



MISSOURI SHERIFFS' ASSOCIATION

Serving Missouri Justice Since 1945

DATE

February 21 & 22, 2024
8:00 a.m. – 5:00 p.m.

LOCATION:

Missouri Sheriffs' Association
6605 Business 50 West
Jefferson City, MO 65109

COST:

Contracted Agency: \$100
Non-Contracted Agency: \$200.00

Note: Cost includes manual, study material and CLEE credit. Students are responsible for all lodging, meals, and transportation expenses.

POST CLEE CREDIT:

4 Hours Legal Studies
4 Hours Interpersonal Perspectives
8 Hours Technical Studies

REGISTRATION:

Online: mosheriffs.com/training Email: gina@msheriffs.com

DEADLINE:

February 9, 2024

REFUND POLICY

50% refund if canceled within 48-hours of the start date. **ALL COST DUE IF NOT.**

6605 Business 50 West
Jefferson City, MO 65109

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MOSHERIFFS.COM



Fundamentals of Court Security POST #18951

American courthouses come in a myriad of designs, from centuries-old stone fortresses to modern-day, multi-floor monolithic towers, from the one-room council chambers to the abstract designs of the creative architect. No matter what the shape, size, or condition, the courthouse serves only one purpose, the assurance that justice and the judicial process is preserved and protected - *John E. Zaruba*

This 16-hour course is designed to provide participants with a basic understanding of the fundamentals associated with providing a safe and secure environment for conducting court business, as well as seeing to the safety of all who pass through the courthouse doors.

Whether you have been working the courthouse for years or have just been assigned to the position, this course has plenty to offer.

Topics Covered

- Legal Issues
- Authority of the Court Bailiff/Marshal
- Restricting Access to the Court Facilities
- Searches of Person, Property and Vehicles
- Critical Security Issues
- Access to the Courthouse
- Security Screening & Equipment
- Prisoner Access & Control
- Media Access & Control
- High Risk/High Profile Trials
- Non-Exhibit Weapons of Opportunity
- Jury Procedures
- Bomb Threat Management

STATE LICENSED • PROFESSIONAL STAFF • STATEWIDE TRAINING



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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

FOR MORE INFORMATION CONTACT