

## Search Warrant Templates

In recent appellate court decisions, courts have noted that advances in technology can improve the ability of law enforcement abilities to obtain a search warrant easier and faster. Use of e-warrants—a computerized document [such as a Microsoft Word or Adobe Acrobat PDF] or form containing the search warrant affidavit—is a growing trend.

Developing and using standardized templates for parts of the affidavit will expedite preparation of warrants. For example, creating and storing the “hero statement”—a list of the police officer qualifications and experience including all training and experience pertinent to the crime for which the warrant relates—will expedite completion of the warrant application.

The Pennsylvania District Attorneys Association/Institute contacted members and requested that they submit templates for search warrant applications used in investigations of DUI and other serious traffic offenses.

If a search warrant is challenged, the review is limited to the four corners of the document. No one can anticipate all possible scenarios that law enforcement officers will face. The templates are not intended to limit information provided in the application but to guide the applicant in preparing it. If there are factors that are relevant to the establishment of probable cause that are not contained in these templates, please include them.

Familiarize yourself with local court rules and practices in your jurisdiction. Processes for prior approval of warrant applications by the district attorney’s office and night-time applications vary.

District Attorneys from Adams, Cumberland, Lancaster Counties have generously provided their templates. We acknowledge their assistance.

Police officers should consult with the district attorney’s office for their jurisdiction prior to implementation

- |  |           |
|--|-----------|
| 1. Adams County General  | page 2    |
| 2. Cumberland County General with nighttime search provisions  | pages 3-4 |
| 3. Lancaster County medical records after crash  | page 5    |
| 4. Lancaster County—blood sample and analysis; crash; PBT result 0.00; BAC test requested  | page 6    |
| 5. Lancaster County—blood sample and analysis for drugs including Alcohol; DUI checkpoint; breath test results 0.0; nighttime search                 | page 7    |
| 6. Lancaster County—blood sample and analysis for drugs including alcohol; DUI checkpoint; breath test results 0.0; DRE evaluation; nighttime search | page 8    |
| 7. Lancaster County—blood sample and analysis for drugs including alcohol; crash; breath test results 0.0; DRE evaluation                            | page 9    |

2/28/2020



COUNTY OF Adams

Docket Number (Issuing Authority):

Police Incident Number:

Warrant Control Number:

PROBABLE CAUSE BELIEF IS BASED UPON THE FOLLOWING FACTS AND CIRCUMSTANCES: Social security numbers and financial information (e.g. PINs) should not be listed. If the identity of an account number must be established, list only the last four digits. 204 Pa.Code §§ 213.1 - 213.7.

I have been employed as a police officer for years. I have significant training relating to the detection of impaired drivers. This training includes recognizing the signs of impaired driving and impaired individuals. I have made approximately arrests for driving under the influence in my career and have interacted with many more intoxicated individuals.

On (date), at approximately (time), (facts of how you came in contact with the suspect, traffic stop, dispatch, etc. including location in Adams County)

(Paragraph describing initial interactions with suspect, signs of intoxication, any statements about drinking/drug use)

(Paragraph on field sobriety testing, which tests and suspect's performance)

Based on my training and experience and my interactions with the suspect outlined above, I formed the opinion that he/she was under the influence of alcohol and/or drugs to a degree that rendered him/her incapable or safely operating a motor vehicle. Because of this opinion, I placed (the suspect) under arrest for suspicion of driving under the influence. (The suspect) was then transported to Hospital for chemical testing. While at the hospital, (the suspect) was requested to submit to a blood draw. He/she refused.

I know through my training and experience that drugs and alcohol work in combination to affect an individual's level of impairment. I also know that sometimes outward signs of impairment are masked by one drug, even if there are multiple substances in a person's system that are contributing to his/her level of impairment. Accordingly, I am requesting that the blood be subjected to chemical testing for the presence of alcohol and/or drugs to accurately determine the substances in the individual's system that contributed to the signs of impairment that I have observed. These signs of impairment are detailed above.

I respectfully request the approval of this search warrant for (the suspect's) blood sample. Once collected, the sample will be sent to an approved testing facility to determine the blood alcohol concentration and/or levels of drugs in (the suspect's) system. It should be noted that this investigation (does/does not) involve a fatality nor serious bodily injury.

