

Numero di telefono: (prefisso internazionale) (prefisso urbano).....

Numero di fax: (prefisso internazionale) (prefisso urbano).....

Indirizzo di posta elettronica: .....

Lingue in cui è possibile comunicare con l'autorità di emissione:  
.....

Si prega di fornire gli estremi della o delle persone da contattare per ottenere ulteriori informazioni o per stabilire le modalità pratiche per il trasferimento delle prove, se diversi da quelli indicati sopra:

Nome/Titolo/Organizzazione: .....

Indirizzo: .....

Indirizzo di posta elettronica/Numero di telefono: .....

Firma dell'autorità di emissione e/o del suo rappresentante che certifica l'esattezza e la correttezza delle informazioni contenute nell'OEI:

Nome:.....

Funzione (titolo/grado): .....

Data: .....

Timbro ufficiale (se disponibile): .....

**SEZIONE L: Dati dell'autorità giudiziaria che ha convalidato l'OEI**

Si prega di indicare il tipo di autorità giudiziaria che ha convalidato l'OEI:

- a) giudice o organo giurisdizionale
- b) magistrato inquirente
- c) pubblico ministero

Denominazione ufficiale dell'autorità che ha effettuato la convalida:

Nome del rappresentante: .....

Funzione (titolo/grado): .....

Numero di fascicolo: .....

Indirizzo: .....

Numero di telefono: (prefisso internazionale) (prefisso urbano).....

Numero di fax: (prefisso internazionale) (prefisso urbano).....

Indirizzo di posta elettronica: .....

Lingue in cui è possibile comunicare con l'autorità che ha effettuato la convalida:  
.....

Si prega di indicare se il punto di contatto principale per l'autorità di esecuzione debba essere:

- l'autorità di emissione
- l'autorità che ha effettuato la convalida

Firma e dati dell'autorità che ha effettuato la convalida

Nome: .....

Funzione (titolo/grado): .....

Data: .....

Timbro ufficiale (se disponibile):

## 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.

## SECTION A

Issuing State: .....

Executing State: .....

## SECTION B: Urgency

Please indicate if there is any urgency due to

- Evidence being concealed or destroyed
- Imminent trial date
- 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:

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

## SECTION C: Investigative measure(s) to be carried out

1. Describe the assistance/investigative measure(s) required AND indicate, if applicable, if it is one of the following investigative measures:

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

- Obtaining information or evidence which is already in the possession of the executing authority
- Obtaining information contained in databases held by police or judicial authorities
- Hearing
  - witness
  - expert
  - suspected or accused person
  - victim
  - third party
- Identification of persons holding a subscription of a specified phone number or IP address
- Temporary transfer of a person held in custody to the issuing State
- Temporary transfer of a person held in custody to the executing State

- 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:

.....

## (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.

.....

.....

.....

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

**SECTION H: Additional requirements for certain measures**

Fill out the sections relevant to the investigative measure(s) requested:

**SECTION H1: Transfer of a person held in custody**

(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:

- Yes       No       I request that the person's consent is sought

(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:

- Yes       No

**SECTION H2: Video or telephone conference or other audiovisual transmission**

If hearing by videoconference or telephone conference or other audiovisual transmission is requested:

Please indicate the name of the authority that will conduct the hearing (contact details/language):

.....

Please indicate reasons for requesting this measure: .....

.....

- (a) hearing by videoconference or other audiovisual transmission:
  - the suspected or accused person has given his/her consent
- (b) hearing by telephone conference

**SECTION H3: Provisional measures**

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:

- the item is to be transferred to the issuing State
- the item is to remain in the executing State; please indicate an estimated date:

for lifting of provisional measure: .....

for the submission of a subsequent request concerning the item: .....

**SECTION H4: Information on bank and other financial accounts**

(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:

- information on bank accounts that the person holds or in respect of which he or she has the power of attorney
- information on other financial accounts that the person holds or in respect of which he or she has the power of attorney

.....

.....

.....

.....

(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.

**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:

.....  
.....

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:

.....

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):

**CONFERMA DELLA RICEZIONE DI UN OEI**

Il presente modulo deve essere completato dall'autorità dello Stato di esecuzione che ha ricevuto l'OEI di seguito indicato.

