

LEADS Daily Bulletin

February 9, 2024

SEX OFFENDER/VOAY MOVING STATUS - REVISED

Instructions below are for both placing an offender into moving status and taking possession of a record already in moving status. An agency that does not currently own the record should **NEVER** make any modifications, **except** to employment/student data. Making modifications when the agency does not own the record can cause issues with the programmed timers. It could reset non-compliant timers or compliant timers, causing inconsistencies with the offenders record. Offenders could be arrested unjustly or could be not detained when needed. Agencies could face legal repercussions modifying records not properly owned by their agency.

PLACE INTO MOVING STATUS:

Select Modify Sex Offender, Enter Owning Agency Main ORI into Header ORI Information; Enter Record Identifiers: LEADS number (X05A1234) and Offender Name (Public,John Q). Move down the Form to Offender Registration Information. In LEADS Status space, enter M-084, (084 = County 3-digit code where offender is moving). County code list can be found in LEADS 3.0 Manual under Sex offender Chapter, Moving. Or within the Modify form under address information County Code dropdown list. Complete activity date for the date the offender notified they are moving. Select Submit at bottom of form. Only the agency who is the current owner of the record may place the record into moving status.

The screenshot shows the 'MMS - NCIC Modify Sex Offender' form. Key fields and annotations are as follows:

- Header Information:** ORI field is annotated with a blue arrow pointing to a box labeled 'Owning Agency Main ORI'.
- Record Identifiers:** LEADS # is 'X05A1234' and Name is 'PUBLIC,JOHN Q'.
- Message Information:** MIKE, ORI, and Name of Validator fields.
- Offender Personal Information:** Includes fields for Caution/Medical Condition, Name, Sex, Race, Date of Birth, Place of Birth, Height, Weight, Hair Color, Eye Color, Skin Tone, Scars, Marks, Tattoos, Ethnicity, Citizenship, Social Security #, FBI/UCN#, Miscellaneous #, Fingerprint Classification, DNA, DNA Location, Chicago PD IR#, Blood Type, Email, Internet Identifiers, Operator's License #, and Expiration Year.
- Offender Registration Information:** LEADS Status is 'M-084', Initial Registration Date is '11/30/2021', and Activity Date is '11/30/2021'. A box labeled 'Activity Date Offender Registered' points to the Activity Date field.

Additional annotations include a box labeled 'LEADS Status M-084' pointing to the LEADS Status field and a large blue arrow pointing to the bottom of the form.

TAKE POSSESSION OF RECORD IN MOVE STATUS:

Step 1 - Inquire by LEADS number or Name, Sex, DOB. Select Hot Link from inbox Response to Modify the Record.

Received Time:	10:18:14 11-30-21	Source ORI:	IL08496Y6
Summary:	22: LDS=X10B4153		
<input type="checkbox"/> View Message Details			
Modify	Modify Emp/Stu Address	Enter AddOn	Clear Addon
CHF			
QUERY: ZW LDS/X10B4153			

The Modify Form will open with the LEADS number and Name already filled in. Agency will Complete:

- HEADER INFORMATION - COMPLETE** WITH AGENCY ORI TAKING POSSESSION ESPECIALLY IF ORI IS DIFFERENT THAN THE AGENCY LOGGED INTO. (EX: DISPATCH CENTER)
- RECORD IDENTIFIERS** - Must insert LEADS number and 2nd Identifier, in this case the name. (already completed by selecting Hot Link).
- MESSAGE INFORMATION - MKE- LEAVE BLANK, ORI - COMPLETE** WITH ORI OF AGENCY TAKING POSSESSION OF RECORD, (The Header ORI and Message ORI Must Match). Name of Validator – LEAVE BLANK
- OFFENDER PERSONAL INFORMATION - LEAVE BLANK**

d) OFFENDER PERSONAL INFORMATION - LEAVE BLANK

MXS - NCIC Modify Sex Offender

Header ORI- Complete with ORI of Agency taking possession

Record Identifiers

* LEADS # X07B3577 * Name SMITH, SIDNEY A

Message Information

MKE ORI Name of Validator

Message ORI - ORI OF AGENCY TAKING POSSESSION OF RECORD

Offender Personal Information

Caution/Medical Condition

Name Sex Race Date of Birth Place of Birth

Height Weight Hair Color Eye Color Skin Tone Scars, Marks, Tattoos

Ethnicity Citizenship Social Security # FBI /UCN# Miscellaneous # Fingerprint Classification

DNA DNA Location Chicago PD IR# Blood Type

Telephone # Telephone Type Email Internet Identifiers

Operator's License State

ACTIVITY DATE MMDDYYYY- ACTUAL DATE OFFENDER NOTIFIED

Offender Registration Information

LEADS Status Initial Registration Date Activity Date Ending Registration Date

R / / 00/00/0000 / /

State ID # Child Sex Offender

- OFFENDER REGISTRATION INFORMATION - LEADS Status** – place R, for Registered, Initial Registration date – **LEAVE BLANK** Activity Date – Complete, using the actual date the offender came into agency to notify he/she has moved to the agency's jurisdiction. Ending Registration Date – **LEAVE BLANK** **NOTHING else in the form should be completed at this time. MOVE DOWN FORM - CLICK SUBMIT.**

Step 2 – Open Modify form again. Keep only Record Identifiers, (LEADS number & Name) move down to Address Information, complete the new address, including the beginning date and any other NEW information, then Click Submit. The agency will receive Acknowledgement message but should always query the record to ensure the correct information has been modified in both the LEADS record and the NCIC record.

MKS - NCIC Modify Sex Offender

Header Information
 ORI

Record Identifiers
 * LEADS # * Name

Message Information
 MKE ORI Name of Validator

Offender Personal Information
 Caution/Medical Condition

Name Sex Race Date of Birth Place of Birth
 Height Weight Hair Color Eye Color Skin Tone Scars, Marks, Tattoos
 Ethnicity Citizenship Social Security # FBI/UCN# Miscellaneous # Fingerprint Classification
 DNA DNA Location Chicago PD IR# Blood Type
 Telephone # Telephone Type Email Internet Identifiers
 Operator's License State Operator's License # Expiration Year

Offender Registration Information
 LEADS Status Initial Registration Date Activity Date Ending Registration Date
 State ID # Child Sex Offender
 County/State of Conv IDC # Photo Age At Offense Verification Verified Action
 Citation 1 Conviction 1 Citation 2 Conviction 2 Citation 3 Conviction 3 Citation 4 Conviction 4 Citation 5 Conviction 5
 Citation 6 Conviction 6 Citation 7 Conviction 7 Citation 8 Conviction 8 Citation 9 Conviction 9 Citation 10 Conviction 10

Victim Information
 Relationship to Victim Victim Age Victim Gender

Address Information
 Address Type Beginning Date Ending Date Verification Date
 Addr. No. Direction Apt. # Street Name Area/Beat #
 City State County Code Zip Code Residence Type

Vehicle Information
 Vehicle Color Vehicle Year Vehicle Make Vehicle Model
 Vehicle Style VIN # Vehicle Ownership
 License Month License Year License State License Type License #

Boat Information
 Boat Color Boat Year Boat Make Boat Model
 Boat Type Boat Name Boat Length Propulsion Hull Hull Shape
 Boat Hull # Registration # Registration State Expiration Year Coast Guard # Home Port

Optional Linkage Information
 Linkage Agency ID Linkage Case #

Miscellaneous Information

Agency Case Number
 Agency Case #

Submit Clear