I, THE AFFIANT, BEING DULY SWORN ACCORDING TO LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

(SEAL)

Affiant Signature

Date

Issuing Authority Signature

Date

Commonwealth of Pennsylvania



APPLICATION FOR SEARCH WARRANT AND AUTHORIZATION

COUNTY OF CUMBERLAND

Docket Number (Issuing Authority):

Police Incident Number:

Warrant Control Number:

AFFIANT NAME AGENCY PHONE NUMBER DATE OF APPLICATION

IDENTIFY ITEMS TO BE SEARCHED FOR AND SEIZED (Be as specific as possible):

The whole blood sample of

SPECIFIC DESCRIPTION OF PREMISES AND/OR PERSON TO BE SEARCHED (Street and No., Apt. No., Vehicle, Safe Deposit Box, etc.):

SUSPECT DOB:

NAME OF OWNER, OCCUPANT OR POSSESSOR OF SAID PREMISES TO BE SEARCHED (If proper name is unknown, give alias and/or description):

VIOLATION OF (Describe conduct or specify statute):

Driving Under the Influence 75 Pa.C.S.A. 3802

DATE(S) OF VIOLATION:

- Warrant Application Approved by District Attorney - DA File No.
Additional Pages Attached (Other than Affidavit of Probable Cause)
Probable Cause Affidavit(s) MUST be attached (unless sealed below) Total number of pages:

TOTAL NUMBER OF PAGES IS SUM OF ALL APPLICATION, PROBABLE CAUSE AND CONTINUATION PAGES EVEN IF ANY OF THE PAGES ARE SEALED
The below named Affiant, being duly sworn (or affirmed) before the Issuing Authority according to law, deposes and says that there is probable cause to believe that certain property is evidence of or the fruit of a crime or is contraband or is unlawfully possessed or is otherwise subject to seizure, and is located at the particular premises or in the possession of the particular person as described above.

Signature of Affiant Agency or Address if private Affiant Badge Number

Sworn to and subscribed before me this \_\_\_ day of \_\_\_ 20\_\_\_ Mag. Dist. No. \_\_\_

(SEAL)

Signature of Issuing Authority Office Address

SEARCH WARRANT TO LAW ENFORCEMENT OFFICER:

WHEREAS, facts have been sworn to or affirmed before me by written affidavit(s) attached hereto from which I have found probable cause, I do authorize you to search the premises or person described, and to seize, secure, inventory and make return according to the Pennsylvania Rules of Criminal Procedure.

- This Warrant shall be served as soon as practicable and shall be served only between the hours of 6AM to 10PM but in no event later than:
This Warrant shall be served as soon as practicable and may be served any time during the day or night but in no event later than: \*\*

\_\_\_ M, o'clock \_\_\_ 20\_\_\_

\* The issuing authority should specify a date not later than two (2) days after issuance. Pa.R.Crim.P. 2005(d).
\*\* If the issuing authority finds reasonable cause for issuing a nighttime warrant on the basis of additional reasonable cause set forth in the accompanying affidavit(s) and wishes to issue a nighttime warrant, then this block shall be checked. Pa.R.Crim.P. 2000(g).

Issued under my hand this \_\_\_ day of \_\_\_ 20\_\_\_ at \_\_\_ M, o'clock.

(SEAL)

Signature of Issuing Authority Mag. Dist. or Judicial Dist. No. Date Commission Expires:

Title of Issuing Authority: [ ] Magisterial District Judge [ ] Common Pleas Judge [ ]

For good cause stated in the affidavits(s) the Search Warrant Affidavit(s) are sealed for \_\_\_ days by my certification and signature. (Pa.R.Crim.P. 2011)

Signature of Issuing Authority (Date) (SEAL)

TO BE COMPLETED BY THE ISSUING AUTHORITY

Commonwealth of Pennsylvania



AFFIDAVIT OF PROBABLE CAUSE

COUNTY OF [redacted]

Docket Number (Issuing Authority): [redacted]

Police Incident Number: [redacted]

Warrant Control Number: [redacted]

PROBABLE CAUSE BELIEF IS BASED UPON THE FOLLOWING FACTS AND CIRCUMSTANCES:

