



Chicago HIDTA Deconfliction Submission

Phone: 312-448-5700 Fax: 312-448-5701

Email: Watchcenter@chicago-hidta.org

User Information

Date _____ User Name _____ PIN# _____
 Agency _____ Case Number _____
 _____ (Case#, Search Warrant #, Operation Name)
 User's Phone Office # _____ Cell # _____ Fax # _____

TARGET Details

Designate Target Type: CHECK-- Person---Business---Phone#---Plate#--- Address

NOTE: All Person, Business, Telephone, License Plate and Address TARGET Submissions will remain active for TWO years

Person Subject's Name Last _____ First _____ I _____
 Alias _____ Nickname _____
 DOB _____ Sex M F _____ Race _____ Gang _____
 SSN _____ DLN _____ DL State _____
 Business Target Business Name _____
 Telephone# Target Home # _____ Cell # _____ Other _____
 License Plate Number Target License Plate # _____ ST _____
 Address Target Street _____ Apt/FL _____
 City _____ State _____ Zip Code _____

EVENT Details

NOTE: All Events are Active until END DATE Specified--- Events are for SHORT TERM LOCATION ENTRIES (Maximum 6 months)

Street _____ City _____
 State _____ Zip Code _____ Event Activity* _____
 * Designate Event Activity: search/arrest warrant, undercover buy, CI buy, buy/bust, surveillance, reverse
 Event Ending Date: Event will not be submitted without an End Date _____
 Additional Information _____

WatchCenter USE ONLY					Person Making Notification		
Decon Number	DATE	TIME	PERSON NOTIFIED	OR	VOICE MESSAGE LEFT	Name	Star#
					Y N		
					Y N		
					Y N		
					Y N		
					Y N		
					Y N		
					Y N		

Use backside of form for additional contact information and Notes

For Official Use Only

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