Penalties for Misconduct

Any Personnel of the System who have been found to have violated this Policy, impeded the investigation of any complaint filed under this Policy, or retaliated against individuals who have provided evidence or have otherwise cooperated with any investigation of a complaint filed under this Policy, may be subject to appropriate remedial or disciplinary action up to and including discharge, as provided by the policies governing their employment with the UJS.

Any Related Staff serving the UJS who have been reported to officials in their respective offices for appropriate review and action and have been found to have violated this Policy, impeded the investigation of any complaint filed under this Policy, or retaliated against individuals who have provided evidence or have otherwise cooperated with any investigation of a complaint filed under this Policy, may be subject to appropriate remedial or disciplinary actions, as provided by the policies of their respective offices.

The Supreme Court expects each Related Staff office serving the UJS to take such violations very seriously and to apply appropriate remedial or disciplinary actions.

Any judicial officer or attorney who - after proper investigation by the appropriate authority - has been found to have violated this Policy, impeded the investigation of any complaint filed under this Policy, or retaliated against individuals who have provided evidence or have otherwise cooperated with any investigation of a complaint filed under this Policy, may be subject to appropriate remedial or disciplinary action by the Disciplinary Board (in the case of attorneys) or the Court of Judicial Discipline (in the case of judicial officers.)

Exclusion of Judicial Proceedings and the Judicial Decision-Making Process

This Policy does not apply to a judicial officer's or attorney's consideration of, or reference to, a protected class as referenced above, when such consideration or reference is appropriate under the law and is relevant to an issue in a judicial proceeding, to the judicial decision-making process or to the proper administration of justice.

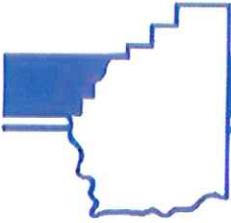
Distribution of Policy and Procedures

Personnel of the System - A copy of this Policy and accompanying complaint procedures will be provided initially to all current employees and will be posted prominently in visible locations within Court Facilities. Thereafter, a copy of this Policy, with accompanying complaint procedures, will be distributed to all new Personnel of the System upon their entry into judiciary service.

Related Staff - A copy of this Policy and accompanying complaint procedures will be provided to the chief official in each Related Staff office for duplication and distribution to all current employees and new Related Staff upon their entry into service.

Court Users - A copy of this Policy and accompanying complaint procedures will be prominently posted in a location visible to all Court Users within each Court Facility.

Published: 1/1/2008



Office of the Clarion County
* SHERIFF *

Rex Munsee - Sheriff

I _____, Clarion County Sheriff Department has inspected
_____, Constable/Deputy Constable vehicle on
_____, 201__ and find that on this date it includes the following:

_____ contains a cage behind the driver's seat and in front of the back passenger seat,
which has been found to be a permanent fixture.

_____ included functioning window and child safety door locks.

I hereby release from liability and to indemnify and hold harmless the Clarion
County Sheriff Department, and any of its employees or agents representing or related
to the Clarion County Sheriff Department. This release is for any and all liability for
personal injuries (including death) and property losses or damage incurred while
operating said vehicle.

Vehicle Make _____

Model _____

Year _____

Constable/Deputy Constable

Sheriff Department Representative

Date: _____

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. Print clearly in ink. Enclose \$10.00 money order ONLY, payable to DEPARTMENT OF PUBLIC WELFARE. DO NOT send cash or personal check.
 Send to CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170
APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

SECTION I

APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE
ZIP CODE

SOCIAL SECURITY NUMBER

AGE

DATE OF BIRTH

DAYTIME PHONE NO.

SEX

M F

COUNTY YOU LIVE IN

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to Information in statewide central register), 6344 (relating to Information relating to prospective child care personnel), 6344.1 (relating to Information relating to family day-care home residents), and 6344.2 (relating to Information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

PURPOSE OF CLEARANCE (Check ONE block ONLY)

- Child Care Services Employee
- Foster Care Adoption School Employee
- Employment with a significant likelihood of regular contact with children
- Volunteers - A copy of your **PROCESSED** "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their **PROCESSED** FBI clearance (Form FD-258).
- DPW Employment & Training Program Participant
(signature required below)

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

1. (LAST, FIRST, MIDDLE)

2. (LAST, FIRST, MIDDLE)

3. (LAST, FIRST, MIDDLE)

4. (LAST, FIRST, MIDDLE)

5. (LAST, FIRST, MIDDLE)

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1.

