

PROTECTION ORDER & INJUNCTION WORKSHEET

Wisconsin Department of Justice
DJ-LE-269 (Rev 1/06)

CAUTION INDICATOR

Yes

CAUTION/MEDICAL CONDITIONS

NOTIFY ORIGINATING AGENCY

Yes No

ENTER

NCIC AGENCY IDENTIFIER

WI

*Court Agency ORI		*Court Case Number		*Agency Case Number		Order/ Injunction Number		*Type of Order		
State Statute Number		Order or Injunction Served		*Order/Injunction Conditions		*Beginning Date		*Ending Date		
*Respondent Last Name				*Respondent First Name		Respondent Middle Name		Suffix		
*Sex	*Race	*Respondent 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		State Identification Number		Street Address			City		State	
DNA Available (Circle One) Yes No	DNA Location									
D.L. Number			D.L. State				Expiration			
License Plate Number			Plate State	Expiration	Plate Type	VIN				
Vehicle Year	Vehicle Make			Vehicle Model		Vehicle Style	Color			
*Petitioner Last Name				*Petitioner First Name		Petitioner Middle Name		Suffix		
Sex	Race	Date of Birth	Social Security Number	Street Address		City		State		
Miscellaneous Remarks										
Agency Unit			*Operator		System Identification Number		NCIC Number			

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

MODIFY

NCIC AGENCY IDENTIFIER

WI

*System Identification Number			*Agency Case Number		
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*Respondent Last Name		*Respondent First Name		Respondent Middle Name	Suffix
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Notify Originating Agency (Circle One) Yes No			Caution/Medical Conditions		
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Court ORI	Court Case Number	Order/Injunction Number	Type of Order
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State Statute Number	Order/Injunction Served	Beginning Date	Ending Date	Order/Injunction Conditions
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Sex	Race	Date of Birth	Place of Birth	Height	Weight	Eye Color	Hair Color
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Skintone	Scar/Mark/Tattoo	Fingerprint Classification	FBI Number	Social Security Number
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Miscellaneous Number	State Identification Number	Street Address	City	State
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DNA Available (Circle One) Yes No	DNA Location
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D.L. Number	D.L. State	Expiration
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License Plate Number	Plate State	Expiration	Plate Type	VIN
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Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Style	Color
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Petitioner Last Name		Petitioner First Name		Petitioner Middle Name	Suffix
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Sex	Race	Date of Birth	Social Security Number	Street Address	City	State
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Miscellaneous Remarks

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Name of Validator	Agency Unit	*Operator
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CANCEL

NCIC AGENCY IDENTIFIER

WI

*System Identification Number		*Agency Case Number		*Operator	
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*Last Name		*First Name		Middle Name	Suffix
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