SUPPLEMENTAL MISSING PERSON WORKSHEET

Wisconsin Department of Justice
DJ-LE-292B (Rev 1/06)

ENTER SUPPLEMENTAL		NCIC AGENCY IDENTIFIER WI	
*System Identification Number		*Agency Case Number	
*Last Name	*First Name	Middle Name	Suffix
Alias Last Name	Alias First Name	Alias Middle Name	Suffix
Alias Date of Birth	Scars Marks Tattoos	Social Security Number	Miscellaneous Number
D.L. Number	D.L. State	Expiration	
Caution/Medical Conditions		*Operator	

CANCEL SUPPLEMENTAL		NCIC AGENCY IDENTIFIER WI	
*System Identification Number		*Agency Case Number	
*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
D.L. Number	D.L. State	Expiration	
Caution/Medical Conditions		*Operator	

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