OKLAHOMA HIDTA INTELLIGENCE CENTER
SUBJECT DECONFLICTION FORM
WATCH CENTER 24 HOUR HOTLINE
1-877-999-METH(6384) FAX 405-524-7619

DATE OF REQUEST _____ **TIME OF REQUEST**_____

REQUESTING AGENT/OFFICER INFORMATION

AGENT/OFFICER _____**AGENCY**_____
24 HOUR CONTACT #_____
SUPERVISOR'S NAME_____
SUPERVISOR'S 24 HOUR CONTACT #_____

SUBJECT DECONFLICTION INFORMATION

CASE NUMBER ***(Required)***_____

SUBJECT LAST NAME_____ **FIRST NAME** _____
(Required) ***(Required)***

MIDDLE NAME _____**SUFFIX**_____**ALIAS**_____

RACE _____ **SEX** _____ **DOB or, approximate age** _____***(Required)***

HEIGHT _____ **WEIGHT** _____ **HAIR COLOR** _____ **EYE COLOR**_____

ADDRESS_____ **APT/SUITE #**_____

CITY _____ **STATE** _____ **ZIP CODE** _____

SSN_____**D.L. #**_____ **D.L. STATE** _____

FBI #_____**STATE ID #**_____

NOTES: _____

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WATCH CENTER USE ONLY

SUBJECT COMPLETION INFORMATION
DATA ENTERED BY _____

TARGET ID _____ **CONFLICT YES** _____ **NO** _____