

Appendix 3: Standard RIPA Documents

Directed Surveillance and Covert Human Intelligence Source Templates		
Ref	Document	Version Status
WCCRIPA 2000(3)	Authorisation of Directed Surveillance	V1.3 21/06/2021
WCCRIPA 2000(4)	Review of Directed Surveillance Authorisation	V1.2 01/06/2016
WCCRIPA 2000(5)	Renewal of Directed Surveillance Authorisation	V1.2 01/06/2016
WCCRIPA 2000(6)	Cancellation of Directed Surveillance Authorisation	V1.2 01/06/2016
WCCRIPA 2000(7)	Authorisation of the Use or Conduct of a Covert Human Intelligence Source	V1.3 21/06/2021
WCCRIPA 2000(8)	Review of the Use or Conduct of a Covert Human Intelligence Source	V1.2 01/06/2016
WCCRIPA 2000(9)	Renewal of the Use or Conduct of a Covert Human Intelligence Source	V1.2 01/06/2016
WCCRIPA 2000(10)	Cancellation of the Use or Conduct of a Covert Human Intelligence Source	V1.2 01/06/2016
Magistrates Court Approval Template		
Ref	Document	Version Status
WCCRIPA 2000(MCA)	Application for Judicial Approval of DS and CHIS	V1.1 01/06/2016

All Communications Data Templates are available from the NAFN portal only

Unique Reference Number [URN]	
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REGULATION OF INVESTIGATORY POWERS ACT 2000 Part II

AUTHORISATION OF DIRECTED SURVEILLANCE

Public Authority	City of Wolverhampton Council, Civic Centre, St Peters Square, Wolverhampton
Name of Applicant	
Service / Department Address if different to above	
Investigating Officer (if different from Applicant)	
Investigation Reference Number / Name	

DETAILS OF APPLICATION

<p>1. Give rank or position of authorising officer in accordance with the Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) Order 2010 No. 521. NB. Chief Executive must authorise if authorisation will obtain confidential information</p>
<p>2. Describe the purpose of the specific operation or investigation.</p>
<p>3. Describe in detail the surveillance operation to be authorised and expected duration, including any premises, vehicles or equipment (eg: camera, recorder etc) that may be used.</p>
<p>4. The identities, where known, of those to be subject of the Directed Surveillance</p> <p>Name(s):</p> <p>Address(es):</p> <p>Date of Birth(s):</p> <p>Other information as appropriate:</p>

5. Explain the information that it is desired to obtain as a result of the Directed Surveillance.	
6. Grounds on which the Directed Surveillance is <u>Necessary</u> under Section 28(3) of RIPA [Code of Practice 5.1]	
<ul style="list-style-type: none"> • For the purpose of preventing or detecting crime <p>Include reference to the legislation you are acting under:</p>	
7. Explain <u>why</u> this Directed Surveillance is Necessary on the grounds you have identified [Code paragraph 4.4]	
8. Supply details of any potential collateral intrusion and why the intrusion is unavoidable. [Code paragraphs 4.11 to 4.16] Describe precautions you will take to minimise collateral intrusion and how any will be managed.	
9. Explain <u>why</u> this Directed Surveillance is proportionate to what it seeks to achieve. How intrusive might it be on the subject of surveillance or on others? And why is this intrusion outweighed by the need for surveillance in operational terms or can the evidence be obtained by any other means [Code paragraphs 4.5 to 4.10]	
10. Confidential Information [Code paragraphs 9.23 to 9.82] Indicate the likelihood of acquiring any confidential information	
11. Applicant and Service Lead / Manager details	
Applicants Name:	Service Lead/Manager Name:
Position:	Position:
Tel no:	Tel no:
Date:	Date:
Signature:	Signature:

Authorising Officer:

