MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN IMMIGRATION AND CUSTOMS ENFORCEMENT AND LOCAL, COUNTY, OR STATE LAW ENFORCEMENT AGENCY FOR THE REIMBURSEMENT OF JOINT OPERATIONS EXPENSES FROM THE TREASURY FORFEITURE FUND

This Agreement is entered into by the Cook County State’s Attorney’s Office (NCIC CODE # IL016013A) and Immigration and Customs Enforcement (ICE), SAC Chicago for the purpose of the reimbursement of costs incurred by the Cook County State’s Attorney’s Office in providing resources to joint operations/task forces.

Payments may be made to the extent they are included in the ICE Fiscal Year Plan, and the money is available within the Treasury Forfeiture Fund to satisfy the request(s) for the reimbursement of overtime expenses and other law enforcement expenses related to joint operations.

I. LIFE OF THIS AGREEMENT

This Agreement becomes effective on the date it is signed by both parties. It remains in force unless explicitly terminated, in writing, by either party.

II. AUTHORITY

This Agreement is established pursuant to the provisions of 31 USC 9703, the Treasury Forfeiture Fund Act of 1992, which provides for the reimbursement of certain expenses incurred by local, county, and state law enforcement agencies as participants of joint operations/task forces with a federal agency participating in the Treasury Forfeiture Fund.

III. PURPOSE OF THIS AGREEMENT

This Agreement establishes the responsibilities of both parties and the procedures for the reimbursement of certain overtime expenses and other law enforcement expenses pursuant to 31 USC 9703.

IV. APPLICABILITY OF THIS AGREEMENT

This agreement is valid for all joint investigations led by ICE SAC Chicago, with the participation of the Cook County State’s Attorney’s Office, and until terminated, in writing, by either party.
V. TERMS, CONDITIONS, AND PROCEDURES

A. Assignment of Officer(s)

To the maximum extent possible, the Cook County State's Attorney's Office shall assign dedicated officers to any investigation or joint operation. Included as part of this Agreement, the Cook County State's Attorney's Office shall provide the ICE SAC Chicago with the names, titles, four last digits of SSNs, badge or ID numbers, and hourly overtime wages of the officer(s) assigned to the joint operation. This information must be updated as necessary.

B. Submission of Requests for Reimbursement (Invoices) and Supporting Documentation

1. The Cook County State's Attorney's Office may request the reimbursement of overtime salary expenses directly related to work on a joint operation with ICE SAC Chicago, performed by its officer(s) assigned to this joint operation. In addition, the Cook County State's Attorney's Office may request reimbursement of other investigative expenses, such as travel, fuel, training, equipment and other similar costs, incurred by officer(s) assigned as members of the designated joint operations with the ICE SAC Chicago.

The Cook County State's Attorney's Office may not request the reimbursement of the same expenses from any other Federal law enforcement agencies that may also be participating in the investigation.

2. Reimbursement payments will not be made by check. To receive reimbursement payments, the Cook County State's Attorney's Office must ensure that Customs and Border Protection, National Finance Center (CBP/NFC) has a current ACH Form on file with the agency's bank account information, for the purposes of Electronic Funds Transfer. The ACH Form must be sent to the following address:

CBP National Finance Center
Attn: Forfeiture Fund
6026 LAKESIDE BLVD.
INDIANAPOLIS, IN 46278

If any changes occur in the law enforcement agency's bank account information, a new ACH Form must be filled out and sent to the CBP/NFC as soon as possible.
3. In order to receive the reimbursement of officers' overtime and other expenses related to joint operations, the Cook County State's Attorney's Office must submit to ICE SAC Chicago the TEOAF Form "Local, County, and State Law Enforcement Agency Request for Reimbursement of Joint Operations Expenses (Invoice)", signed by an authorized representative of that agency and accompanied by supporting documents such as copies of time sheets and receipts.

4. The Cook County State's Attorney's Office remains fully responsible, as the employer of the officer(s) assigned to the investigation, for the payment of overtime salaries and related benefits such as tax withholdings, insurance coverage, and all other requirements under the law, regulation, ordinance, or contract, regardless of the reimbursable overtime charges incurred. Treasury Forfeiture Fund reimburses overtime salaries. Benefits are not reimbursable.

5. The maximum reimbursement entitlement for overtime worked on behalf of the joint investigation is set at $15,000 per officer per year.

6. The Cook County State's Attorney's Office will submit all requests for the reimbursement of joint operations' expenses to ICE SAC Chicago, at the following address: One Tower Lane, Suite 1600, Oak Brook, Illinois, Attn.

VI. PROGRAM AUDIT

This Agreement and its provisions are subject to audit by ICE, the Department of the Treasury Office of Inspector General, the General Accounting Office, and other government designated auditors. The Cook County State's Attorney's Office agrees to permit such audits and agrees to maintain all records relating to these transactions for a period not less than three years; and in the event of an on-going audit, until the audit is completed.

These audits may include reviews of any and all records, documents, reports, accounts, invoices, receipts of expenditures related to this agreement, as well as interviews of any and all personnel involved in these transactions.

VII. REVISIONS

The terms of this Agreement may be amended upon the written approval by both parties. The revision becomes effective on the date of approval.
VIII. NO PRIVATE RIGHT CREATED

This is an internal government agreement between the ICE SAC Chicago and the Cook County State's Attorney's Office, and is not intended to confer any right or benefit to any private person or party.

Signatures:

Elissa Brown
Special Agent in Charge
Immigration and Customs Enforcement

Date: __________________________

Ronald F. Kelly
Chief Investigator
Cook County State's Attorney's Office

Date: 14 Dec 05
The Department of the Treasury
LOCAL, COUNTY, AND STATE LAW ENFORCEMENT AGENCY
REQUEST FOR REIMBURSEMENT OF JOINT OPERATIONS EXPENSES

TO: __________________________ ATT: __________________________

SECRET SERVICE

OCDETT CASE: _______ YES ______ NO

NAME OF AGENCY: __________________________

ADDRESS: __________________________

CONTACT PERSON: __________________________

TELEPHONE NO: __________________________

DATE FOR WHICH REIMBURSEMENT IS REQUESTED: FROM: ______ TO: ______

OVERTIME EXPENSES

<table>
<thead>
<tr>
<th>NAME OF OFFICER</th>
<th>TITLE</th>
<th>HOURS WORKED</th>
<th>HOURLY RATE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>b6</td>
<td>INVESTIGATOR</td>
<td></td>
<td>549.85</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL OVERTIME AMOUNT REQUESTED: __________________________

TOTAL NUMBER OF REGULAR HOURS WORKED DURING THIS BILLING PERIOD(S) ON CASES WHICH OVERTIME WAS REQUESTED BY THE OFFICERS LISTED ABOVE: __________________________

OTHER EXPENSES

<table>
<thead>
<tr>
<th>PURPOSE AND OR TYPE OF EXPENSE</th>
<th>TOTAL</th>
</tr>
</thead>
</table>

TOTAL OTHER EXPENSE REQUESTED: __________________________

TOTAL REIMBURSEMENT REQUESTED: $2,143.55

I certify that the information provided above is accurate and represents actual costs incurred by this agency.

RONALD F. KELLY, CHIEF INVESTIGATOR

(The Requiring Agency)

NAME: __________________________

TITLE: __________________________

SIGNATURE: __________________________

DATE: __________________________

TREASURY AGENT REVIEW

NAME: __________________________

SIGNATURE: __________________________

DATE: __________________________

NOTE: OCDETT CASES - A COPY OF THIS DOCUMENT SHALL BE SENT TO THE AGENCY CORE CITY COORDINATOR.