VIOLENT PERSON ENTRY GUIDE

This document is intended to provide guidance with entering an individual into the NCIC Violent Person File. The use of this document is optional, and agencies can modify it to fit their needs. It is highly recommended that agencies have a policy in place to determine who they will enter into this file, who makes the decisions to enter someone into the file, who makes the entry, and in what circumstances (if any) a record is cancelled. Agencies can choose to make an entry based on convictions found in an individual's criminal history record or CCAP record related to one of the first three criteria below. An agency could also choose to make an entry based on their own encounters with the individual as described in the fourth criteria listed below, no conviction is required for entry under this fourth criteria option.

CRITERIA FOR ENTRY (choose on	•	aide et e leur enferance tatti con a	alian madation
any such statute which involves		cide of a law enforcement officer, flo forcement.	eeing, resisting arrest, or
	•	a person to include homicide and a	attempted homicide.
Offender has been convicted of a	a violent offense against	a person where a firearm or weapo	on was used.
		atory duties, reasonably believes that	
	ntent to commit an act of	unlawful violence against a membe	er of the law enforcement
or criminal justice community.			
Must include documentation in the	case file to justify the	criteria chosen and the reason f	or entry into the VPF.
Individual Details:			
First name:	Middle:	Last name:	
Sex: Race:	Date of Birth		
Case #			
Optional Narrative (explain the justification for	entry).		
Optional National Coopiain the Justineation for	chay).		
See attached Violent Person workshe accurate information.	eet for further information	n. All NCIC records must be packe	d with complete and
Name of Individual Requesting	Entry/Agency Name		Date Submitted
	, , ,		
Name of Authorizing Individual	Agency Name		Date of Approval

VIOLENT PERSON WORKSHEET

	INDICATOR			CAUTION/MEDICA	AL CONDITIONS		NOTIFY	ORIGINA	TING A	GENCY	
∐ Yes							Y	es 🗌	No		
Offend involv	ves violence a der has been o der has been o enforcement a nmit an act of	convicted for gainst law e convicted of convicted of agency, bas	r assault or mu inforcement. a violent offen a violent offen ed on its officia	se against a person se against a person al investigatory dutie a member of the law	aw enforcement office to include homicide to where a firearm or es, reasonably believe enforcement or crirect CAGENCY	and attem weapon wa ves that the minal justice	pted hom is used. individua e commu	nicide. al has seric inity.			
*Last Name				*First Name	CAGENCI		Middle				Suffix
*Sex	*Race	*Date of Bir	rth	Place of Birth		*Hei	ght	*Weight	Eye	e Color	*Hair Color
Skintone		Scar/N	Mark/Tattoo	Fingerprint Class	sification		FBI Nu	mber	Soc	ial Security N	Number
Miscellaneo	ous Number			State Identification	on Number						
D.L. Numbe	er			D.L. State	Expiration	License I	Plate Num	iber	State	Expiration	Plate Type
VIN			Year	Vehicle Make		Vehicle N	Model		Style	Color	,
*Agency Ca	ase Number			Linking Agency	Identifier		Linking	g Agency Ca	se Num	ber	
Yes N	able (Circle One O O Sus Remarks	e) DNA	Location								
*Operator					NCIC Number						
Completed Enter	•			Verificatio	on		Date		Reaso	on	_
Modify/Sup	oplement										_
Cancol											

VIOLENT PERSON WORKSHEET

MODIFY			1	NCIC A	GENCY ID	DATHOLDER	WI				
* NCIC Number			*Agency Case Number								
*Last Name			*First Name			Middle Nam	Middle Name Suffix				
Caution/Medical Condition	ns		Sex		Race	Date of Birth	Date of Birth				
Place of Birth	Height		Weight		Eye Color	Hair Color	Hair Color Skin				
Scar/Mark/Tattoo	Fingerprint	Classification				FBI Number	per				
Social Security Number			Miscellaneou	us Number		State Identif	ication Numbe	ar.			
			Wiscenanco	us Number							
D.L. Number						D.L. State			Expiration		
License Plate Number		Plate State	Expiration	Plate Type	VIN						
Vehicle Year	Vehicle Mal	ke	1	1	Vehicle Model	Vehicle Styl	e Co	olor /			
Court ORI		Bond Amour	nt		Linking Agency Iden	ntifier	ifier Linking Agency Case Number				
DNA Available (Circle Or	ne)	DNA Location	on								
Yes No Miscellaneous Remarks											
Name of Validator			Agency Unit			*Operator	*Operator				
_											
CANCEL	1.0				GENCY ID						
Type of Cancellation (Cir Warrant/Temp Misdeamea).	*System Identification Number				*Agency C	ase Number			
*Last Name			*First Name Middle Name				1		Suffix		
Reason for Record Remov		*Operator									
Completed by: Nar	me		Ve	rification		Date	Reas	son			
Modify/Supplement											
Cancel											

VIOLENT PERSON WORKSHEET

ENTER SUPPLEME	NTAL		NCIC A	GENCY	IDEN		WI			
*System Identification Number			*Agency Case	Number						
*Last Name			*First Name			Middle Name				
Alias Last Name			Alias First Name			Alias Mido	Suffix			
Alias Last Name			Alias First Name			Alias Mido	Suffix			
Alias Last Name			as First Name			Alias Middle Name Suffix				
Alias Date of Birth	Scar/Mark/Tattoo)		Social Security	y Number		Miscellaneous Number			
Alias Date of Birth	Scar/Mark/Tattoo	Scar/Mark/Tattoo			y Number		Miscellaneous Number			
Alias Date of Birth	Scar/Mark/Tattoo)		Social Security	y Number	Miscellaneous Number				
D.L. Number		D.I	L. State	Expiration		Caution/M	edical Conditions			
D.L. Number		D.I	L. State	Expiration		Caution/Medical Conditions				
D.L. Number		D.I	L. State	Expiration		Caution/Medical Conditions				
License Plate Number	e Plate Number Plate State			Plate Type		Operator				
CANCEL SUPPLEM	ENTAL		NCIC A	GENCY	IDENT		WI			
*System Identification Number				*Agency Case	Number					
*Last Name		*Fi	rst Name			Middle Na	me	Suffix		
Alias Last Name			Alias First Name			Alias Mido	Suffix			
Alias Last Name			Alias First Name			Alias Mido	Suffix			
Alias Last Name			as First Name	Alias Middle name			Suffix			
Alias Date of Birth	Scar/Mark/Tattoo	1		Social Security	Number		Miscellaneous Number			
Alias Date of Birth	Scar/Mark/Tattoo	Scar/Mark/Tattoo		Social Security Number			Miscellaneous Number			
Alias Date of Birth	Scar/Mark/Tattoo			Social Security Number			Miscellaneous Number			
D.L. Number	<u>I</u>			D.L. State	Expiration		Caution/Medical Condition	ons		
D.L. Number				D.L. State	Expiration	ration Caution/Medical Conditions		ons		
D.L. Number				D.L. State	Expiration	n Caution/Medical Conditions		ons		
License Plate Number	Plate State		Expiration	Plate Type	*Operator		l			
Completed by: Name	<u>I</u>		Verification	1	<u>'</u>	Date	Reason			
Enter										
Modify/Supplement										
Cancel										