

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)					Sex	Race	Date of Birth			Place of Birth		Height		Weight				
			Yes No																		
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	_____	_____	_____	_____

