



Law Enforcement Sensitive
HIDTA ISC
Request for Information/Support

Phone: (219) 650-2460

Fax: (219) 650-2465

Section I • Case Information

All information in this section must be completed for RFI to be fulfilled!

Case #: _____ Criminal Predicate: _____ Drug Type: _____
 Agency: _____ Requestor: _____ Date: _____
 Phone#: _____ Cell#: _____ Fax#: _____
 Email Address: _____

****All Email addresses must be law enforcement agency approved** (i.e., no Yahoo, Hotmail, or gmail)**

Section II • Subject Information				Section V • Deconfliction	
Subject Name:		Alias:	DOB (or Age):		<input type="checkbox"/> Target Person* * FN, LN, & DOB is required <input type="checkbox"/> Target Phone Number <input type="checkbox"/> Target Address <input type="checkbox"/> Target Vehicle** **License plate is required
Race/Sex:		SSN:	Phone#:		
Address:					
Vehicle Make / Model:	Year:	Color:	OLN / ID number and State:		
Plate:		Exp (MM-YY):	Plate Type (In God We Trust, etc.):		Event Address <input type="checkbox"/> Use Subject's Address <input type="checkbox"/> Alternate Address (Provide Below) _____ _____
Gang: _____		<input type="checkbox"/> Subject admits membership <input type="checkbox"/> Subject wears gang clothing			
Set: _____		<input type="checkbox"/> Subject has gang tattoos <input type="checkbox"/> Other criteria (Specify Below)			
Known Threat to LE:		<input type="checkbox"/> Unknown <input type="checkbox"/> Armed & Dangerous			
Section III • Type of Information Requested					
<input type="checkbox"/> Attempting to Locate / Identify <input type="checkbox"/> Criminal History <input type="checkbox"/> Driver's License		<input type="checkbox"/> FinCEN (Financial) <input type="checkbox"/> Reverse Phone Number Look-Up <input type="checkbox"/> Vehicle Registration		<input type="checkbox"/> Photograph <input type="checkbox"/> Warrant Checks <input type="checkbox"/> Title/Lien Information	
Must have a non-terminal agreement on file with HIDTA for IDACS/NCIC					
Section IV • Analytical Services Requested					
<input type="checkbox"/> Gang Charting <input type="checkbox"/> Flow Chart		<input type="checkbox"/> Mapping <input type="checkbox"/> Photo Line-up		<input type="checkbox"/> Phone Toll Analysis <input type="checkbox"/> Event Timeline	
Additional Information:					
Section V • Deconfliction (Continued)					
Date and Time Range (Max 7 days) (24-hour format) FROM _____ TO _____					
Enforcement Activity for Event <input type="checkbox"/> Surveillance <input type="checkbox"/> Search Warrant <input type="checkbox"/> Buy/Bust <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Other (Specify) _____					

Section VI • ISC Use Only

Completed by: _____ Date: _____ Request #: _____
 Officer Notified: _____ Conflict: Yes No Deconfliction #: _____