

# 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.		C O N T R O L  D A T A		17. NAME OF REQUESTING OFFICER			
16A. ADDITIONAL DATA (KNOWN CRIMINAL ACTIVITY, PHYSICAL ODDITIES, ETC.)				18. AUTHORIZED BY (SIGNATURE)			
				19. TITLE			

INPUT DATA

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.

**DISTRIBUTION**

White Copy - DCJS Response Transmittal  
 Yellow Copy - Requester's File Copy