2.

3.

4.

HOUSEHOLD MEMBERS (List everyone who lived with you at any time since 1975 to the present)

NAME (Last, First, Middle) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II		RESULTS OF HISTORY CHECK	
<input type="checkbox"/> APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.		<input type="checkbox"/> APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).	
STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.	-	3.	-
2.	-	4.	-
_____ VERIFIER		_____ VERIFIER'S SUPERVISOR	
_____ DATE		_____ DATE	

SECTION III		VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES	
<p>_____ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.</p> <p>The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.</p> <p>It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.</p>			
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE			
<input type="checkbox"/> Applicant is named as the perpetrator of a founded child abuse or school employee report which occurred in the last five years.			
<input type="checkbox"/> Applicant is named as the perpetrator of a founded child abuse or school employee report which occurred over five years ago.			
<input type="checkbox"/> Applicant is named as the perpetrator of an indicated child abuse or school employee report.			
<input type="checkbox"/> Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.			
PENNSYLVANIA STATE POLICE CLEARANCE			
<input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> No record exists. Report attached.			
FBI CLEARANCE			
<input type="checkbox"/> Record exists and contains convictions which prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but convictions do not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.			
<input type="checkbox"/> No record exists. Report attached.			
<input type="checkbox"/> No FBI clearance required.			
_____ VERIFIER		_____ VERIFIER'S SUPERVISOR	
_____ DATE		_____ DATE	

**DIRECTIONS TO COMPLETE THE
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE APPLICATION:**

1. Applicants are to complete Section I only.
2. Type or print clearly and neatly in ink only.
3. The space for the applicant's name must be the applicant's full legal name. An initial is not acceptable for a first name. The address listed must be applicant's current home address. This is also where the results of the clearance will be mailed.
4. The applicant's Social Security number is voluntary. If filling in the Social Security number please fill in the entire Social Security number.
5. Age – Fill in the applicant's current age.
6. Date of Birth – Fill in the applicant's date of birth (Example: 01/22/1990).
7. Daytime Phone Number – Fill in the number for where the applicant can be reached in the event that there are questions about the information on the application.
8. Sex – Check the appropriate box for male or female.
9. County You Live In – Fill in the name of the county where you reside (this should be the county for the address that the applicant filled in the space on the left of this section).
10. **Purpose of Clearance** – Do not check more than one block:
 - a. Check the Child Care box if planning to work in a day care or child care setting.
 - b. Check the Foster Care box if applying as a prospective foster parent.
 - c. Check the School Employee box if seeking to have involvement within a school (public, private, vocational, or technical) for employment or volunteer purposes OR check this box if a child abuse clearance is needed due to enrollment in an educational program such as a nursing school or technical program.
 - d. Check the Adoption Block if in the process or planning to adopt a child.
 - e. Check Employment With A Significant Likelihood of Regular Contact With Children if NONE of the other options relate to why a child abuse clearance is needed.
 - f. Check the Volunteers box if performing a service (paid or unpaid) for organizations such as Big Brothers/Big Sisters, Boy Scouts, Little League, or churches. As noted on the form, if the Volunteer box is checked, the applicant must also attached A COPY of the RESULTS from their PA State Police Criminal History Record Check. Do not send original criminal record results because the original cannot be returned. If the applicant is not a current Pennsylvania resident, the applicant must also attach a copy of their FBI Criminal History results obtained within the past year.
 - g. Check the DPW Employment & Training Program Participant box if the applicant is participating in a Department of Public Welfare employment and training program through a county assistance office, or CAO, or the Office of Income Maintenance, OIM. The signature **AND** phone number of the CAO or OIM representative is required.
11. Previous Names Used Since 1975 - The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, aliases and also known as (aka) names.
12. Previous Addresses Since 1975 - List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location will be acceptable.
13. Household Members - Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). If the applicant was under the age of 18 in 1975 this section must include other household members who lived with the applicant or with whom the applicant lived. Please note the household member's relationship to the applicant, their age (to the best of your knowledge) and their sex. Applications where this section is left blank will be rejected and returned to the applicant.
14. Applications must be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.
15. Enclose a \$10.00 money order for each application. No cash or personal checks will be accepted. Agency or business checks are acceptable.
16. Do not send any postage paid return envelopes for us to return your results. Results are issued through an automated system generated mailing process.

