

PROTECTION ORDER & INJUNCTION WORKSHEET

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

ENTER										NCIC AGENCY IDENTIFIER										WI	
Court Agency ORI					Agency Case Number					Court Case Number											
Order or Injunction Number					Type of Order					State Statute Number											
Order or Injunction Served					Beginning Date					Ending Date											
Respondent - Last Name					First					Middle			Suffix								
Sex		Race		Date of Birth				Place of Birth													
Height		Weight		Eye Color			Hair Color			Medical Condition											
Scar Mark Tattoo					Skintone					Fingerprint Class											
FBI Number					Social Security Number					Miscellaneous Number											
State Identification Number					D.L. State			Driver License Number				D.L. Expiration									
Street Address							City				State										
License Plate Number					Plate State		Expiration		Plate Type		VIN										
Model Year		Vehicle Make				Model				Body Style		Color									
Petitioner - Last Name					First					Middle			Suffix								
Sex		Race		Date of Birth		Street Address				City		State									
Remarks																					
Operator				Agency Unit				System Identification Number				NCIC Number									

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

MODIFY

NCIC AGENCY IDENTIFIER

WI

System Identification Number			Agency Case Number			Operator		
Respondent - Last Name				First		Middle		Suffix
Court Agency ORI			Court Case Number			Agency Unit		
Order or Injunction Number			Type of Order			State Statute Number		
Order or Injunction Served			Beginning Date			Ending Date		
Sex	Race	Date of Birth				Place of Birth		
Height	Weight	Eye Color	Hair Color		Medical Condition			
Scar Mark Tattoo			Skintone			Fingerprint Class		
FBI Number			Social Security Number			Miscellaneous Number		
State Identification Number			D.L. State	Driver License Number			D.L. Expiration	
Street Address					City		State	
License Plate Number			Plate State	Expiration	Plate Type	VIN		
Model Year	Vehicle Make			Model		Body Style	Color	
Petitioner - Last Name				First		Middle		Suffix
Sex	Race	Date of Birth	Street Address			City		State
Remarks								

CANCEL

NCIC AGENCY IDENTIFIER

WI

System Identification Number			Agency Case Number			Operator		
Name Last				First		Middle		Suffix