

**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 FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
(Required)

LAST NAME \_\_\_\_\_ ALIAS \_\_\_\_\_  
(Required)

SEX \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

RACE \_\_\_\_\_ DOB \_\_\_\_\_ (Required)

SSN \_\_\_\_\_ OTHER # \_\_\_\_\_ TYPE \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT/SUITE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

\*\*\*\*Address is not deconflicted. You must fill out a separate form for addresses\*\*\*\*

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**WATCH CENTER USE ONLY**

**SUBJECT COMPLETION INFORMATION**

DATA ENTERED BY \_\_\_\_\_

TARGET ID \_\_\_\_\_

CONFLICT YES \_\_\_\_\_ NO \_\_\_\_\_