

Adverse Information Suitability Request

Instructions: The purpose of this form is to document derogatory, disparaging, or potentially disqualifying information regarding a confidential informant (CI) and to request continued use of the individual as an ATF CI. When derogatory, disparaging, or potentially disqualifying information about a CI is received, uncovered, or otherwise obtained, the special agent (SA) or task force officer (TFO) serving as the primary handler for the CI is responsible for: 1) notifying the Resident Agent in Charge (RAC) or Group Supervisor (GS), 2) conducting a general inquiry into the matter, and 3) taking one of the following actions within seven (7) business days of receipt of the information: Deactivation Request, Removal for Cause Request, Adverse Information Suitability Request (*this form*), or contact CISupport@atf.gov.

If it is determined by the RAC/GS that the derogatory, disparaging, or potentially disqualifying information may *not* warrant a deactivation or removal for cause **and** the information received was not previously considered as part of a suitability review, the handler must complete the Adverse Information Suitability Request to seek approval by the Special Agent in Charge (SAC) for continued use of the CI. If the information received was previously considered as part of a suitability review (*i.e., Initial Suitability Request, Reactivation Suitability Request, Semiannual Suitability Request, or Long-Term Suitability Request*), an email notifying CISupport@atf.gov is required.

The request and all attachments must be uploaded in the Confidential Informant Master Registry and Reporting System (CIMRRS). The Adverse Information Suitability Request must be submitted by the primary handler to begin the workflow process in CIMRRS.

CI Number:

Date:

Privacy Notice: If the CI was interviewed as part of this Adverse Information Suitability Request, the Privacy Notice (*located at the bottom of the form*) was read aloud to the CI before gathering any information required by this form. CI Handler Initials:

I. Summary

Instructions: Provide information regarding the CI's activity with ATF and information obtained. If more space is needed, use section IV. Additional Remarks, or attach an additional page.

1. Activation Date:

2. Active (*est.*) Years and Months:

Years:

Months:

3. Type of Derogatory, Disparaging, or Potentially, Disqualifying Information:

If Other, provide a brief description:

4. Origin of the Information:

CJIS hit notification

CJIS monitoring response

Self-reported by the CI

Other:

5. Details: Provide specific details regarding the information obtained.

6. Were additional inquiries made to corroborate the information (*e.g., received arrest report, acquired new criminal history, contacted the U.S. Attorney's Office, etc.*)? Yes No If yes, what were the findings?

7. Investigations: Is the CI currently supporting any investigation(s)? (If yes, provide the Investigation (Case) Number, Investigation Type, Type and Amount of Evidence Seized, and Number of Defendants Arrested for each investigation.) Yes No

Investigation (Case) Number	Investigation Type	Type/Amount of Evidence Seized	Number of Defendants Arrested

8. Anticipated Use: Describe the anticipated continued use of this individual (e.g., CI will need to be utilized until (date) or defendant(s) are prosecuted, CI will need to be utilized until the investigation is closed, etc.).

II. Indices Checks

Instructions: At a minimum, conduct the listed criminal history checks. Indicate if the CI has a record or no record. Identify any additional check(s) conducted. Indices checks must be completed on the CI's legal name and aliases (e.g., names, dates of birth, SSNs). Attach the results of the indices checks regardless of whether the CI has a record.

System/Check	Record/No Record	System/Check	Record/No Record
NCIC - QH		NLETS - IQ State:	
NCIC - QR		NLETS - IQ State:	
NCIC - QW		NLETS - FQ State:	
NLETS - IAQ (if non-U.S. citizen)		NLETS - FQ State:	
Other:		Other:	

III. Suitability

Instructions: Provide detailed and thorough information regarding the individual's suitability to perform as a CI. Information must be obtained directly from the CI, required indices checks, and experience with use of the CI.

9. Did an interview (preferably in-person) with the CI take place for this Adverse Information Suitability Request? Yes No

If yes, provide the date of the interview _____. Provide details regarding the interview (i.e., How did the CI respond to the information? Did the CI provide an explanation or specifics? Did the CI admit to the information presented?, etc.).

If the interview did not take place in-person, explain why.

10. Was the CI previously deactivated or removed for cause because of reported derogatory, disparaging, or disqualifying information? Yes No
If yes, explain in detail.

