



Chicago HIDTA Deconfliction Submission

Phone: (312) 603-8142

Fax: (312) 603-8030

DECONFLICTION SUBMISSIONS MUST BE FAXED
(PHONE SUBMISSIONS will only be accepted in EMERGENCIES)

RES. ADDRESS WILL NOT BE ENTERED AS A TARGET
UNLESS REQUESTED OR ENTERED AS AN EVENT

Target

Event

Submission Date: _____	Submitting Agency: _____
Submitting Agent/Officer: _____	
PIN# _____	Case ID# _____
<i>(Initials&last four digits of SSN) (Case#/Search Warrant#/Operation Name)</i>	
Tel. # Office _____	Cell # _____ Fax # _____
Supervisor: _____	Tel. # _____ Cell # _____

TARGET INFORMATION

Last Name: _____	First: _____	Initial: _____
Alias: _____	Nickname: _____	
DOB: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race: _____ Gang: _____
Res.Add: _____	City: _____	State: _____ Zip _____
SSN: _____	DL# _____	State: _____
Tel. # Res. _____	Cell # _____	
Vehicle License Plate # (s) _____		
Business Name: _____	Address: _____	

EVENT INFORMATION

EVENT LOCATION

Address: _____
Apt. #/Floor: _____ City: _____ State: _____ Zip: _____

EVENT TIME FRAME:

Starting Date: _____ Starting Time: _____
Ending Date: _____ Ending Time: _____

Event Activity: _____

(i.e. search warrant, undercover buy, CI buy, buy/bust, surveillance, reverse, arrest warrant, narcotic investigation etc.)

Additional Information: _____

HIDTA Use Only

Notification made by: _____ Date and Time: _____

NOTE: All PERSON Targets submitted must have a Date of Birth.
All Targets will remain active in the system for two years.