12. Authorising Officer's Statement of what Directed Surveillance has been authorised. [Spell out Who; What; Where; When; Why and HOW in this and the following box]					
13. Explain <u>why</u> you believe the Directed Surveillance is Necessary [Code paragraph 4.4] Explain <u>why</u> you believe the Directed Surveillance to be Proportionate to what is sought to be achieved by carrying it out [Code paragraphs 4.5 to 4.16]					
14. Authorising Officer's confirmation that the criminal offence or one of the criminal offences under investigation is or would be an offence punishable, whether on summary conviction or on indictment by a maximum term of at least 6 months of imprisonment, or it is an offence specified in SI 2012/1500.					
15. Authorisation					
I hereby authorise/ refuse the operation as detailed above. This written authorisation will cease to have effect at the end of a period of 3 months unless renewed (see separate form for renewals)					
Name		Position			
Signature		Date granted*		Time Granted*	
Review Frequency		Expiry Date		Expiry Time	
<i>*Remember, an authorisation must be granted for a 3 month period, ie 1700 hrs 1st April to 30th June, 23.59.</i>					
16. Date of first review: [Code paragraph 4.34 to 4.39]					
17. Programme for subsequent reviews of this authorisation [Code paragraphs 4.34]. Only complete this box if review dates after first review are known. If not, or inappropriate to set additional review dates, then leave blank.					

Urgent Authorisation: No longer available to a Local Authority

18. Confidential Information Authorisation: Is necessity and proportionality sufficient to justify acquisition of Confidential Information. [supply detail demonstrating compliance with Code paragraphs 9.23 to 9.82]

Signed		Dated	
Position			

NOTE: WHEN COMPLETED AND AUTHORISED THE ORIGINAL FORM MUST BE FORWARDED TO THE RIPA CO-ORDINATOR WITHIN ONE WEEK

WCCRIPA 2000(3)

V1.3 21/06/2021

Unique Reference Number [URN]	
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REGULATION OF INVESTIGATORY POWERS ACT 2000 Part II

REVIEW OF DIRECTED SURVEILLANCE AUTHORISATION

Public Authority (including address)	City of Wolverhampton Council, Civic Centre, St Peters Square, Wolverhampton
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Name of Applicant			
Service / Department Address if different to above			
Investigating Officer (if different from Applicant)			
Investigation Reference Number / Name			
Date of Authorisation or Last Renewal		Expiry date of Authorisation or Last Renewal	
Review Number			

DETAILS OF REVIEW

1. Review number and dates of any previous reviews	
Review Number	Date

2. Summary of the Investigation/operation to date, including what private information has been obtained and the value of the information so far obtained.

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3. Detail the reasons why it is necessary to continue with the Directed Surveillance.

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4. Explain how the proposed activity is still proportionate to what it seeks to achieve

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5. Detail any incidents of collateral intrusion and the likelihood of any further incidents of collateral intrusions occurring.

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6. Give details of any Confidential information acquired or accessed and the likelihood of acquiring confidential information.

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7. Applicant's Details

Name (print)	Tel No:
Position:	Date:
Signature:	

8. Authorising Officer's Comments, including whether or not the Directed Surveillance should continue.

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9. Authorising Officers Statement

I hereby agree that the Directed Surveillance investigation/operation as detailed above ***[Should Continue / Should Not continue]*** until the next review/renewal / ***[It should be cancelled immediately]***.

Name (Print)		Position	
Signature		Date	
10. Date of Next Review			

NOTE: WHEN COMPLETED AND AUTHORISED THE ORIGINAL FORM MUST BE FORWARDED TO THE RIPA CO-ORDINATOR WITHIN ONE WEEK

Unique Reference Number [URN]	
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REGULATION OF INVESTIGATORY POWERS ACT 2000 Part II

RENEWAL OF DIRECTED SURVEILLANCE AUTHORISATION

Public Authority (including address)	City of Wolverhampton Council, Civic Centre, St Peters Square, Wolverhampton
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Name of Applicant	
Service / Department Address if different to above	
Investigating Officer (if different from Applicant)	
Investigation Reference Number / Name	
Renewal Number	

DETAILS OF RENEWAL

1. Renewal number and dates of any previous renewal	
Renewal Number	Date

2. Detail any significant changes to the information as listed in the original authorisation as it applies at the time of the renewal.