Your affiant is [redacted]. I am a sworn police officer with [redacted] and have been so for [redacted] years. I am trained and experienced in recognizing the effects that alcohol and/or drugs have upon an individual's ability to safely operator a motor vehicle. I have received the following training related to driving under the influence:

In my official capacity as a law enforcement officer I have investigated over [redacted] alcohol/drug related incidents. I encounter individuals who are under the influence of alcohol/drugs on a regular basis while on duty. I have personally observed the effects that alcohol/drugs have upon a person's coordination, motor skills, and ability to perform divided attention tasks such as driving. I have investigated more than [redacted] driving under the influence incidents. During these investigations I have personally observed suspects driving under the influence, collected and recorded evidence of intoxication, performed field sobriety testing, sought and obtained search warrants, sworn to and filed criminal complaints for Driving Under the Influence, and testified under oath regarding a Defendant's inability to safely operate a motor vehicle due to alcohol / drug ingestion. I have also used my training and experience to conclude that certain suspects are not under the influence to a degree that they are incapable of safe driving, and have elected not to file criminal charges in those instances.

Your affiant is investigating suspect [redacted] for offenses under the vehicle code, to include but not limited to, Driving Under the Influence in violation of 75 Pa.C.S.A. 3802.

(INSERT AFFIDAVIT OF PROBABLE CAUSE)

- INCLUDE:
1. Information received prior to the stop [redacted]
  2. Suspect was driving on a roadway or trafficway within Cumberland County [redacted]
  3. Your observations of the suspect's driving and basis for vehicle stop [redacted]
  4. Observations that the vehicle was operated (warm hood/keys in ignition/running/tire tracks) [redacted]
  5. Evidence that puts suspects behind the wheel and TIME he/she was behind the wheel [redacted]
  6. Suspect and Witness statements regarding alcohol/drug usage [redacted]
  7. Observations of intoxication [redacted]
  6. SFST's [redacted]
  7. PBT results [redacted]
  8. DRE [redacted]

Based on my training and experience and the totality of the circumstances in this case, I have probable cause to believe the suspect operated a vehicle upon a highway, roadway or trafficway of the Commonwealth of Pennsylvania in violation of 75 Pa.C.S.A. 3802. As such, I am seeking this warrant for the suspect's blood in order to timely determine his/her blood alcohol concentration and /or the presence of a controlled substance in his/her blood stream. This evidence is relevant and probative towards my ongoing investigation of 75 Pa.C.S.A. 3802.

Between the hours of 10 P.M and 6 A.M., your affiant is requesting the issuance of a nighttime search warrant pursuant to Pa.R.Crim.Pr. 206(7). Time is of the essence in collecting the suspect's blood sample as your affiant must make a good faith effort to comply with the two hour rule provided in 75 pacsa 3802. In addition, Robin McCann, Ph.D., Analytical Consultant, and Director of Toxicology for the Cumberland County Office of The District Attorney, has explained that the elimination rate of ethanol from blood falls within the range of 0.010-0.035% /hour in most people (1). As such, evidence of the suspects intoxication will dissipate with the passage of time. With regard to drug cases, Robin McCann also states that in order to obtain the most accurate reading of drug concentrations in the blood around the time of driving, and be in a position to determine the effects that drug has upon a person's impairment, blood samples should be obtained without delay.

(1) Jones, A.W. Evidence-based survey of the elimination rates of ethanol from blood with applications in forensic casework. Forensic Sci Int. 200 (2010), 1-20.

I, [redacted], BEING DULY SWORN ACCORDING TO LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

(SEAL)

Affiant Signature Date Issuing Authority Signature Date



COUNTY OF LANCASTER

Docket Number (Issuing Authority):

Police Incident Number:

Warrant Control Number:

PROBABLE CAUSE BELIEF IS BASED UPON THE FOLLOWING FACTS AND CIRCUMSTANCES:

1. Your Affiant is currently a member of the DEPARTMENT, and currently holds the rank of RANK. Your affiant has been gainfully employed with DEPARTMENT since . As a RANK with DEPARTMENT, your affiant is empowered with conducting investigations for offenses enumerated in Title 18, PA Crimes Code; Title 75, PA Vehicle Code; Title 35, PA Controlled Substance, Drug, Device and Cosmetic Act (CSDDCA); Title 67, Transportation.