**A) OEI INTERESSATO**

Autorità che ha emesso l'OEI: .....

Numero di riferimento del fascicolo: .....

Data di emissione: .....

Data di ricezione: .....

**B) AUTORITA' CHE HA RICEVUTO L'OEI<sup>1</sup>**

Denominazione ufficiale dell'autorità competente: .....

Nome del rappresentante: .....

Funzione (titolo/grado): .....

Indirizzo: .....

Numero di telefono: (prefisso internazionale) (prefisso urbano): .....

Numero di fax: (prefisso internazionale) (prefisso urbano): .....

Indirizzo di posta elettronica: .....

Numero di riferimento del fascicolo: .....

Lingue in cui è possibile comunicare con l'autorità: .....

**C) (SE DEL CASO) AUTORITA' COMPETENTE ALLA QUALE L'OEI È TRASMESSO  
DALL'AUTORITA' DI CUI ALLA LETTERA B)**

Denominazione ufficiale dell'autorità: .....

Nome del rappresentante: .....

Funzione (titolo/grado): .....

Indirizzo: .....

Numero di telefono: (prefisso internazionale) (prefisso urbano): .....

Numero di fax: (prefisso internazionale) (prefisso urbano): .....

Indirizzo di posta elettronica: .....

Data di trasmissione: .....

<sup>1</sup> Questa parte deve essere completata da ciascuna autorità che abbia ricevuto l'OEI. Tale obbligo incombe sull'autorità competente a riconoscere e ad eseguire l'OEI e, se del caso, all'autorità centrale o all'autorità che ha trasmesso l'OEI all'autorità competente.

Numero di riferimento del fascicolo: .....

Lingue in cui è possibile comunicare con l'autorità: .....

D) ALTRE INFORMAZIONI CHE POSSONO ESSERE UTILI ALL'AUTORITÀ DI  
EMISSIONE:

.....  
.....

E) FIRMA E DATA

Firma:

Data:

Timbro ufficiale (se disponibile):

## ANNEX B

## CONFIRMATION OF THE RECEIPT OF AN EIO

This form has to be completed by the authority of the executing State which received the EIO referred to below.

<p><b>(A) THE EIO CONCERNED</b>            Authority which issued the EIO:            .....            File reference:.....            Date of issuing:.....            Date of receipt: .....</p>
<p><b>(B) THE AUTHORITY WHICH RECEIVED THE EIO (¹)</b>            Official name of the competent authority:            .....            Name of its representative:            .....            Post held (title/grade):            .....            Address:            .....            .....            Tel. No: (country code) (area/city code) .....            Fax No: (country code) (area/city code) .....            E-mail:.....            File reference:.....            Languages in which it is possible to communicate with the authority:            .....</p>
<p><b>(C) (WHERE APPLICABLE) THE COMPETENT AUTHORITY TO WHOM THE EIO IS TRANSMITTED BY THE AUTHORITY UNDER (B)</b>            Official name of the authority:            .....            Name of its representative:            .....            Post held (title/grade):            .....            Address:            .....            .....            Tel. No: (country code) (area/city code) .....            Fax No: (country code) (area/city code) .....            E-mail:.....            Date of transmission:.....            File reference:.....            Language(s) that may be used for communication:            .....</p>

(¹) This section is to be completed by each authority which received the EIO. This obligation falls upon the authority competent to recognise and execute the EIO and, where applicable, upon the central authority or the authority which transmitted the EIO to the competent authority.

(D) ANY OTHER INFORMATION WHICH MAY BE RELEVANT FOR THE ISSUING AUTHORITY:

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

(E) SIGNATURE AND DATE

Signature:

Date: .....

Official stamp (if available):

**NOTIFICA**

Il presente modulo è utilizzato per dare notifica ad uno Stato membro dell'intercettazione di telecomunicazioni che è stata, è o sarà effettuata sul suo territorio senza la sua assistenza tecnica. Si informa....(Stato membro notificato) dell'intercettazione.

