# SUPPLEMENTAL MISSING PERSON WORKSHEET

Wisconsin Department of Justice
DJ-LE-292B (Rev. 5/01)

## ENTER SUPPLEMENTAL NCIC AGENCY IDENTIFIER WI

| System Identification Number | Agency Case Number | Operator | |
|---|---|---|---|
| Name - Last | First | Middle | Suffix |
| Alias Name - Last | First | Middle | Suffix |
| Alias Name - Last | First | Middle | Suffix |
| Alias Date of Birth | Scars Marks Tattoos | Social Security Number | |
| Miscellaneous Number | D.L. State | Driver License Number | D.L. Expiration |

## CANCEL SUPPLEMENTAL NCIC AGENCY IDENTIFIER WI

| System Identification Number | Agency Case Number | Operator | |
|---|---|---|---|
| Name - Last | First | Middle | Suffix |
| Alias Name - Last | First | Middle | Suffix |
| Alias Name - Last | First | Middle | Suffix |
| Alias Date of Birth | Scars Marks Tattoos | Social Security Number | |
| Miscellaneous Number | D.L. State | Driver License Number | D.L. Expiration |

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