3. Detail the reasons why it is necessary to continue with the Directed Surveillance.

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4. Detail why the Directed Surveillance is still proportionate to what it seeks to achieve.

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5. Detail any incidents of collateral intrusion and the likelihood of any further incidents of collateral intrusions occurring.

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6. Give details of the results of the regular reviews of the investigation or operation.

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7. Applicant's Details

Name (print)	Tel No:
Position:	Date:
Signature:	

8. Authorising Officer's Comments

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9. Authorising Officers Statement			
I hereby authorise the RENEWAL of the Directed Surveillance investigation/operation as detailed above. The renewal of this authorisation will last for 3 months. This authorisation will be reviewed frequently to assess the need for the authorisation to continue.			
Name (Print)		Position	
Signature		Date	
Renewal from: Time		Renewal from Date	
Date of First Review			
Date of subsequent reviews if known			

NOTE: WHEN COMPLETED AND AUTHORISED THE ORIGINAL FORM MUST BE FORWARDED TO THE RIPA CO-ORDINATOR WITHIN ONE WEEK

WCCRIPA 2000(5)

V1.2 01/06/2016

Unique Reference Number [URN]	
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REGULATION OF INVESTIGATORY POWERS ACT 2000 Part II
CANCELLATION OF DIRECTED SURVEILLANCE AUTHORISATION

Public Authority (including address)	City of Wolverhampton Council, Civic Centre, St Peters Square, Wolverhampton
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Name of Applicant	
Service / Department Address if different to above	
Investigation Reference Number / Name	

DETAILS OF CANCELLATION

1. Explain the reason(s) for the cancellation of the authorisation

2. Explain the value of Directed Surveillance in the operation.

3. Authorising Officer's Statement			
I hereby authorise the cancellation of the Directed Surveillance investigation/operation as detailed above.			
Name (Print)		Position	
Signature		Date	

4. The Time and Date of when the authorising officer instructed the surveillance to cease.

Date:

Time:

5. Authorisation cancelled.

Date:

Time:

NOTE: WHEN COMPLETED AND AUTHORISED THE ORIGINAL FORM MUST BE FORWARDED TO THE RIPA CO-ORDINATOR WITHIN ONE WEEK

Unique Reference Number [URN]	
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REGULATION OF INVESTIGATORY POWERS ACT 2000 Part II

**AUTHORISATION OF THE USE OR CONDUCT OF A COVERT
HUMAN INTELLIGENCE SOURCE**

Public Authority	City of Wolverhampton Council, Civic Centre, St Peters Square, Wolverhampton.
Investigation Reference Number / Name	
Name of Applicant	
Service / Department Address if different to above	
How will the source be referred to (i.e. what will be his/her pseudonym or reference number)?	
What is the name, rank or position of the person within the relevant investigating authority who will have day to day responsibility for dealing with the source, including the source's security and welfare (often referred to as the Handler)?	
What is the name, rank or position of another person within the relevant investigating authority who will have general oversight of the use made of the source (often referred to as the Controller)?	
Who will be responsible for retaining (in secure, strictly controlled conditions, with need-to-know access) the source's true identity, a record of the use made of the source and the particulars required under	

RIP (Source Records)
Regulations 2000 (SI
2000/2725)?

DETAILS OF APPLICATION

1. Give rank or position of authorising officer in accordance with the Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) Order 2010 No. 521. NB. Chief Executive must authorise if authorisation will obtain confidential information

2. Describe the purpose of the specific operation or investigation.

3. Describe in detail the purpose for which the source will be tasked or used. [Code paragraph 3.25-3.27]

4. Describe in detail the proposed covert conduct of the source or how the source is to be used.

5. Identify on which grounds the conduct or the use of the source is necessary under Section 29(3) of RIPA. (SI 2010 No.521).

