ILLINOIS STATE POLICE FIELD NOTIFICATION ENTRY FORM

All categories must be completed and supportive documentation must be supplied with this form before program entry will be considered.

Submitter ID#						Submitter	Name								
District/Office							NCIC #								
Subject Name: (Last) (First)							(Middle)					Sex	М	F	
DOB	Race		HGT		WGT	WGT		Hair		Eyes		Skin			
SMT											SOC				
DLN			DLS		MISC										
VCO		VYR		VMA				VMO				VST			
License # LIS		LIS		LIT		LYR		V	VIN						
Alias Name(s): (Last)					(First)						(Middle)				
PRIORITY (1) MO (see back of form)				PRIORITY (2	2) MO				PRIOF	RITY (3) I	NO				
(see back of form)				Update											
NARRATIVE															
(Please provide a bri	ief stater	nent of the re	ason(s)	for submission	, any cautio	ons or other	pertinen	nt inform	mation. l	Jse addii	tional shee	ets if need	ed)		
The information cont	ained in	this documer	its and a	attachments is o	correct to th	ne best of m	iy knowle	edge ar	nd belief	f. I under	stand that,	if approv	ed, it v	will be	
entered into the Field		-													
Submitter's Signature	e										_Date				
Supervisor's Signatu	re										Date				
IL 493-1091												ISP 4	-154 ((5/2001)	

FNP CRIME CLASSIFICATION/OFFENSES

(Classifications are to be used to indicate one or more MOs on the front of this form. They may be prioritized by using the priority blank. Offenses will print out in the order in which they are prioritized. If no prioritizations are selected by the submitter, they will be prioritized in the order in which they appear below).

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