



MISSOURI SHERIFFS' ASSOCIATION

Serving Missouri Justice Since 1945

DATE & TIME:

January 20, 2022
9:00 a.m. – 5:00 p.m.

LOCATION:

New Florence Ambulance Base
603 Stoddard Memorial Drive
New Florence, MO 63363

COST:

Contracted Agency: No Cost
Non-Contracted Agency: \$50.00

Due to the interactive nature of this course, registration is limited to 15 students.

Register by January 17, 2022

Pre-Registration Required

This program may be canceled if registrations are not sufficient. Students are responsible for all lodging, meals, and transportation.

REGISTRATION:

Online: mosheriffs.com/training

Email: gina@mosheriffs.com

Fax: 573.635-2128

For questions contact Jeanne Merritt
573-529-6900
jeanne@mosheriffs.com

6605 Business 50 West
Jefferson City, MO 65109
573.635.5925 | Fax 573.635.2128

MOSHERIFFS.COM

Correctional Report Writing & Courtroom Testifying

(POST# 17592)

Course Description

Corrections is a business that relies on written communication. Accurate and complete written reports provide the documentation that helps to complete the agency mission. When documentation is not complete, the result may be lost time, confusion, and costly personnel and legal proceedings.

In addition to a structured classroom presentation and a group discussion, a scenario-based exercise at the end gives participants the opportunity to practice what they learned with the benefit of positive, motivational feedback from the trainers.

Who Should Attend

Although geared toward custody staff, any experienced law enforcement officer, firefighter, or EMS personnel, as well as any professional, will benefit from this course.

Topics Include

- Common Types of Correctional Reports
- Legal Implications of Reports
- Proper Notetaking
- Basic Report Writing Elements
- Requirements for Good Reports
- The Importance of Accuracy & Completeness
- Mock Courtroom Testimony Exercises

POST CLEE CREDIT

6 Hours Technical Studies



MISSOURI SHERIFFS' ASSOCIATION

*Serving Missouri
Justice Since 1945*

REGISTRATION FORM

COURSE INFORMATION

Title: _____

Date: _____ Time: _____

Host Agency: _____

Location address: _____

Instructor: _____

ATTENDEE INFORMATION

Agency Name: _____

Contracted: (Yes/No) _____ Number Attending: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

COST INFORMATION

Contracted Agency\$ _____ / per person \$ _____

Non-Contracted Agency.....\$ _____ / per person \$ _____

PAYMENT METHODS

Bill my credit card. VISA _____ MC _____ DISCOVER _____
 # _____ Exp _____
 3-digit security code _____ (*Located on back*)

Enclosed is a check/money order. Check # _____

Total Enclosed \$ _____

Signature _____

Send Registrations To