SUPPLEMENTAL MISSING PERSON WORKSHEET

Wisconsin Department of Justice
DJ-LE-292B (Rev. 5/01)

ENTER SUPPLEMENTAL NCIC AGENCY IDENTIFIER WI

System Identification Number	Agency Case Number	Operator	
Name - Last	First	Middle	Suffix
Alias Name - Last	First	Middle	Suffix
Alias Name - Last	First	Middle	Suffix
Alias Date of Birth	Scars Marks Tattoos	Social Security Number	
Miscellaneous Number	D.L. State	Driver License Number	D.L. Expiration

CANCEL SUPPLEMENTAL NCIC AGENCY IDENTIFIER WI

System Identification Number	Agency Case Number	Operator	
Name - Last	First	Middle	Suffix
Alias Name - Last	First	Middle	Suffix
Alias Name - Last	First	Middle	Suffix
Alias Date of Birth	Scars Marks Tattoos	Social Security Number	
Miscellaneous Number	D.L. State	Driver License Number	D.L. Expiration

Completed by:	Name	Verification	Date	Reason
Enter	_____	_____	_____	_____
Cancel	_____	_____	_____	_____