**A) AUTORITÀ COMPETENTE<sup>1</sup>**

Denominazione ufficiale dell'autorità competente dello Stato membro di intercettazione:

.....

Nome del rappresentante: .....

Funzione (titolo/grado): .....

Indirizzo:.....

Numero di telefono: (prefisso internazionale) (prefisso urbano): .....

Numero di fax: (prefisso internazionale) (prefisso urbano).....

Indirizzo di posta elettronica: .....

Numero di riferimento del fascicolo: .....

Data di emissione: .....

Lingue in cui è possibile comunicare con l'autorità:

.....

.....

**B) INFORMAZIONI RELATIVE ALL'INTERCETTAZIONE**

I) Informazioni sulla situazione: La presente notifica ha luogo (contrassegnare la casella pertinente)

- prima dell'intercettazione
- durante l'intercettazione
- dopo l'intercettazione

II) Durata (prevista) dell'intercettazione (secondo l'autorità di emissione):

....., a partire dal .....

III) Oggetto dell'intercettazione: (numero di telefono, numero IP o indirizzo di posta elettronica):

.....

IV) Identità delle persone interessate

Si prega di fornire tutte le informazioni disponibili in merito all'identità delle persone i) fisiche o ii) giuridiche che sono/possono essere oggetto del procedimento:

i) In caso di persone fisiche

Cognome: .....

Nome(i): .....

Se del caso, altro(i) nome(i) pertinente(i): .....

Eventuali pseudonimi: .....

Sesso: .....

Cittadinanza: .....

Numero di documento d'identità o di codice fiscale: .....

Data di nascita: .....

Luogo di nascita: .....

<sup>1</sup> L'autorità a cui rivolgersi negli ulteriori contatti con lo Stato di emissione.

Residenza e/o indirizzo conosciuto (se sconosciuto, ultimo indirizzo noto):

.....

Lingua(e) che la persona in questione comprende:

.....

ii) in caso di persone giuridiche

Nome: .....

Forma Giuridica:.....

Nome abbreviato, nome utilizzato comunemente o nome commerciale se del caso:

.....

Sede statutaria : .....

Numero di registrazione : .....

Indirizzo della persona giuridica: .....

Nome ed estremi del rappresentante della persona giuridica: .....

V) Informazioni relative allo scopo dell'intercettazione

Si prega di fornire tutte le informazioni necessarie, compresa una descrizione del caso, la qualificazione giuridica del o dei reati e le disposizioni di legge applicabili al fine di consentire all'autorità notificata di valutare quanto segue: ...

se l'intercettazione sarebbe stata ammessa in un caso interno analogo e se il materiale ottenuto può essere utilizzato in un procedimento giudiziario;

qualora l'intercettazione abbia già avuto luogo, se tale materiale può essere utilizzato in un procedimento giudiziario

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

Si fa presente che qualsiasi obiezione all'intercettazione o all'utilizzazione di materiale già ottenuto mediante intercettazione deve essere sollevata entro 96 ore dalla ricezione della presente notifica

C) FIRMA E DATA

Firma:

Data:

Timbro ufficiale (se disponibile):

## ANNEX C

## NOTIFICATION

This form is used in order to notify a Member State about the interception of telecommunication that will be, is or has been carried out on its territory without its technical assistance. I hereby inform ..... (notified Member State) of the interception.

**(A) <sup>(1)</sup> THE COMPETENT AUTHORITY**

Official name of the competent authority of intercepting Member State:

.....

Name of its representative:

.....

Post held (title/grade):

.....

Address:

.....

.....

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

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

E-mail:.....

File reference:.....

Date of issuing: .....

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

.....

**(B) INFORMATION CONCERNING THE INTERCEPTION**

(I) Information about state of play: This notification takes place (please tick)

- prior to the interception
- during the interception
- after the interception

(II) The (anticipated) duration of the interception (as known to the issuing authority):

....., starting from .....

(III) Target of the interception: (telephone number, IP number or e-mail)

.....

(IV) Identity of the persons concerned

State all information, as far as they are known, regarding the identity of the (i) natural or (ii) legal person(s) against whom the proceedings are/may be/is taking place:

(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: .....

