

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 _____