

Witness Immunity Request

Request for Authorization to Apply for Compulsion Order

18 U.S.C. §§ 6001-6005; 28 C.F.R. § 0.175
USAM 9 - 23.130

Policy and Statutory Enforcement Unit
Office of Enforcement Operations
Criminal Division
E-Mail: PSEU@usdoj.gov
Phone: (202) 305-4023
Fax: (803) 726-2181

Date of Submission:

Date Response Requested/Required:

If Required in Less than 10 Business Days, Please Explain Why:

***If Required in Less than 48 hours, Please Call PSEU**

AUSA/Contact Name:

Phone:

District:

Fax:

Email:

If additional space is needed for an item, please include the information in a document attached to the e-mail generated by pressing the 'Submit by E-Mail' button below or type the information directly into the body of the e-mail. You also have the option to print and/or save the form.

Name of Case/Investigation:

Name of Witness 1:

D.O.B.:

SSN:

FBI I.D. No.:

Birthplace:

Alias(s):

Address of Witness:

Name of Witness 2:

D.O.B.:

SSN:

FBI I.D. No.:

Birthplace:

Alias(s):

Address of Witness:

Name of Witness 3:

D.O.B.:

SSN:

FBI I.D. No.:

Birthplace:

Alias(s):

Address of Witness:

Nature of Proceeding:

Trial Grand Jury Deposition

Other _____

Name(s) of Subject(s) or Defendants(s):
(Separate by Semicolons)

Violations (statutes & descriptions) by Subjects(s) and Defendants(s):

Date investigation Initiated:

Earliest Date of Testimony:

Proffer of Anticipated Testimony:

None Obtained Proffer by Witness Pursuant to Plea Agreement

Proffer by Counsel Debriefing of Witness Other _____

Brief Summary of Case or Proceedings:

Witness' Background and Role in Case or Matter and Summary of Anticipated Testimony or Information:

Witness' Family Relationship, if Known, to the Subject(s) or Defendant(s):

- None Spouse Parent Child Grandparent
 Grandchild Sibling

For Multiple Witnesses, Please Indicate the Witness and Relationship:

Assurances or Promises, if any, to Witness in Return for his Testimony:

Has Witness Waived His or Her Fifth Amendment Privilege?

- Yes No

If yes, provide details

If no, have they asserted their privilege or indicate the basis for the belief that they will assert their privilege? (include all federal and state offenses that may have been perpetrated by the witness that testimony could disclose):

Conviction of Witness Possible on Evidence Other than His own Testimony?

- Yes No

If yes,
provide
details

Witness Previously Immunized?

Yes

No

If yes,
provide
details

Besides a Proffer, Are There Any Other Sources of Information as to the Witness's Potential Testimony?:

Relative Culpability of Witness Compared to Subject(s) or Defendants(s):

Why Immunity is Necessary to Public Interest (state facts):

Likelihood that Witness Will Testify if Immunity is Granted:

If Indictment of Witness is Possible, Provide Details and Address Possible *Kastigar* Issues:

Pending Federal or Local Charges Against Witness?

Yes

No

If yes,
provide
details

Witness is Presently Incarcerated?

Yes

No

If yes,
provide
details

Opposition, if any, to Granting Immunity by State or Local Prosecuting Officials:

Effect, if any, of Granting Immunity to the Witness Upon any other Federal District:

Other Witness(es) for Whom Immunity has been Authorized in this Proceeding/ Investigation:

If Requestor is a Department Attorney, has United States Attorney been Notified?

Yes No

Is United States Attorney or Office Recused?

Yes No

If yes,
provide
details

Prior Related Request(s) Submitted to PSEU (if any):

Name of Authorizing U.S. Attorney

***In submitting this form/request to PSEU, the responsible Assistant United States Attorney is certifying that the United States Attorney has authorized making the request prior to submission. If a DOJ litigating section is submitting the request, please indicate the name of the authorizing Section Chief.**

***Please attach any supplemental documentation to the e-mail request. If more space is required than is provided on this form, please include it as an attached document or in the body of the e-mail request.**