

Underage/Minor Decoy Agreement

LAW ENFORCEMENT AGENCY CONDUCTING THIS OPERATION: _____

NAME OF OPERATIONAL COMMANDER: _____ RANK/BADGE#: _____

EFFECTIVE DATE(S) OF THIS LAW ENFORCEMENT OPERATION & AGREEMENT: _____ through _____

NAME OF UNDERAGE/MINOR DECOY: _____

AGE OF MINOR DECOY AS OF OPERATIONS CONCLUDING DATE: ☐ 14 YOA ☐ 15 YOA ☐ 16 YOA D.O.B. _____

NAME OF CUSTODIAL PARENT OR GUARDIAN: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

CUSTODIAL PARENT OR GUARDIAN'S EMERGENCY CONTACT TELEPHONE #: _____

Underage/minor decoy and their custodial parent or guardian should carefully read each item below and initial on each line as it is explained and signify that you fully understand each point. Your signature(s) at the end of this agreement signifies your understanding and willingness to abide by all the terms listed below.

- _____ 1. I understand that the goal of this initiative is to reduce the illegal sales of tobacco products to youth.
- _____ 2. I understand that the purpose of this operation is to check if tobacco retailers are complying with Texas tobacco law.
- _____ 3. I agree to truthfully answer all questions that tobacco retailers may ask me regarding my tobacco purchase attempt.
- _____ 4. I understand that I will be accompanied by armed undercover law enforcement officer(s) during this law enforcement operation in order to ensure my safety to the maximum capacity.
- _____ 5. I understand that specific information about this law enforcement operation is confidential, and I agree not to discuss any operational details, such as store names, locations, or results, with anyone outside of supervising law enforcement staff.
- _____ 6. I agree not to pursue, or participate in any attempt to purchase tobacco products at any time, except in my operational role as an "underage / minor decoy" and when I am directly supervised by the operation's law enforcement staff.
- _____ 7. I agree to relinquish all tobacco products, money given as change during purchase attempts, or any other unused money, that is not my own, to the supervising law enforcement staff.
- _____ 8. I am aware that I may be called as a witness in a court of law in order to testify regarding the tobacco law enforcement operation in which I participate.
- _____ 9. I have had my role and risk as an "underage/minor decoy" in this law enforcement operation fully explained to me by supervising law enforcement staff, I understand said role and risk, and agree to willingly participate.

x _____

Underage/Minor Decoy Signature **Date**

I affirm that I am the custodial parent or guardian of the above named "underage/minor decoy," and I am aware of the law enforcement operations and activities my child is participating in. I have reviewed and I understand and agree to each of the above listed items. I willingly give permission for my child to participate in this law enforcement operation.

x _____

Custodial Parent or Guardian Signature **Date**

I affirm that I am the law enforcement operational commander and I have fully explained the initiative goals, the law enforcement operations purpose, and the role and risk of the "underage/minor decoy" to all signatories of this agreement.

x _____

Operational Commander Signature **Date**

A signed copy of this form must be kept on file by the Law Enforcement agency conducting this operation.