

IDENTITY THEFT WORKSHEET

CAUTION INDICATOR

Yes

CAUTION/MEDICAL CONDITIONS

NOTIFY ORIGINATING AGENCY

Yes No

ENTER NCIC AGENCY IDENTIFIER										WI	
*Last Name			*First Name			Middle Name			Suffix		
*Sex		*Race		*Date of Birth		*Place of Birth		*Height		*Weight	
*Eye Color		*Hair Color		Skintone		Scar/Mark/Tattoo		Fingerprint Classification			
FBI Number				Social Security Number				Miscellaneous Number			
*Agency Case Number			*Identity Theft Type			*Password			Date of Theft		
Date of Purge				Linking Agency Identifier				Linking Agency Case Number			
Miscellaneous Remarks											
						*Operator			NCIC Number		

MODIFY NCIC AGENCY IDENTIFIER										WI		
*NCIC Number		*Last Name			*First Name			Middle Name		Suffix		
Caution/Medical Conditions		Notify Originating Agency (Circle One) Yes No			Sex	Race	Date of Birth		Place of Birth	Height	Weight	
Eye Color		Hair Color		Skintone		Scar/Mark/Tattoo		Fingerprint Classification				
FBI Number				Social Security Number				Miscellaneous Number				
Agency Case Number			Identity Theft Type			Password			Date of Theft			
Date of Purge				Linking Agency Identifier				Linking Agency Case Number				
Miscellaneous Remarks												
Name of Validator						*Operator						

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

ENTER SUPPLEMENTAL NCIC AGENCY IDENTIFIER				WI
*NCIC Number		*Operator		
*Last Name	*First Name	Middle Name	Suffix	
Alias Last Name	Alias First Name	Alias Middle Name	Suffix	
Alias Date of Birth	Scar/Mark/Tattoo	Social Security Number	Miscellaneous Number	Caution/Medical Conditions

CANCEL SUPPLEMENTAL NCIC AGENCY IDENTIFIER				WI
*NCIC Number		*Operator		
*Last Name	*First Name	Middle Name	Suffix	
Alias Last Name	Alias First Name	Alias Middle Name	Suffix	
Alias Date of Birth	Scar/Mark/Tattoo	Social Security Number	Miscellaneous Number	Caution/Medical Conditions

CANCEL NCIC AGENCY IDENTIFIER				WI
*NCIC Number	*Last Name	*First Name	Middle Name	Suffix
Reason for Record Removal		*Operator		

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