

# SUPPLEMENTAL PROTECTION ORDER & INJUNCTION WORKSHEET

Wisconsin Department of Justice  
DJ-LE-269A (Rev 1/06)

ENTER SUPPLEMENTAL		NCIC AGENCY IDENTIFIER			WI
*System Identification Number		*Agency Case Number			
*Respondent Last Name	*Respondent First Name		Respondent 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	
D.L. Number		D.L. State		Expiration	
Caution/Medical Conditions		Order/Injunction Conditions			
License Plate Number	Plate State	Expiration	Plate Type	*Operator	

CANCEL SUPPLEMENTAL		NCIC AGENCY IDENTIFIER			WI
*System Identification Number		*Agency Case Number			
*Respondent Last Name	*Respondent First Name		Respondent 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	
D.L. Number		D.L. State		Expiration	
Caution/Medical Conditions		Order/Injunction Conditions			
License Plate Number	Plate State	Expiration	Plate Type	*Operator	

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