

Directive 2014/41/EU of the European Parliament and of the Council of 3 April 2014 regarding the European Investigation Order in criminal matters

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ANNEX A

EUROPEAN INVESTIGATION ORDER (EIO)

This EIO has been issued by a competent authority. The issuing authority certifies that the issuing of this EIO is necessary and proportionate for the purpose of the proceedings specified within it taking into account the rights of the suspected or accused person and that the investigative measures requested could have been ordered under the same conditions in a similar domestic case. I request that the investigative measure or measures specified below be carried out taking due account of the confidentiality of the investigation and that the evidence obtained as a result of the execution of the EIO be transferred.

<p>SECTION A Issuing State:..... Executing State:.....</p>
<p>SECTION B: Urgency Please indicate if there is any urgency due to <input type="checkbox"/> Evidence being concealed or destroyed <input type="checkbox"/> Imminent trial date <input type="checkbox"/> Any other reason Please specify below: Time limits for execution of the EIO are laid down in Directive 2014/41/EU. However, if a shorter or specific time limit is necessary, please provide the date and explain the reason for this: </p>
<p>SECTION C: Investigative measure(s) to be carried out *⁴⁰ Describe the assistance/investigative measure(s) required AND indicate, if applicable, if it is one of the following investigative measures: <input type="checkbox"/> Obtaining information or evidence which is already in the possession of the executing authority <input type="checkbox"/> Obtaining information contained in databases held by police or judicial authorities <input type="checkbox"/> Hearing <input type="checkbox"/> witness <input type="checkbox"/> expert <input type="checkbox"/> suspected or accused person <input type="checkbox"/> victim <input type="checkbox"/> third party <input type="checkbox"/> Identification of persons holding a subscription of a specified phone number or IP address <input type="checkbox"/> Temporary transfer of a person held in custody to the issuing State <input type="checkbox"/> Temporary transfer of a person held in custody to the executing State</p>

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- Hearing by videoconference or other audiovisual transmission
 - witness
 - expert
 - suspected or accused person
- Hearing by telephone conference
 - witness
 - expert
- Information on bank and other financial accounts
- Information on banking and other financial operations
- Investigative measure implying the gathering of evidence in real time, continuously and over a certain period of time
 - monitoring of banking or other financial operations
 - controlled deliveries
 - other
- Covert investigation
- Interception of telecommunications
- Provisional measure(s) to prevent the destruction, transformation, moving, transfer or disposal of an item that may be used as evidence

SECTION D: Relation to an earlier EIO

Indicate whether this EIO supplements an earlier EIO. If applicable, provide information relevant to identify the previous EIO (the date of issue of the EIO, the authority to which it was transmitted and, if available, the date of transmission of the EIO, and reference numbers given by the issuing and executing authorities):

.....
.....

If relevant please indicate if an EIO has already been addressed to another Member State in the same case:

.....

SECTION E: Identity of the person concerned

1. State all information, as far as known, regarding the identity of the (i) natural or (ii) legal person(s) concerned by the investigative measure (if more than one person is concerned, please provide the information for each person):

(i) In the case of natural person(s)

Name:

First name(s):

Other relevant name(s), if applicable:

Aliases, if applicable:

Sex:

Nationality:

Identity number or social security number:

Type and number of the identity document(s) (ID card, passport), if available:
.....

Date of birth:

Place of birth:

Residence and/or known address; if address not known, state the last known address:
.....

Language(s) which the person understands:
.....

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(ii) In the case of legal person(s)

Name:

Form of legal person:

Shortened name, commonly used name or trading name, if applicable:
.....

Registered seat:

Registration number:

Address of the legal person:

Name of the legal person's representative:

Please describe the position the concerned person currently holds in the proceedings:

suspected or accused person

victim

witness

expert

third party

other (please specify)

2. If different from the address above, please give the location where investigative measure is to be carried out:
.....
.....