- For the purpose of preventing or detecting crime

Include reference to the legislation you are acting under:

6. Explain why this conduct or use of the source is necessary on the grounds you have identified [Code paragraph 3.2].

7. Supply details of any potential collateral intrusion and why the intrusion is unavoidable [Code paragraphs 3.9 to 3.12]. Describe the precautions you will take to minimise collateral intrusion and how any will be managed.

8. Is there any particular sensitivity in the local community where the source is to be used? Are similar activities being undertaken by other public authorities that could impact on the deployment of the source [Code paragraphs 3.18 to 3.19].

9. Provide an assessment of the risk to the source in carrying out the proposed conduct [Code paragraph 6.13 to 6.15].

**10. Explain why this conduct or use of the source is proportionate to what it seeks to achieve.
How intrusive might it be on the subject(s) of surveillance or on others?
How is this intrusion outweighed by the need for a source in operational terms?
Could the evidence be obtained by any other means [Code paragraphs 3.3 to 3.5].**

**11. Confidential information [Code section 8 - Safeguards]
Indicate the likelihood of acquiring any confidential information.**

References for any other linked authorisations:

12. Applicant and Service Lead/Manager details

Applicants Name (Print)	Service Lead / Manager Name (Print)
Position:	Position:
Tel no:	Tel no:
Date:	Date:
Signature:	Signature:

Authorising Officer:

13. Authorising Officer's statement of what conduct /use has been authorised. [Who, What, Where, When, Why and How]					
14. Explain <u>why</u> you believe the conduct or use of the source is <u>necessary</u> [Code paragraph 3.2] AND Explain <u>why</u> you believe the conduct or use of the source to be <u>proportionate</u> to what is sought to be achieved by their engagement [Code paragraphs 3.3 to 3.5].					
15. Authorisation					
I hereby authorise/ refuse the operation as detailed above. This written authorisation will cease to have effect at the end of a period of 12 months unless renewed or 4 months where a juvenile CHIS is less than 18 (see separate form for renewals)					
Name		Position			
Signature		Date granted*		Time granted*	
Review Frequency		Expiry Date		Expiry Time	
* Remember, an authorisation must be granted for a 12 month period, i.e. 1700 hrs 4 th June 2012 to 2359 hrs 3 June 2013					
16. Date of first review:					
17. Programme for subsequent reviews of this authorisation [Code paragraphs 5.20 and 8.9 to 8.11]. Only complete this box if review dates after first review are known. If not, or inappropriate to set additional review dates, then leave blank.					

Urgent Authorisation: No longer available to a Local Authority

18. Confidential Information Authorisation: Is necessity and proportionality sufficient to justify acquisition of Confidential Information [supply details to demonstrate compliance with Code section 8 - Safeguards]

Signed		Dated	
Position			

NOTE: WHEN COMPLETED AND AUTHORISED THE ORIGINAL FORM MUST BE FORWARDED TO THE RIPA CO-ORDINATOR WITHIN ONE WEEK

WCCRIPA 2000(7)

V1.3 21/06/2021

REGULATION OF INVESTIGATORY POWERS ACT 2000 Part I

**RISK ASSESSMENT FOR USE OR CONDUCT OF A COVERT
HUMAN INTELLIGENCE SOURCE (CHIS)
[Code paragraphs 6.13]**

Operation Name*	Reference 2*
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* *Optional only*

Source True Identity	Source Cover Identity
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Age (if under 18)	Position (if an Officer)	
Controller (Service Lead/Manager)	Service	

Assessment of risk posed to CHIS by participation in use or conduct tasked.

Action Plan to limit risk to acceptable level.

