

# VIOLENT PERSON ENTRY GUIDE

Wisconsin Department of Justice  
(Rev 5/25)

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 one)

- ☐ Offender has been convicted for assault or murder/homicide of a law enforcement officer, fleeing, resisting arrest, or any such statute which involves violence against law enforcement.
- ☐ Offender has been convicted of a violent offense against a person to include homicide and attempted homicide.
- ☐ Offender has been convicted of a violent offense against a person where a firearm or weapon was used.
- ☐ A law enforcement agency, based on its official investigatory duties, reasonably believes that the individual has seriously expressed his or her intent to commit an act of unlawful violence against a member of the law enforcement or criminal justice community.

**Must include documentation in the case file to justify the criteria chosen and the reason for entry into the VPF.**

Individual Details:

First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last name: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Case # \_\_\_\_\_

Optional Narrative (explain the justification for entry):

|                                                             |
|-------------------------------------------------------------|
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|-------------------------------------------------------------|

See attached Violent Person worksheet for further information. All NCIC records must be packed with complete and accurate information.

**Name of Individual Requesting Entry/Agency Name**

**Date Submitted**

\_\_\_\_\_

\_\_\_\_\_

**Name of Authorizing Individual/Agency Name**

**Date of Approval**

\_\_\_\_\_

\_\_\_\_\_

# VIOLENT PERSON WORKSHEET

## CAUTION INDICATOR

☐ Yes

## CAUTION/MEDICAL CONDITIONS

## NOTIFY ORIGINATING AGENCY

☐ Yes ☐ No

## CRITERIA FOR ENTRY (choose one)

- ☐ Offender has been convicted for assault or murder/homicide of a law enforcement officer, fleeing, resisting arrest, or any such statute which involves violence against law enforcement.
- ☐ Offender has been convicted of a violent offense against a person to include homicide and attempted homicide.
- ☐ Offender has been convicted of a violent offense against a person where a firearm or weapon was used.
- ☐ A law enforcement agency, based on its official investigatory duties, reasonably believes that the individual has seriously expressed his or her intent to commit an act of unlawful violence against a member of the law enforcement or criminal justice community.

| ENTER NCIC AGENCY IDENTIFIER |       |                  |              |                             |            |                      |                            |           |                        | WI          |  |
|------------------------------|-------|------------------|--------------|-----------------------------|------------|----------------------|----------------------------|-----------|------------------------|-------------|--|
| *Last Name                   |       |                  | *First Name  |                             |            | Middle Name          |                            |           | Suffix                 |             |  |
| *Sex                         | *Race | *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 |            |                      |                            |           |                        |             |  |
| D.L. Number                  |       |                  |              | D.L. State                  | Expiration | License Plate Number |                            | State     | Expiration             | Plate Type  |  |
| VIN                          |       | Year             | Vehicle Make |                             |            | Vehicle Model        |                            | Style     | Color /                |             |  |
| *Agency Case Number          |       |                  |              | Linking Agency Identifier   |            |                      | Linking Agency Case Number |           |                        |             |  |
| DNA Available (Circle One)   |       | DNA Location     |              |                             |            |                      |                            |           |                        |             |  |
| Yes No                       |       |                  |              |                             |            |                      |                            |           |                        |             |  |
| Miscellaneous Remarks        |       |                  |              |                             |            |                      |                            |           |                        |             |  |
|                              |       |                  |              |                             |            |                      |                            |           |                        |             |  |
|                              |       |                  |              |                             |            |                      |                            |           |                        |             |  |
|                              |       |                  |              |                             |            |                      |                            |           |                        |             |  |
| *Operator                    |       |                  |              |                             |            | NCIC Number          |                            |           |                        |             |  |

Completed by:      Name      Verification      Date      Reason

Enter      \_\_\_\_\_

Modify/Supplement      \_\_\_\_\_

Cancel      \_\_\_\_\_

# VIOLENT PERSON WORKSHEET

| MODIFY                                  |  |                            |                      |            | NCIC AGENCY IDENTIFIER    |                             |               |                            |            | WI       |  |
|-----------------------------------------|--|----------------------------|----------------------|------------|---------------------------|-----------------------------|---------------|----------------------------|------------|----------|--|
| * NCIC Number                           |  |                            |                      |            | *Agency Case Number       |                             |               |                            |            |          |  |
| *Last Name                              |  |                            | *First Name          |            |                           | Middle Name                 |               |                            | Suffix     |          |  |
| Caution/Medical Conditions              |  |                            | Sex                  |            | Race                      |                             | 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 |               |                            |            |          |  |
| 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<br>/ |          |  |
| Court ORI                               |  | Bond Amount                |                      |            | Linking Agency Identifier |                             |               | Linking Agency Case Number |            |          |  |
| DNA Available (Circle One)<br>Yes    No |  | DNA Location               |                      |            |                           |                             |               |                            |            |          |  |
| Miscellaneous Remarks                   |  |                            |                      |            |                           |                             |               |                            |            |          |  |
|                                         |  |                            |                      |            |                           |                             |               |                            |            |          |  |
|                                         |  |                            |                      |            |                           |                             |               |                            |            |          |  |
|                                         |  |                            |                      |            |                           |                             |               |                            |            |          |  |
| Name of Validator                       |  |                            | Agency Unit          |            |                           | *Operator                   |               |                            |            |          |  |

| CANCEL                               |  |  |                               |  | NCIC AGENCY IDENTIFIER |                     |  |        |  |
|--------------------------------------|--|--|-------------------------------|--|------------------------|---------------------|--|--------|--|
| Type of Cancellation (Circle One)    |  |  | *System Identification Number |  |                        | *Agency Case Number |  |        |  |
| Warrant/Temp Misdeameanor      Temp. |  |  |                               |  |                        |                     |  |        |  |
| *Last Name                           |  |  | *First Name                   |  |                        | Middle Name         |  | Suffix |  |
| Reason for Record Removal            |  |  |                               |  | *Operator              |                     |  |        |  |

| Completed by:     | Name | Verification | Date | Reason |
|-------------------|------|--------------|------|--------|
| Enter             |      |              |      |        |
| Modify/Supplement |      |              |      |        |
| Cancel            |      |              |      |        |

# VIOLENT PERSON WORKSHEET

**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 Last Name               |  | Alias First Name |            | Alias 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 |  |
| Alias Date of Birth           |  | Scar/Mark/Tattoo |            | Social Security Number |                            | Miscellaneous Number |  |
| Alias Date of Birth           |  | Scar/Mark/Tattoo |            | Social Security Number |                            | Miscellaneous Number |  |
| D.L. Number                   |  | D.L. State       | Expiration |                        | Caution/Medical Conditions |                      |  |
| D.L. Number                   |  | D.L. State       | Expiration |                        | Caution/Medical Conditions |                      |  |
| 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 Last Name               |  | Alias First Name |            | Alias 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 |  |
| Alias Date of Birth           |  | Scar/Mark/Tattoo |            | Social Security Number |                            | Miscellaneous Number |  |
| Alias Date of Birth           |  | Scar/Mark/Tattoo |            | Social Security Number |                            | Miscellaneous Number |  |
| D.L. Number                   |  |                  | D.L. State | Expiration             | Caution/Medical Conditions |                      |  |
| D.L. Number                   |  |                  | D.L. State | Expiration             | Caution/Medical Conditions |                      |  |
| 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      \_\_\_\_\_

Modify/Supplement \_\_\_\_\_

Cancel      \_\_\_\_\_