11. Has the CI previously been arrested while serving as an ATF CI? Yes No If yes, explain in detail.

12. Prosecutor Notification: If a prosecutor is either 1) participating in the conduct of an underlying investigation using the CI, or 2) working with the CI in connection with a prosecution, immediately inform the prosecutor of the derogatory, disparaging, or potentially disqualifying information. Does this apply? Yes No If yes, provide additional information.

Name of Prosecutor:	Date Notified:
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Judicial District:

13. Is ATF involved in an investigation with another federal law enforcement agency using this CI? Yes No If yes, notification to all relevant agencies' SACs or designated representatives should occur. Acknowledged

IV. Additional Remarks

Instructions: Use this section to continue documenting responses to the above. Provide any additional information believed to be relevant (*favorable or unfavorable*) regarding the CI's continued suitability to perform as a CI.

14. Remarks:

V. Attachments

Instructions: Attachments are required as indicated, below. Any additional information obtained (*e.g., arrest report(s)*) must be attached. The CI handler must initial to indicate the documents are included.

Title	Initial
1. State and federal criminal history check results (<i>NCIC - QH & QR</i>) (Required)	
2. State and federal warrant check results (<i>NCIC - QW</i>) (Required)	
3. State criminal history check results (<i>NLETS - IQ & FQ</i>) (Required)	
4. Immigration Alien Query check results (<i>NLETS - IAQ</i>) (Required, if non-U.S. citizen)	
5. Other/miscellaneous:	
6. Other/miscellaneous:	
7. Other/miscellaneous:	

VI. Handler Information

Instructions: Provide information regarding the CI handler. The CI handler must electronically sign and date the request, then start the Adverse Information Suitability Request in CIMRRS.

Name of Handler	Last Name:	First Name:	Title (<i>SA or TFO</i>):
Field Division:		Field Office:	Telephone Number:

The undersigned obtained this information directly from the individual for whom this request is being sought; indices checks completed on the individual's legal name and aliases; and experience with use of the CI. The undersigned accepts continued responsibility for management and oversight of the CI.

Electronic Signature and Date:

VII. Review and Decision

Management officials must complete their review and record their decision in CIMRRS. This section is only completed by management officials in an **emergency situation** where CIMRRS is not immediately available.

Instructions: Provide information regarding the RAC or GS. The RAC or GS must approve or deny the request. The RAC or GS must electronically sign and date, below, unless the decision is made and recorded electronically in CIMRRS.

Name of RAC or GS	Last Name:	First Name:	Title (<i>RAC or GS</i>):
RAC or GS Decision:	<input type="checkbox"/> Approve. Recommend Continued Use. The undersigned recommends approval for the continued use of the CI and accepts responsibility for management and oversight of the CI.		

Electronic Signature and Date:

Instructions: Provide information regarding the deciding official. The SAC must approve or deny the request. The SAC must electronically sign and date, below, unless the decision is made and recorded electronically in CIMRRS.

Name of SAC	Last Name:	First Name:	Title (<i>SAC</i>):
SAC Decision:	<input type="checkbox"/> Approve. The request for this CI is approved for continued use. The undersigned accepts responsibility for management and oversight of the CI.		
	<input type="checkbox"/> Deny. The request for this individual is denied. The CI must be <input type="checkbox"/> deactivated or <input type="checkbox"/> removed for cause. The CI Program Manager must be notified immediately.		

Electronic Signature and Date:

Privacy Notice

- Authority:** ATF derives its authority to collect this information from 28 USC § 599A, Bureau of Alcohol, Tobacco, Firearms, and Explosives and 28 CFR § 0.130, General functions.
- Purpose:** ATF will use this information to determine the eligibility and suitability of the individual to continue to be a confidential informant.
- Routine Uses:** The information will be used by ATF personnel for the purposes stated above. The information becomes a part of the confidential informant record and is included in Criminal Investigation Report System-Justice/ATF-003 (68 FR 3553-5) and is subject to paragraphs A., C., E., F., and M. of the published routine uses of that system of records. ATF may disclose the information with other law enforcement or other government agencies, as necessary for criminal investigation and/or litigation purposes.
- Disclosure:** Furnishing this information is voluntary; however, failure to furnish the requested information will prevent the retention of a confidential informant relationship with the ATF.