



# Search and Seizure Report

Department of School Safety and Security (DSSS)  
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)  
Rockville, Maryland



MCPS Form 236-6  
August 2018  
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For additional information, please see MCPS Regulation JGB-RA, *Search and Seizure*.

School Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_  a.m.  p.m.

Student Name \_\_\_\_\_

Student ID # \_\_\_\_\_ Grade \_\_\_\_\_

Name(s) of Authorized Searcher(s) and Name(s) of additional staff member(s) present at the time of the search—An Authorized Searcher\* includes the following: principal/assistant principal/assistant school administrator; MCPS DSSS staff member and/or school-based security staff member (employed by MCPS); a teacher on a school-sponsored trip who has been so designated in writing by the principal/designee and who has been trained in conducting searches.

“A principal, assistant principal, or school security guard of a public school may make a reasonable search of a student on the school premises or on a school-sponsored trip if the searcher has a reasonable belief the student has in the student’s possession an item, the possession of which is a criminal offense under the laws of this State or a violation of any other State law or a rule or regulation of the county board” (*Annotated Code of the Public General Laws of Maryland, Education Article 7-308*).

What was the reasonable belief (at the inception of the search) of the search that the student had possession of an item, the possession of which is a criminal offense under the laws of Maryland or a violation of any law, Board policy, MCPS regulation or rule, or the MCPS *Student Code of Conduct*?

Parents/guardians contacted?  Yes  No How were parents/guardians contacted? \_\_\_\_\_

Who contacted the parents/guardians? \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_  a.m.  p.m.

**Type of Search:**  Self  Pat Down  Locker  Backpack  Personal Mobile Device (PMD)\*\*  Other \_\_\_\_\_

**Location of Search:**  Security Office  Administrative Office  Classroom Number \_\_\_\_\_  Other \_\_\_\_\_

**Results of Search:**  No items were found that are illegal or a violation of the rules or regulations of MCPS.  
 Items were found as noted below.

Item Found	Location (e.g., on person/in locker/in vehicle)	Disposition of item (referred to police, parents/ guardians held for disciplinary hearing, returned to owner)

At no time is a strip search permitted by MCPS personnel. Please list outer clothing that was removed during the search.

Shoes  Socks  Jacket  Hat  Belt  Other outer clothing (please specify) \_\_\_\_\_

Were School Resource Officer (SRO) or other police officers called as a result of items found during search?

Yes  No Police Case No. \_\_\_\_\_

Police officer’s name \_\_\_\_\_ Department/District \_\_\_\_\_

Staff member completing this report \_\_\_\_\_  
Print Name Signature, Staff Member

Attach photograph(s) of item(s) seized during this search.

Are additional details, information, or narrative continued on Page 2?  Yes  No

\* An Authorized Searcher does NOT include a parent/guardian or volunteer; a staff member supervising after-school activities; or a SRO, or other law enforcement officer.  
\*\* PMD’s are defined in MCPS Regulation COG-RA. For any PMD seized based on a reasonable belief that it is or was being used inappropriately in violation of Maryland laws, Board policies, or MCPS regulations or rules, the Authorized Searcher will label and securely store the PMD, then confer with DSSS to determine appropriate next steps.

**The school must keep the original of this report in a secure location. Copies of this report and attachments must be faxed to the DSSS at 301-279-3192. Questions should be directed to DSSS at 240-740-3066. The search (for regular or special education schools, or alternative programs) also must be reported to the Office of School Support and Improvement or the Office of the Chief Operating Officers (for all other locations or operations sites) within one hour of the occurrence, and entered into the myMCPS Incident Management System.**

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Student Name \_\_\_\_\_  
Student ID # \_\_\_\_\_ Grade \_\_\_\_\_

Additional details/Information/Narrative:

Staff member completing this report \_\_\_\_\_  
*Print Name* *Signature, Staff Member*