2. During the course of employment, your affiant has received training in the following areas: LIST ACADEMY & RELEVANT SPECIALIZED TRAINING (SFST / ARIDE / Breath Test Operator / DRE).

3. On, DATE & TIME, your affiant was assigned to conduct a motor vehicle accident investigation. Provide a brief synopsis of the crash. During the crash investigation, your affiant spoke with SUSPECT. Your affiant observed the following indicators of impairment: FILL IN FACTS RELATED TO PERSONAL CONTACT.

Number each new line. Fill in information relating to any SFSTs administered or, if none, what hospital they were transported to.

## That based on all of the above, your affiant is requesting the seizure of medical records as they pertain to the Blood Alcohol Concentration (BAC) of SUSPECT, DOB, for the purpose of this investigation.

I, THE AFFIANT, BEING DULY SWORN ACCORDING TO LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

(SEAL)

Affiant Signature

Date

Issuing Authority Signature

Date

Page of Pages



COUNTY OF #

Docket Number (Issuing Authority):

Police Incident Number:

Warrant Control Number:

PROBABLE CAUSE BELIEF IS BASED UPON THE FOLLOWING FACTS AND CIRCUMSTANCES:

1. Your Affiant is currently a member of the DEPARTMENT, and currently holds the rank of RANK. Your affiant has been gainfully employed with DEPARTMENT since . As a RANK with DEPARTMENT, your affiant is empowered with conducting investigations for offenses enumerated in Title 18, PA Crimes Code; Title 75, PA Vehicle Code; Title 35, PA Controlled Substance, Drug, Device and Cosmetic Act (CSDDCA); Title 67, Transportation.
2. During the course of employment, your affiant has received training in the following areas: LIST ACADEMY & RELEVANT SPECIALIZED TRAINING (SFST / ARIDE / Breath Test Operator / DRE).
3. On, DATE & TIME, your affiant was assigned to conduct a motor vehicle accident investigation. Provide a brief synopsis of the crash. During the crash investigation, your affiant spoke with SUSPECT. Your affiant observed the following indicators of impairment: FILL IN FACTS RELATED TO PERSONAL CONTACT.
4. SUSPECT was asked to exit their vehicle and perform standardized field sobriety tests. During performance of these tests, SUSPECT displayed a number of clues indicating that they were under the influence of alcohol.
5. Based on all of the above in light of my training and experience, SUSPECT was operating their vehicle while under the influence of alcohol to a degree that rendered them incapable of driving safely.
6. In addition, a portable breath test was administered indicating that SUSPECT had a breath alcohol concentration of 0.000%.
7. SUSPECT was placed under arrest for Driving Under the Influence of Alcohol or Controlled Substance.
8. That based on all of the above, your affiant is requesting the seizure and subsequent laboratory examinations and testing of the blood drawn from the body of SUSPECT, DOB, to determine the concentration of alcohol in their blood.

I, THE AFFIANT, BEING DULY SWORN ACCORDING TO LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

(SEAL)

Affiant Signature

Date

Issuing Authority Signature

Date

Page of Pages

**Commonwealth of Pennsylvania**



**AFFIDAVIT OF PROBABLE CAUSE**

**COUNTY OF LANCASTER**

Docket Number

Police Incident

Warrant Control

(Issuing Authority):

Number:

Number:

**PROBABLE CAUSE BELIEF IS BASED UPON THE FOLLOWING FACTS AND CIRCUMSTANCES:**

1. Your Affiant is currently a member of the DEPARTMENT, and currently holds the rank of RANK. I have been gainfully employed with DEPARTMENT since . As a RANK with DEPARTMENT, I am empowered with conducting investigations for offenses enumerated in Title 18, PA Crimes Code; Title 75, PA Vehicle Code; Title 35, PA Controlled Substance, Drug, Device and Cosmetic Act (CSDCA); Title 67, Transportation.

2. During the course of my employment I have received training in the following areas:  
LIST ACADEMY & RELEVANT SPECIALIZED TRAINING (SFST / ARIDE / Breath Test Operator / DRE).

