

**BROWARD COUNTY SHERIFF'S OFFICE**  
**DISCIPLINARY ACTION RECOMMENDED**  
**OR**  
**COUNSELING REPORT**

**SWOPE, RICK**

**3880**

**AUGUST 7, 1990**

**DEPUTY**

**AUGUST 27, 1984**

**D.L.E.**

**DUI**

**SOG**

**RO**

DATE OF HIRE

DEPARTMENT DIVISION

UNIT/SECTION

EMPLOYEE STATUS:

PROBATIONAL

PERMANENT

OTHER

You are hereby charged with violating the Sheriff's Office Policy and Procedure Manual.

**CHARGE**

**SECTION & PARAGRAPH**

**OFFICIAL REPORTS**  
**(TRUTHFULNESS IN OFFICE MATTERS)**

2.12.44 (A)

Attach additional sheets as necessary

CTS: Description of specific actions, statements made by employee; attach statements of witness, if any and attach copies of other documents, if appropriate. Also state reasons for recommendations.

On June 19, 1990, I asked Deputy Rick Swope if he was working as a consultant for the defense on a double traffic fatality investigated by the Broward Sheriff's Office Traffic Homicide Unit. Deputy Swope denied any involvement in this case as a consultant for the defense.

This denial was a lie as subsequently established by the attached Internal Affairs investigation.

*(Handwritten Signature)*

Supervisor's Signature/CCN  
**MARK SCHLEIN, CCN 1714**

Print Supervisor's Name/Date

By signing this Report I acknowledge only that it has been discussed with me and that I have received a copy. I understand that I may respond orally or in writing and that such response will be made a part of this Report and taken into consideration prior to a final determination being made.

Employee's Signature / Date

**OTHER THAN COUNSELING: THE FOLLOWING MUST BE COMPLETED:**

RECOMMENDED ACTION:  Written Reprimand  Day(s) Suspension  Demotion  
 Dismissal Effective Date(s)  Day(s) Loss of Leave

FINAL RECOMMENDATION **Termination**

DISTRICT/DIVISION APPROVAL:

Signature & Title.

Date

*(Handwritten Signature)*

Department Head

**8/15/90**

Date

COPIES DISTRIBUTION: White copy to Employee - Green to Internal Affairs  
 Yellow to Division/District File after Department Approval

DISCIPLINARY ACTION RECOMMENDED

OR

COUNSELING REPORT

SWOPE, RICK

CCN: 3880

DATE: AUGUST 7, 1990

DEPUTY

AUGUST 27, 1984

|                          |          |              |             |   |              |
|--------------------------|----------|--------------|-------------|---|--------------|
| CLASSIFICATION<br>D.L.E. | DUI      | SOG          | OR          | EMPLOYEE STATUS:  | DATE OF HIRE |
| DEPARTMENT               | DIVISION | UNIT/SECTION | ELIMINATION | <input checked="" type="checkbox"/> PROBATIONAL <input type="checkbox"/> PERMANENT <input type="checkbox"/> OTHER |              |

are hereby charged with violating the Sheriff's Office Policy and Procedure Manual.

| CHARGE                                | SECTION & PARAGRAPH       |
|---------------------------------------|---------------------------|
| OFF-DUTY SERVICE/CONFLICT OF INTEREST | 2.2.80 (B); (C); (D); (G) |
| ON-DUTY SERVICE                       | 2.2.79 (A); (B); (C)      |
| SEARCH WARRANTS                       | 11.18.1 (A)               |
| INSUBORDINATION                       | 2.2.49                    |
| OBEDIENCE TO ORDERS                   | 1.9.7                     |

(attach additional sheets as necessary)

3. Describe the facts concerning the incident in the incident report. Do not include a description of the charge. (Example: a late arrival to work for a charge of excessive absenteeism or tardiness.) Form should be signed by supervisor and dated.

4. After the employee interview, the supervisor should sign his own name with the date and indicate in writing that employee refused to sign. A supervisor's signature should be obtained if this occurs.

**SEE ATTACHED I/A REPORT PREPARED BY LT. RICK FREY**

(TOP OF THIS REPORT IS USED JUST FOR COUNSELING)

*Mark Schlein*

Supervisor's Signature/CCN  
**MARK SCHLEIN, CCN 1714**  
 Print Supervisor's Name/Date

(attach additional sheets as necessary)

By signing this Report I acknowledge only that it has been discussed with me and that I have received a copy. I understand that I may respond orally or in writing and that such response will be made a part of this Report and taken into consideration prior to a final determination being made.

The disciplinary action recommended by the supervisor is based on the facts set forth in the report and the employee's response to the supervisor's interview. The supervisor is not responsible for the actions of the employee.

Employee's Signature / Date

OTHER THAN COUNSELING, THE FOLLOWING MUST BE COMPLETED:

RECOMMENDED ACTION:

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Written Reprimand    | <input type="checkbox"/> Day(s) Suspension | <input type="checkbox"/> Demotion             |
| <input checked="" type="checkbox"/> Dismissal | Effective Date(s) _____                    | <input type="checkbox"/> Day(s) Loss of Leave |

FINAL RECOMMENDATION Termination

DISTRICT/DIVISION APPROVAL: \_\_\_\_\_  
 Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

DISTRIBUTION: White copy to Employee - Green to Internal Affairs  
 Yellow to Division/District File after Department Approval

*COM RAY*  
 Department Head 8/15/90  
 Date