

PLEASE TYPE ALL INFORMATION

DCJS-9 (3/99)

STATE OF NEW YORK
DIVISION OF CRIMINAL JUSTICE SERVICES
BUREAU OF IDENTIFICATION & CRIMINAL HISTORY OPERATIONS
4 TOWER PLACE
ALBANY, NEW YORK 12203-3764
518 - 457-6051 (54)

INSTRUCTIONS:

*This form is to be used only when a fingerprint card is not possible.
Shaded boxes are required data elements.
Item D - INDICATE SPECIFIC PURPOSE FOR INQUIRY:*

CORRESPONDENCE INQUIRY

A. DATE		B. REQUEST FOR <input type="checkbox"/> Criminal Record <input type="checkbox"/> Other (Specify) _____ _____		C. REQUESTING AGENCY (NAME, ADDRESS & TELEPHONE NO.)		D. REASON FOR REQUEST & CASE NUMBER	
1. NYSID NO.		2. NAME (LAST, FIRST, MIDDLE)		3. ADDRESS (LAST KNOWN)			
4. NICKNAME		5. ALIAS AND/OR MAIDEN NAME		6. SEX M F		7. RACIAL APPEARANCE White Black Am. Indian Japan Chin. Other	
8. SKIN TONE Light Medium Dark		9. HEIGHT Ft. In.		10. DATE OF BIRTH Mo. Day Yr.		11. AGE	
12. PLACE OF BIRTH		13. AGENCY ORI NO.		14. SOCIAL SECURITY NO.		15. FBI NO.	
16. DCJS AGENCY CODE NO.		16A. ADDITIONAL DATA (KNOWN CRIMINAL ACTIVITY, PHYSICAL ODDITIES, ETC.) 		C O N T R O L D A T A		17. NAME OF REQUESTING OFFICER	
						18. AUTHORIZED BY (SIGNATURE)	
						19. TITLE	

DCJS USE ONLY

RESULTS OF INQUIRY

DATE _____

NO CRIMINAL RECORD IN NEW YORK STATE

RECORD ATTACHED

1

OTHER (SEE REMARKS)

REMARKS:

1 This response is based on other than a fingerprint identification.