3. On, DATE & TIME, your affiant was assisting in a DUI Checkpoint as a member of the Lancaster County DUI Task Force when VEHICLE entered the checkpoint. During conversation with the driver, identified as SUSPECT, your affiant observed the following indicators of impairment: **FILL IN FACTS RELATED TO PERSONAL CONTACT.**

4. SUSPECT was asked to exit their vehicle and perform standardized field sobriety tests. During performance of these tests, SUSPECT displayed a number of clues indicating that they were under the influence.

5. Based on all of the above in light of my training and experience, SUSPECT was operating their vehicle while under the influence of a drug or combination of drugs to a degree that rendered them incapable of driving safely.

6. In addition a breath test was administered showing a breath alcohol concentration of 0.000% which is inconsistent with the observed level of impairment.

7. SUSPECT was placed under arrest and asked to consent to a drug influence evaluation. Drug Recognition Expert (DRE) DRE NAME performed an evaluation of SUSPECT and determined that SUSPECT was under the influence of DRUG CATEGORY / CATEGORIES.

8. Pursuant to Rules 203(E) and 206(7) of the Pennsylvania Rules of Criminal Procedure, your affiant is requesting a nighttime search based on reasonable cause. Specifically, based on your affiant's training and experience, blood drug concentrations decrease over time and evidence will be lost if the warrant is not executed in a timely manner.

9. That based on all of the above, your affiant is requesting the seizure and subsequent laboratory examinations and testing of the blood drawn from the body of SUSPECT, DOB, to determine the presence and concentration of drugs (including alcohol) in their blood.

I, THE AFFIANT, BEING DULY SWORN ACCORDING TO LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

(SEAL)

Affiant Signature

Date

Issuing Authority Signature

Date

Page of Pages

**Commonwealth of Pennsylvania**



**AFFIDAVIT OF PROBABLE CAUSE**

**COUNTY OF LANCASTER**

Docket Number

Police Incident

Warrant Control

(Issuing Authority):

Number:

Number:

**PROBABLE CAUSE BELIEF IS BASED UPON THE FOLLOWING FACTS AND CIRCUMSTANCES:**

1. Your Affiant is currently a member of the DEPARTMENT, and currently holds the rank of RANK. Your affiant has been gainfully employed with DEPARTMENT since . As a RANK with DEPARTMENT, your affiant is empowered with conducting investigations for offenses enumerated in Title 18, PA Crimes Code; Title 75, PA Vehicle Code; Title 35, PA Controlled Substance, Drug, Device and Cosmetic Act (CSDDCA); Title 67, Transportation.
2. During the course of employment, your affiant has received training in the following areas:  
LIST ACADEMY & RELEVANT SPECIALIZED TRAINING (SFST / ARIDE / Breath Test Operator / DRE).
3. On, DATE & TIME, your affiant was assigned to conduct a motor vehicle accident investigation. Provide a brief synopsis of the crash. During the crash investigation, your affiant spoke with SUSPECT. Your affiant observed the following indicators of impairment: FILL IN FACTS RELATED TO PERSONAL CONTACT.
4. SUSPECT was asked to exit their vehicle and perform standardized field sobriety tests. During performance of these tests, SUSPECT displayed a number of clues indicating that they were under the influence.
5. Based on all of the above in light of my training and experience, SUSPECT was operating their vehicle while under the influence of alcohol to a degree that rendered them incapable of driving safely.
6. In addition a breath test was administered showing a breath alcohol concentration of 0.000% which is inconsistent with the observed level of impairment.
7. SUSPECT was placed under arrest and asked to consent to a drug influence evaluation. Drug Recognition Expert (DRE) DRE NAME performed an evaluation of SUSPECT and determined that SUSPECT was under the influence of DRUG CATEGORY / CATEGORIES.
8. That based on all of the above, your affiant is requesting the seizure and subsequent laboratory examinations and testing of the blood drawn from the body of SUSPECT, DOB, to determine the presence and concentration of drugs (including alcohol) in their blood.

I, THE AFFIANT, BEING DULY SWORN ACCORDING TO LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

(SEAL)

Affiant Signature

Date

Issuing Authority Signature

Date

Page of Pages