Note: Clearance results will be mailed to you within 14 days from the date that the clearance is received in our office. Failure to comply with the above instructions will cause considerable delay in processing the results of an applicant's child abuse clearance.

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 1-888-QUERYPA (1-888-783-7972) DO NOT SEND CASH OR PERSONAL CHECK
CHECK ONE BLOCK
<input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/> NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$15.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

FEES FOR REQUESTS - \$10.00. NOTARIZED FEE REQUESTS - \$15.00.
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****
 ◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

REASON FOR REQUEST

- INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$15.00 FOR REQUEST)**
- | | | |
|---|---|--|
| <input type="checkbox"/> ADOPTION (DOMESTIC) | <input type="checkbox"/> EMPLOYMENT/SCREENING | <input type="checkbox"/> PASSPORT |
| <input type="checkbox"/> ATTORNEY | <input type="checkbox"/> FOSTER CARE | <input type="checkbox"/> PRIVATE INVESTIGATIONS |
| <input type="checkbox"/> BANKING | <input type="checkbox"/> HEALTHCARE | <input type="checkbox"/> SOCIAL SERVICES |
| <input type="checkbox"/> BAR ASSOCIATION | <input type="checkbox"/> HOUSING | <input type="checkbox"/> TENANT CHECK |
| <input type="checkbox"/> CHURCH | <input type="checkbox"/> INSURANCE LICENSE | <input type="checkbox"/> VISA |
| <input type="checkbox"/> CHILD CARE | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> NURSE AID TRAINING | <input type="checkbox"/> VOLUNTEER |
| <input type="checkbox"/> ELDER CARE | <input type="checkbox"/> OTHER _____ | |
| <input type="checkbox"/> EMERGENCY MANAGEMENT | | |

ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY WITH A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID, SEE TERMS & CONDITIONS)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT AND REQUIRED COPY OF GOVERNMENT PHOTO ID ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2015</h1>
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
 4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
 5. Sign and date the attestation on the date Section 2 is completed.
 6. Record the employer's business name and address.
 7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at I-9Central@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>						
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number	
	□□□□ - □□ - □□□□					

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

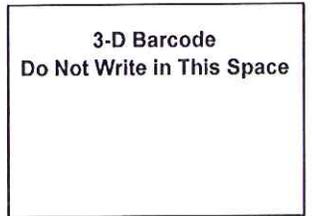
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				<div style="border: 1px solid black; padding: 5px;"> 3-D Barcode Do Not Write in This Space </div>
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization	
OR	AND		
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)			
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa			
4. Employment Authorization Document that contains a photograph (Form I-766)			
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.			
			6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Supreme Court of Pennsylvania
Unified Judicial System of Pennsylvania

**CONSTABLE POLICIES, PROCEDURES AND STANDARDS OF
CONDUCT ACKNOWLEDGEMENT FORM**

I acknowledge that I have received a copy of the *Constable Policies, Procedures and Standards of Conduct* for all Constables and Deputy Constables assigned to perform judicial duties for the 18th Judicial District and I understand it is my responsibility to 1) read, understand, and abide by the Constable Policies, Procedures and Standards of Conduct provisions, 2) maintain a copy of the Constable Policies, Procedures and Standards of Conduct in my personal records or reference the electronic version at <http://www.co.clarion.pa.us/images/stories/pdf/Courts/PA%20Unified%20Judicial%20System%20Constable%20Policies,%20Procedures%20and%20Standards%20of%20Conduct.pdf> as needed to insure my ongoing understanding of the Constable Policies, Procedures and Standards of Conduct provisions. I further acknowledge that my failure to follow the provisions of the Constable Policies, Procedures and Standards of Conduct will result in disciplinary actions. I further acknowledge any judicial work does not constitute an employer/employee relationship with the Court as I am an independent contractor.

Name: _____

Signature: _____

Date: _____

Witness: _____