



John H. Stamler Police Academy

1776 Raritan Road, Scotch Plains, New Jersey 07076

Telephone **908.889-6112** ♦ FAX **908.889.6359**

www.ucnj.org/prosecutor

Courtroom Testimony

5.0 LEGAL REQUIREMENTS OF ARREST, SEARCH, SEIZURE,
EVIDENCE, & USE OF FORCE — 5.5 Use of Force

Monday, February 22, 2010 — 9 a.m. to 4 p.m.

at the Elizabeth Courthouse, Grand Jury -- 6th Floor, Rear Entrance Elevator

12.0 CRIMINAL INVESTIGATION -- 12.13 Courtroom Testimony

*Instructors: Assistant Prosecutor Doreen Yanik, Union County Prosecutor's Office
Assistant Prosecutor Karyn Weingarten, Union County Prosecutor's Office*

The purpose of this course is to improve officer presence and testimony in the courtroom. Class participants will be subjected to direct and cross-examination by experienced assistant prosecutors, based upon two previously-written police reports, submitted prior to the course by the attendee, which must reflect a fact pattern in which the class attendee was an active participant because he/she did, saw and/or heard something relevant to the case. Submitted reports should be at least three pages in length, and must NOT relate to a case that is open / pending in Superior or Municipal Court.

THE POLICE REPORTS MUST be received by the Police Academy at least TWENTY-ONE (21) DAYS PRIOR TO THE SCHEDULED COURSE DATE.

Attire: Uniform / Professional

Cost: Out-of-county Personnel: \$30. Union County Personnel: No Charge.
Checks payable to: UCPO Police Academy Training Account.

REGISTRATION -- Please complete and fax to 908.889.6359.

PLEASE PRINT LEGIBLY AND PROVIDE ALL INFORMATION REQUESTED!

Registrant's Last Name First Name Rank Telephone #

Cell Phone ____-____-____ FAX ____-____-____ Email _____@_____._____

We ask that you provide this contact information in the event we need to contact the registrant directly concerning the status of this course offering, especially to aid with course cancellation or postponement.

Certification: This is to certify the above personnel are protected for both workers compensation and liability coverage under our insurance program. A certificate of insurance outlining this coverage will be furnished upon request.

PLEASE PRINT:

Department/Agency

Chief or Training Officer

Signature

Date

Telephone Number

FAX Number

Email Address