3. Provide any other information that will assist with the execution of the EIO:
.....
.....

SECTION F: Type of proceedings for which the EIO is issued:

(a) with respect to criminal proceedings brought by, or that may be brought before, a judicial authority in respect of a criminal offence under the national law of the issuing State; or

(b) proceedings brought by administrative authorities in respect of acts which are punishable under the national law of the issuing State by virtue of being infringements of the rules of law, and where the decision may give rise to proceedings before a court having jurisdiction in particular in criminal matters; or

(c) proceedings brought by judicial authorities in respect of acts which are punishable under the national law of the issuing State by virtue of being infringements of the rules of law, and where the decision may give rise to proceedings before a court having jurisdiction in particular in criminal matters;

(d) in connection with proceedings referred to in points (a), (b), and (c) which relate to offences or infringements for which a legal person may be held liable or punished in the issuing State.

SECTION G: Grounds for issuing the EIO

1. Summary of the facts

Set out the reasons why the EIO is issued, including a summary of the underlying facts, a description of offences charged or under investigation, the stage the investigation has reached, the reasons for any risk factors and any other relevant information.

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2. Nature and legal classification of the offence(s) for which the EIO is issued and the applicable statutory provision/code:

.....
.....
.....

3. Is the offence for which the EIO is issued punishable in the issuing State by a custodial sentence or detention order of a maximum of at least three years as defined by the law of the issuing State and included in the list of offences set out below? (please tick the relevant box)

- participation in a criminal organisation
- terrorism
- trafficking in human beings
- sexual exploitation of children and child pornography
- illicit trafficking in narcotic drugs and psychotropic substances
- illicit trafficking in weapons, munitions and explosives
- corruption
- fraud, including that affecting the financial interests of the European Union within the meaning of the Convention of 26 July 1995 on the protection of the European Communities' financial interests
- laundering of the proceeds of crime
- counterfeiting currency, including of the euro
- computer-related crime
- environmental crime, including illicit trafficking in endangered animal species and in endangered plant species and varieties
- facilitation of unauthorised entry and residence
- murder, grievous bodily injury
- illicit trade in human organs and tissue
- kidnapping, illegal restraint and hostage-taking
- racism and xenophobia
- organised or armed robbery
- illicit trafficking in cultural goods, including antiques and works of art
- swindling
- racketeering and extortion
- counterfeiting and piracy of products
- forgery of administrative documents and trafficking therein
- forgery of means of payment
- illicit trafficking in hormonal substances and other growth promoters
- illicit trafficking in nuclear or radioactive materials
- trafficking in stolen vehicles
- rape
- arson
- crimes within the jurisdiction of the International Criminal Court
- unlawful seizure of aircraft/ships
- sabotage

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<p>SECTION H: Additional requirements for certain measures</p> <p>Fill out the sections relevant to the investigative measure(s) requested:</p>
<p>SECTION H1: Transfer of a person held in custody</p> <p>(1) If a temporary transfer to the issuing State of a person held in custody for the purpose of the investigation is requested, please indicate whether the person consented to this measure:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I request that the person's consent is sought</p> <p>(2) If a temporary transfer to the executing State of a person held in custody for the purpose of investigation is requested, please indicate whether the person consented to this measure:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>SECTION H2: Video or telephone conference or other audiovisual transmission</p> <p>If hearing by videoconference or telephone conference or other audiovisual transmission is requested:</p> <p>Please indicate the name of the authority that will conduct the hearing (contact details/language):</p> <p>.....</p> <p>Please indicate reasons for requesting this measure:</p> <p>.....</p> <p><input type="checkbox"/> (a) hearing by videoconference or other audiovisual transmission:</p> <p style="padding-left: 20px;"><input type="checkbox"/> the suspected or accused person has given his/her consent</p> <p><input type="checkbox"/> (b) hearing by telephone conference</p>
<p>SECTION H3: Provisional measures</p> <p>If a provisional measure to prevent the destruction, transformation, moving, transfer or disposal of an item that may be used as evidence, is requested, please indicate whether:</p> <p><input type="checkbox"/> the item is to be transferred to the issuing State</p> <p><input type="checkbox"/> the item is to remain in the executing State; please indicate an estimated date:</p> <p>for lifting of provisional measure:</p> <p>for the submission of a subsequent request concerning the item:</p>
<p>SECTION H4: Information on bank and other financial accounts</p> <p>(1) If information on bank accounts or other financial accounts that the person holds or controls is requested, please indicate, for each of them, the reasons why you consider the measure relevant for the purpose of the criminal proceedings and on what grounds you presume that banks in the executing State hold the account:</p> <p><input type="checkbox"/> information on bank accounts that the person holds or in respect of which he or she has the power of attorney</p> <p><input type="checkbox"/> information on other financial accounts that the person holds or in respect of which he or she has the power of attorney</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

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(2) If information on banking operations or other financial operations is requested, please indicate, for each of them, the reasons why you consider the measure relevant for the purpose of the criminal proceedings:

- information on banking operations
- information on other financial operations

.....
.....
.....

