

Subject Information

First Name

MI

Last Name

Address

City/State

Zip

DOB (mm/dd/yyyy)

Is/was the subject known by other names?
(list other names below)

1. _____

2. _____

Does/did the subject have other addresses?
(list other addresses below)

1. _____

2. _____

Enclose a separate sheet with additional names and addresses

I am a law enforcement official as defined by the Health Insurance Portability and Accountability Act (HIPAA). See 42 U.S.C. § 1320(d) et seq. (2002).

Signature of Officer

Date

Signature of Officer's Supervisor

Date