<sup>(1)</sup> The authority which is referred to here is the one which should be contacted in further correspondence with the issuing State.

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:  
.....

(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 and contact details of the representative of the legal person: .....

(V) Information regarding the purpose of this interception:

State all information necessary, including a description of the case, legal classification of the offence(s) and the applicable statutory provision/code, in order to enable the notified authority to assess the following:

- whether the interception would be authorised in a similar domestic case; and whether the material obtained can be used in legal proceedings
- where the interception has already occurred, whether that material can be used in legal proceedings

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

Please note that any objection to the interception or the use of already intercepted material must be made no later than 96 hours after the reception of this notification.

(C) SIGNATURE AND DATE

Signature:

Date: .....

Official stamp (if available):



## THE EUROPEAN INVESTIGATION ORDER IN THE NETHERLANDS

From: Office of the liaison magistrate of The Netherlands in Italy  
Version: 1.0  
Date: 19 October 2017

By law of May 31<sup>st</sup> 2017 (hereinafter: "the Law"), nr. 231, **effective from June 17<sup>th</sup> 2017**, EU Directive 2014/41/EU (hereinafter: the directive) was implemented in Dutch law. By this law the European Investigation Order (EIO) was introduced in the Dutch legislation. Hereunder a short survey of the Dutch procedure.

### **The Netherlands as executing Member State**

The EIO has to be drafted the Dutch or English language.

The Netherlands did not opt for a central authority with regard to the EIO, but appointed the public prosecutor (*officier van justitie, sostituto procuratore*) as Executing Authority. The EIO has to be **send to the following authorities:**

- If it is clear in which judicial region (arrondissement) the EIO has to be executed, the EIO should be send to the Regional centre for International Legal Cooperation (**IRC**) of that region. The Netherlands knows only 10 judicial regions (see attachment for map and addresses);
- If it is not clear in which judicial region the EIO should be executed or if the EIO concerns serious organized crime, serious financial or environmental crimes, war crimes or terrorism the EIO should be send to the National Centre International Legal Cooperation (**LIRC**);

**In general the standard procedures apply:** The prosecutor will confirm the receipt of the EIO to the Italian authorities within one week (using the form as annex B to the Directive). In principle, the Netherlands applies a period of maximum 90 days (maximum term allowed under the Directive) to execute the EIO, but this term can be abbreviated, f.e. in case of urgency or simple requests. In case the information in the EIO is not sufficient to recognize the EIO, the prosecutor will contact the Italian authority which issued the EIO order to obtain the additional information needed for the recognition or execution.

All the grounds for non-recognition or non-execution art. 11 of the Directive have been implemented in the Dutch Law. These grounds are imperative.

After the acknowledgement of the EIO the prosecutor is responsible for its execution (art. 5.4.5 of the Law). In most cases however the practical execution will be delegated to the police. If necessary the prosecutor can involve the investigating judge (*rechter-commissaris, GIP*), f.e. for the use of specific investigative methods (telephone intercept, house searches etc.).

A few particularities of Dutch law:

- Dutch law does not allow the hearing of witnesses, experts or suspects by telephone;
- Under Dutch law the hearing of suspects during trial by videoconference is still impossible or at the very least controversial;
- The Netherlands do accept EIO for cross border surveillance;
- Under Dutch law it is not possible to authorize the direct interception of communication (f.e. *un ambientale in una machina*) retroactively. *Quindi:* Authorization for the use of microphones in cars driving to The Netherlands has to be requested in advance;

### **The Netherlands as issuing member State**

In The Netherlands EIO can be issued by the prosecutor, by the investigative judge and by the Court. Normally these EIO's will be send via the Centres for International Legal Cooperation and through the liaison magistrate.

### **Assistance**

The office of the Dutch liaison-magistrate in Italy is always available for advice and assistance:

Dott.sa H. van Bruggen, magistrato di collegamento

[hester-van.bruggen@minbuza.nl](mailto:hester-van.bruggen@minbuza.nl) +39 3499329822

Dott. P. Hemmes, assistant of the magistrato di collegamento

[Peter.hemmes@minbuza.nl](mailto:Peter.hemmes@minbuza.nl) +39 3442357686