Agreement of CHIS to participation.		
I agree that the objectives of the Operation and the Risk Assessment have been explained to me, that I am happy to act as a source in this operation and that I will undertake that role in accordance with the Risk Assessment Action Plan.		
Name	Signed	Date

Source Under 18, Agreement of Parent or Guardian to Participation.		
Being the Parent/Guardian of		
I agree to their participation in the Operation as a source and agree that the objectives of the Operation and the Risk Assessment have been explained to me.		
Name	Signed	Date

Officer Conducting Risk Assessment					
Name		Signed		Date	

Service Lead/Manager Authorisation of Risk Assessment					
Name		Signed		Date	

Service Lead/Manager Comments

Unique Reference Number [URN]	
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REGULATION OF INVESTIGATORY POWERS ACT 2000 Part II
REVIEW OF COVERT HUMAN INTELLIGENCE SOURCE AUTHORISATION

Public Authority (including address)	City of Wolverhampton Council, Civic Centre, St Peters Square, Wolverhampton
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Name of Applicant	
Service / Department Address if different to above	
Investigating Officer (if different from Applicant)	
Investigation Reference Number / Name	
Pseudonym or reference number of source	
Date of Authorisation or Last Renewal	Expiry date of Authorisation or Last Renewal
Review Number	

DETAILS OF REVIEW

1. Review number and dates of any previous reviews	
Review Number	Date

2. Summary of the Investigation/operation to date, including what information has been obtained and the value of the information so far obtained.
3. Detail the reasons why it is <u>necessary</u> to continue using a Covert Human Intelligence Source.

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4. Explain how the proposed activity is still proportionate to what it seeks to achieve

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5. Detail any incidents of collateral intrusion and the likelihood of any further incidents of collateral intrusions occurring.

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6. Give details of any Confidential information acquired or accessed and the likelihood of acquiring confidential information.

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7. Applicant's Details

Name (print)	Tel No:
Position:	Date:
Signature:	

8. Authorising Officer's Comments, including whether or not the use or conduct of the source should continue

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9. Authorising Officers Statement

I hereby agree that the conduct or use of the source as detailed above ***[Should Continue / Should Not continue]*** until the next review/renewal ***[It should be cancelled immediately]***.

Name (Print)		Position	
Signature		Date	
10. Date of Next Review			

NOTE: WHEN COMPLETED AND AUTHORISED THE ORIGINAL FORM MUST BE FORWARDED TO THE RIPA CO-ORDINATOR WITHIN ONE WEEK

Unique Reference Number [URN]	
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REGULATION OF INVESTIGATORY POWERS ACT 2000 Part II
RENEWAL OF COVERT HUMAN INTELLIGENCE SOURCE AUTHORISATION

Public Authority (including address)	City of Wolverhampton Council, Civic Centre, St Peters Square, Wolverhampton
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Name of Applicant	
Service / Department Address if different to above	
Investigating Officer (if different from Applicant)	
Pseudonym or reference number of source	
Investigation Reference Number / Name	
Renewal Number	

DETAILS OF RENEWAL

1. Renewal number and dates of any previous renewal	
Renewal Number	Date

2. Detail any significant changes to the information as listed in the original authorisation as it applies at the time of the renewal.
3. Detail why it is necessary to continue with the authorisation, including details of any tasking given to the source.

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4. Detail why the use or conduct of the source is still proportionate to what it seeks to achieve.

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5. Detail the use made of the source in the period since the grant of authorisation or, as the case may be, latest renewal of the authorisation.

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6. List the tasks given to the source during that period and the information obtained from the conduct or use of the source.

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7. Detail the results of regular reviews of the use of the source.

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8. Give details of the review of the risk assessment on the security and welfare of using the source.

