

PROTECTION ORDER & INJUNCTION WORKSHEET

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

CAUTION INDICATOR

Yes

CAUTION/MEDICAL CONDITIONS

NOTIFY ORIGINATING AGENCY

Yes No

ENTER

NCIC AGENCY IDENTIFIER

WI

*Court Agency ORI		*Court Case Number		*Agency Case Number		Order/ Injunction Number		*Type of Order		
State Statute Number		Order or Injunction Served		*Order/Injunction Conditions		*Beginning Date		*Ending Date		
*Respondent Last Name				*Respondent First Name		Respondent Middle Name		Suffix		
*Sex	*Race	*Respondent 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		State Identification Number		Street Address			City		State	
DNA Available (Circle One) Yes No	DNA Location									
D.L. Number			D.L. State				Expiration			
License Plate Number			Plate State	Expiration	Plate Type	VIN				
Vehicle Year	Vehicle Make			Vehicle Model		Vehicle Style	Color			
*Petitioner Last Name				*Petitioner First Name		Petitioner Middle Name		Suffix		
Sex	Race	Date of Birth	Social Security Number	Street Address		City		State		
Miscellaneous Remarks										
Agency Unit			*Operator		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				
*Respondent Last Name			*Respondent First Name		Respondent Middle Name		Suffix	
Notify Originating Agency (Circle One) Yes No				Caution/Medical Conditions				
Court ORI		Court Case Number		Order/Injunction Number		Type of Order		
State Statute Number		Order/Injunction Served	Beginning Date		Ending Date		Order/Injunction Conditions	
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		State Identification Number	Street Address			City		State
DNA Available (Circle One) Yes No		DNA Location						
D.L. Number					D.L. State		Expiration	
License Plate Number			Plate State	Expiration	Plate Type	VIN		
Vehicle Year	Vehicle Make			Vehicle Model		Vehicle Style	Color	
Petitioner Last Name				Petitioner First Name		Petitioner Middle Name		Suffix
Sex	Race	Date of Birth	Social Security Number	Street Address		City		State
Miscellaneous Remarks								
Name of Validator			Agency Unit		*Operator			

CANCEL NCIC AGENCY IDENTIFIER WI

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