

SUPPLEMENTAL PROTECTION ORDER & INJUNCTION WORKSHEET

Wisconsin Department of Justice
DJ-LE-269A (Rev 05/01)

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 Date of Birth		Scar Mark Tattoo				Social Security Number					
Miscellaneous Number			D.L. State		Driver License Number			D.L. Expiration			
License Plate Number			Plate State		Expiration	Plate Type	VIN				

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 Date of Birth		Scar Mark Tattoo				Social Security Number					
Miscellaneous Number			D.L. State		Driver License Number			D.L. Expiration			
License Plate Number			Plate State		Expiration	Plate Type	VIN				

Completed by: Name _____ Verification _____ Date _____ Reason _____

Enter _____

Cancel _____