

UNCLASSIFIED INTERNAL USE ONLY CONFIDENTIAL SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional) (U)
 Contract Information & Check List - [Redacted]

FROM: Chief, WE/L/Personnel, 2004 Qtrs. Eye *Huf*

DATE: 20 JUL 1961

TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
	RECEIVED	FORWARDED		
1. Chief, WE/L/Support	<i>27 July 61</i>		<i>[Signature]</i>	Your Signature, please, as Contract Approving Officer.
2.				
3. Contract Personnel Divn., 2125 Eye Bldg.			<i>[Signature]</i>	TO CASE OFFICER
4. <i>WA-6-Pers</i>			<i>[Signature]</i>	1) A COPY OF THE CHECK LIST MUST BE FILED IN THE
5. <i>Dirch</i>			<i>[Signature]</i>	2) SEE [unclear] RECOMMENDATION OF THE [unclear] FEDERAL BUREAU OF INVESTIGATION
6. <i>DC/WH/4</i>			<i>[Signature]</i>	4-5 Will you assist on #313A Rls - then pass to DC/WH/4
7.				NOTE: #11, b seems improper - Huf
8. <i>1/WH/4/FI-</i>				4-6 FYI
9.				(8) I will be glad to assist with 313a - para 11 b. as program [unclear] benefits.
10.				
11.				
12.				
13.				
14.				
15.				

FORM 1 DEC 58 610 USE PREVIOUS EDITIONS SECRET CONFIDENTIAL INTERNAL USE ONLY UNCLASSIFIED

470

CONTRACT INFORMATION AND CHECK LIST		DATE OFFICER R. G. Soehfer	DIVISION WH/4
INSTRUCTIONS: Use Form 1000-1 for guidance. Complete all items, inserting "N/A" when items are not applicable. Forward original and TWO copies for preparation of contract.		TELEPHONE EXTENSION 4803	DATE 26 July 1961
SECTION I GENERAL			
1. NAME <input type="checkbox"/> PREFIX <input checked="" type="checkbox"/> TRICE [Redacted]	2A. PROJECT JMATE	3. ALLOTMENT NO. 25355000-8021	4. SLOT NO.
	2B. PERMANENT STATION Headquarters	2A. FUNDS <input type="checkbox"/> V <input checked="" type="checkbox"/> X <input type="checkbox"/> CV	
5. PREVIOUS CIA PSEUDONYM OR ALIASES	6. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY "TYPICAL TO THIS CONTRACT." <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include dates and salary.) Contract agent (MOG) at \$9,600 per annum		
7. SECURITY CLEARANCE (Type and date) OA granted 30 June 1960	2A. MEDICAL CLEARANCE <input type="checkbox"/> OBTAINED <input type="checkbox"/> INITIATED <input checked="" type="checkbox"/> NOT REQ'D.	8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Contract agent		
SECTION II PERSONAL DATA			
11. CITIZENSHIP U.S.	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE 33	14. DATE OF BIRTH (Month, day, year) [Redacted]
15. LEGAL RESIDENCE (City and state or country) [Redacted]		16. CURRENT RESIDENCE (City and state or country) [Redacted]	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDDED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE: Five (5): wife and four children		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SECTION III U.S. MILITARY STATUS			
20. RESERVE NA	21. VETERAN NA	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
23. BRANCH OF SERVICE NA	24. RANK OR GRADE NA	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY \$9,600	28. POST DIFFERENTIAL NA	29. COVER (Breakdown, if any) NA	30. FEDERAL TAX WITHHOLDING COVER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS	32. POST	33. OTHER	
34. COVER (Breakdown, if any) NA			
SECTION VI TRAVEL			
35. TYPES <input type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input checked="" type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HME TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	37A. HME TO BE STORED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH Wife - 37 yrs old, U.S. Children - 10 yrs old, U.S. 8 yrs old, U.S. 6 yrs old, U.S. 3 yrs old, U.S.			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION Yes	43. ENTERTAINMENT Yes	44. OTHER [Redacted]	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			

26 Jul '61

CO/MD

STATEMENT OF INFORMATION AND CHECK LIST
(CONTINUED)

WALTER G. SCARFAR

W/G

NOTE: SEE INSTRUCTIONS ON REVERSE PAGE

SECTION VIII OTHER BENEFIT 4803 26 July 1961
48. BENEFITS (See E 22-415, E 20-620, E 20-670, E 20-1000, and HR 20-620-1, HR 20-1490-1 and or successor regulations for benefits applicable to various categories of contract personnel.)

Injury and death benefits (in line of duty) not to exceed \$5,000.

SECTION IX COVER ACTIVITY

47. STATUS (Check) ESTABLISHED 48. TYPE (Check) PROPRIETARY CULTURAL COMMERCIAL TOURIST EDUCATIONAL MILITARY OTHER

49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS:
 YES NO COMPLETE PARTIAL

SECTION X OFFSET OF INCOME

50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)
 TOTAL PARTIAL NONE

SECTION XI TERM

51. DURATION: DAYS, MONTHS, YEARS 52. EFFECTIVE DATE: 15 July 1961 53. RENEWABLE: YES NO

54. TERMINATION NOTICE (Number of days): 30 days 55. DEFERRAL OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION: YES NO

SECTION XII FUNCTION

56. PRIMARY FUNCTION (CI, FI, PP, other): FI

SECTION XIII DUTIES

57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED:
 Development, recruitment and handling of FI agents.

SECTION XIV QUALIFICATIONS

58. EXPERIENCE:
 Subject was one of the principal agents of the FI net in Cuba after the break in diplomatic relations.

59. EDUCATION (Check Highest Level Attained):
 GRADE SCHOOL, HIGH SCHOOL GRADUATE, TRADE SCHOOL GRADUATE, BUSINESS SCHOOL GRADUATE, COLLEGE (No degree), COLLEGE DEGREE, POST GRADUATE, MA, PHD

60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency):
 LANGUAGE: Spanish, Portuguese, French. SPEAK: FLUENT, AVERAGE, POOR. WRITE: FLUENT, AVERAGE, POOR. READ: FLUENT, AVERAGE, POOR. COUNTRY OF ORIGIN: Cuba

62. AREA KNOWLEDGE: Italian (X), X, X, X

Very good; was born in Cuba and lived there many years.

SECTION XV EMPLOYMENT PRIOR TO CIA

63. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING:
 1954-1960 was manager of a [redacted] income estimated at about \$10,000 yearly.

SECTION XVI ADDITIONAL INFORMATION

64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary):
 NA

APPROVAL

DATE: 26 July 1961 TYPED NAME & SIGNATURE OF REQUESTING OPERATING OFFICIAL: [Signature] DATE: 27 July 1961 TYPED NAME & SIGNATURE OF APPROVING OFFICIAL: [Signature] 103

2/mj