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9. Applicant's Details

Name (print)	Tel No:
Position:	Date:
Signature:	

10. Authorising Officer's Comments.

11. Authorising Officers Statement			
I hereby authorise the RENEWAL of the conduct or use of the source as detailed above. The renewal of this authorisation will last for 3 months. This authorisation will be reviewed frequently to assess the need for the authorisation to continue.			
Name (Print)		Position	
Signature		Date	
Renewal from Time		Renewal from Date	
Date of First Review		End Date and Time	
Date of subsequent reviews if known			

NOTE: WHEN COMPLETED AND AUTHORISED THE ORIGINAL FORM MUST BE FORWARDED TO THE RIPA CO-ORDINATOR WITHIN ONE WEEK

Unique Reference Number [URN]	
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REGULATION OF INVESTIGATORY POWERS ACT 2000 Part II

**CANCELLATION OF AUTHORISATION FOR THE USE OR CONDUCT OF
A COVERT HUMAN INTELLIGENCE SOURCE**

Public Authority (including address)	City of Wolverhampton Council, Civic Centre, St Peters Square, Wolverhampton
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Name of Applicant	
Service / Department Address if different to above	
Pseudonym or reference number of Source	
Investigation Reference Number / Name	

DETAILS OF CANCELLATION

1. Explain the reason(s) for the cancellation of the authorisation

2. Explain the value of the source in the operation.
3. Authorising Officer's Statement
I hereby authorise the cancellation of the conduct or use of the source as detailed above.

Name (Print)		Position	
Signature		Date	

4. The Time and Date of when the authorising officer instructed the use of the source to cease.			
Date:		Time:	

NOTE: WHEN COMPLETED AND AUTHORISED THE ORIGINAL FORM MUST BE FORWARDED TO THE RIPA CO-ORDINATOR WITHIN ONE WEEK

**Application for judicial approval for authorisation to obtain or disclose
Communications Data, to use a Covert Human Intelligence Source or to Conduct
Directed Surveillance.**

**Regulation of Investigatory Powers Act 2000 sections 23A, 23B, 32A, 32B.
Criminal Procedure Rules 2012: Rule 6.27 & 6.28**

Local Authority	City of Wolverhampton Council
Department	
Offence under investigation (inc Statute / SI and Section) [Note 1]	
Address of premises or identity of subject	

Covert technique requested: (tick one and specify details)

Communications Data	<input type="checkbox"/>
Covert Human Intelligence Source	<input type="checkbox"/>
Directed Surveillance	<input type="checkbox"/>

Summary of details:

This application should be read in conjunction with the attached RIPA Authorisation / RIPA Application or Notice bearing the Investigation Reference Number given below:

Investigation Reference Number	
Investigating Officer	
Authorising Officer/Designated Person Name and Rank [Note 2]	
Officer(s) appearing before JP	
Address of applicant department	
Contact telephone number	
Contact email address (optional)	
Number of pages	

[Note 1: Where the Application relates to Directed Surveillance details must be given of the Offence section and custodial penalty of at least 6 months, or the specified offence]

[Note 2: Authorising Officers / Designated Persons meet the statutory rank qualification of Director, Head of Service or Service Manager and have been delegated to make Applications on behalf of City of Wolverhampton Council under Section 223 Local Government Act 1972. (Delegation attached)]

The Applicant states to the best of his/her knowledge and belief:

- **The application discloses all the information that is material to what the Court must decide, and**
- **The content of the application is true**
- **To inform the respondent of the Application would prejudice the Investigation**
- **The Application needs to be heard in private**

Signed:	
Name:	
Rank:	
Dated:	

Order made on an application for judicial approval for authorisation to obtain or disclose Communications Data, to use a Covert Human Intelligence Source or to conduct Directed Surveillance.

Regulation of Investigatory Powers Act 2000 sections 23A, 23B, 32A, 32B.
Criminal Procedure Rules 2012: Rule 6.27 & 6.28

Magistrates' Court:.....

Having considered the application, reference number, I (tick one):

- am satisfied that there are reasonable grounds for believing that the requirements of the Act were satisfied and remain satisfied, and that the relevant conditions are satisfied and I therefore approve the grant or renewal of the authorisation/notice.
- refuse to approve the grant or renewal of the authorisation/notice.
- refuse to approve the grant or renewal and quash the authorisation/notice.

Notes

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Reasons

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Signed

Date

Time:

Full name:

Address of magistrates' court:

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