RICHLAND COUNTY SHERIFF'S DEPARTMENT
5623 TWO NOTCH ROAD
COLUMBIA, SOUTH CAROLINA 29223
(803) 576-3000
SPECIAL DUTY REQUEST FORM

I, _____, request the services of a Richland County
(Individual/Business)

Sheriff Deputy to perform law enforcement duties at_____
(Location for Assignment)

for the time period of _____.
(Date(s) / Hours)

I understand when performing Special Duty Assignments, deputies are subject to all policies and procedures of the Richland County Sheriffs Department, and will act only under the Sheriff's authority to enforce all applicable State and local laws.

I understand that deputies are subject to calls in the immediate area of the Special Duty location, and will respond to any situation deemed necessary by the Sheriff's Department, deputies, or dispatch.

I understand this request for services is with the Richland County Sheriff's Department which will assign deputies to perform Special Duty Assignments. **Payment for services is Forty and 00/100($40.00) dollars per hour for each assigned deputy**. The Sheriff's Department will coordinate payment for services to the deputies. There is a two (2) hour minimum on working special duty and no cash payments are allowed. Check(s) are to be made payable to the Richland County Sheriff's Department within 30 days upon receipt of invoice.

By signing below and upon final approval of this request, the parties hereto, their administrators, assigns, legal representatives, affiliated companies, agents, officers, directors, shareholders and partners (hereinafter "party" or "parties"), agree that any dispute, claim, controversy or proceeding arising out of or relating to this Agreement, and/or including payment or failure thereof for services rendered by the Richland County Sheriff's Department shall be tried and litigated exclusively in the State and Federal courts located in the County of Richland, State of South Carolina. The aforementioned choice of venue is intended by the parties to be mandatory and not permissive in nature, thereby precluding the possibility of litigation between the parties with respect to or arising out of this Agreement in any jurisdiction other than that specified in this paragraph. Each party hereby waives any right it may have to assert the doctrine of forum non conveniens or similar doctrine or to object to venue with respect to any proceeding brought in accordance with this paragraph, and stipulates that the State and Federal courts located in the County of Richland shall have in personam jurisdiction and venue over each of them for the purpose of litigating any dispute, claim, controversy, or proceeding arising out of or related to this Agreement.

This form must be signed and completed, and returned to the Special Duty Coordinator who will forward to the Sheriff for final approval.

Invoices should be made to _____ and mailed to
(Person responsible for Payment)

_____
(Address)

THE SHERIFF HAS THE AUTHORITY TO DISCONTINUE PROVIDING SPECIAL DUTY ASSIGNMENTS AT HIS DISCRETION.

_____ APPROVED LEON LOTT, SHERIFF	_____ SIGNATURE OF REQUESTOR
_____ DATE	_____ DATE
_____ PRINT NAME OF ASSIGNED DEPUTY	_____ CONTACT NUMBER OF REQUESTOR
_____ CONTACT NUMBER	_____ SOCIAL SECURITY # OF REQUESTOR
_____ SIGNATURE OF DEPUTY'S SUPERVISOR	_____ TAX I.D. # OF REQUESTOR (IF APPLICABLE)

Revised 03-2011