SUPPLEMENTAL WARRANT WORKSHEET

Wisconsin Department of Justice
DJ-LE-271B (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	Scar/Mark/Tattoo		Social Security Number	Miscellaneous Number
D.L. Number		D.L. State	Expiration	Caution/Medical Conditions
License Plate Number	Plate State	Expiration	Plate Type	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
License Plate Number	Plate State	Expiration	Plate Type	*Operator

Completed by:	Name	Verification	Date	Reason
Enter				
Cancel				