Indicate the relevant period of time and the related accounts:

.....
.....

SECTION H5: Investigative measures implying the gathering of evidence in real time, continuously and over a certain period of time

If such investigative measure is requested please indicate the reasons why you consider the requested information relevant for the purpose of the criminal proceedings:

.....
.....

SECTION H6: Covert investigations

If covert investigation is requested please indicate the reasons why you consider the investigative measure likely to be relevant for the purpose of the criminal proceedings:

.....
.....

SECTION H7: Interception of telecommunications

(1) If interception of telecommunications is requested please indicate the reasons why you consider the investigative measure relevant for the purpose of the criminal proceedings:

.....
.....

(2) Please provide following information:

(a) information for the purpose of identifying the subject of the interception:

.....

(b) the desired duration of the interception:

.....

(c) technical data (in particular the target identifier — such as mobile telephone, landline telephone, email address, internet connection), to ensure that the EIO can be executed:

.....

(3) Please indicate your preference concerning the method of execution:

- immediate transmission
- recording and subsequent transmission

Please indicate if you also require transcription, decoding or decrypting of the intercepted material (*):

.....
.....

(*) Please be aware that the costs of any transcription, decoding or decrypting must be met by the issuing State.

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SECTION I: Formalities and procedures requested for the execution

1. Tick and complete, if applicable
 It is requested that the executing authority comply with the following formalities and procedures (...):
.....
.....

2. Tick and complete, if applicable
 It is requested that one or several officials of the issuing State assist in the execution of the EIO in support of the competent authorities of the executing State.
Contact details of the officials:
.....
.....

Languages that may be used for communication:

SECTION J: Legal remedies

1. Please indicate if a legal remedy has already been sought against the issuing of an EIO, and if so please provide further details (description of the legal remedy, including necessary steps to take and deadlines):
.....
.....

2. Authority in the issuing State which can supply further information on procedures for seeking legal remedies in the issuing State and on whether legal assistance and interpretation and translation is available:
Name:

Contact person (if applicable):

Address:

Tel. No: (country code) (area/city code)

Fax No: (country code) (area/city code)

E-mail:

SECTION K: Details of the authority which issued the EIO

Tick the type of authority which issued the EIO:
 judicial authority
 (*) any other competent authority as defined by the law of the issuing State

(*) Please also complete section (L)

Name of authority:
.....

Name of representative/contact point:
.....

File No:

Address:

Tel. No: (country code) (area/city code)

Fax No: (country code) (area/city code)

E-mail:

Languages in which it is possible to communicate with the issuing authority:
.....

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If different from above, the contact details of the person(s) to contact for additional information or to make practical arrangements for the transfer of evidence:

Name/Title/Organisation:

Address:

E-mail/Contact Phone No:

Signature of the issuing authority and/or its representative certifying the content of the EIO as accurate and correct:

Name:

Post held (title/grade):

Date:

Official stamp (if available):

SECTION L Details of the judicial authority which validated the EIO

Please indicate the type of judicial authority which has validated this EIO:

- (a) judge or court
- (b) investigating judge
- (c) public prosecutor

Official name of the validating authority:

.....

Name of its representative:

.....

Post held (title/grade):

.....

File no:

Address:

.....

Tel. No: (country code) (area/city code)

Fax No: (country code) (area/city code)

E-mail:

Languages in which it is possible to communicate with the validating authority:

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Please indicate if the main contact point for the executing authority should be the:

- issuing authority
- validating authority

Signature and details of the validating authority

Name:

Post held (title/grade):

Date:

Official stamp (if available):