

B.I.A. COOPERATING INDIVIDUAL REQUEST
 BUREAU OF INTERNAL AFFAIRS CHICAGO POLICE DEPARTMENT

DATE _____

On (Date) _____ I, Officer (Print Officer's Name) _____
 met with (C.I.'s True Name) _____ who stated he or she wished to
 cooperate with the Chicago Police Department, Bureau of Internal Affairs. During conversation with
 (C.I.'s True Name) _____ he or she provided the following
 information: _____

(C.I.'s True Name) _____ stated he or she could provide
 information relative to illicit trafficking in narcotics or other above specified criminal activities.

It is hereby requested that (C.I.'s True Name) _____ be assigned a
 C.I. Number (C.I.Number) _____ and name of (C.I. Undercover Name) _____

- CRIMINAL HISTORY SHEET ATTACHED** (C.I. Undercover Name) _____
- NO CRIMINAL HISTORY ON FILE, AS CHECKED BY:** (Name or Clerk No.) _____
- PHOTO ATTACHED**
- NCIC - LEADS PRINTOUT ATTACHED**

OFFICER(S) UTILIZING C.I.			APPROVAL SIGNATURES		
SIGNATURE	STAR NO.	DATE			
			SERGEANT	STAR NO.	DATE
			COMMANDING OFFICER		DATE
			COMMANDER		DATE