Long-Term Suitability Request

Instructions: The purpose of this form is to request continued use of a confidential informant (CI) during the January and July review period when a long-term suitability review is required. When due, the Long-Term Suitability Request is completed in lieu of the Semiannual Suitability Request. The ATF special agent (SA) or ATF task force officer (TFO) serving as the primary handler must interview the CI and conduct indices checks to complete this form. Handwritten forms are not acceptable. Information obtained must be compared against the Reactivation Suitability Request and prior Semiannual Suitability Request, whichever was most recently completed. The Long-Term Suitability Request must be submitted by the primary handler to begin the workflow process. CI Number: Date: Review Due (Month/Year): Type of Long-Term Review: Privacy Notice: 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 1. Activation Date: 2. Active (est.) Years and Months: 3. Amout paid to the CI during his/her service to ATF (Includes any previous periods of activity under another field division or field office, but does not include funds paid by another federal, state or local agency): Cumulative Total Paid: \$ _____ 6-Month Sum: \$ 4. Breakdown of Cumulative Total Paid: Subsistence: \$ Lodging/Relocation: \$ Reimbursement: \$ 5. Breakdown of Cumulative Total Paid by Field Division, if applicable. (If multiple field divisions paid the CI, provide a breakdown of total paid by payment type for each field division.) If more space is required, use Section VII Additional Remarks, or attach an additional page. Not Applicable [Field Division: Subsistence: \$ _____ Lodging/Relocation: \$ __ Award: \$ _____ Reimbursement: \$ _____ Field Division: Subsistence: \$ _____ Lodging/Relocation: \$ Award: \$ _____ Reimbursement: \$ ____ Field Division: Subsistence: \$ _____ Lodging/Relocation: \$ _____ Award: \$ ____ Reimbursement: \$ _____ Field Division: Subsistence: \$ _____ Lodging/Relocation: \$ _____ Award: \$ ____ Reimbursement: \$ ____ 6. Financial Thresholds (If "yes" applies to any of the three questions below, a Financial Thresholds, ATF Form 3252.10 is required): a. Has the CI been paid more than \$10,000 during this 6-month period? b. Has the CI been paid more than \$100,000 during the last 12-month period? c. Has the CI been paid more than \$200,000 since the activation date? 7. Total number of Otherwise Illegal Activity (OIA) authorizations for the CI during his/her service, to include any previous periods under another ATF office or handler. Total Tier 1 OIA: 6-Month Tier 1 OIA: Total Tier 2 OIA: 6-Month Tier 2 OIA:

8. Investigations: Did the CI support <i>Type and Amount of Evidence Seiz</i>				Investigation ((Case) Number, Investigation Type,
Investigation (Case) Number	Inve	estigation Type	Type/Amount of Evid	ence Seized	Number of Defendants Arrested
Instructions: If the CI is NOT a U.S the use of any alien who entered the U documentation (e.g., approved Deferration of the U.S. citizen. Skip section 10. Immigration Status:	. citizen, providus. S. without aured Action, Resu	II. Immigration in thorization before he/she ident Alien Card, Perman	on Information formation. The Departm may continue to serve as	ent of Homelar a CI. Attach a etc.).	nd Security must approve in writing a copy of the immigration
13. Sponsoring Agency:		14. Approval Date:		15. Expiration	on Date:
		 	es Checks		
Instructions: At a minimum, conduc	t the listed crir	ninal history checks and	other indices checks. Ind	icate if the CI l	has a record or no record. Identify
any additional check(s) conducted. U (e.g., names, dates of birth, SSNs). A	se an additiona	al sheet of paper, if necess	sary. Indices checks mus	t be completed	on the CI's legal name and aliases
System/Check	Red	cord/No Record	System/Che	ck	Record/No Record
NCIC - QH			NLETS - IQ State:		
NCIC - QR			NLETS - IQ State:		
NCIC - QW			NLETS - IQ State:		
TECS			NLETS - FQ State:		
FLS			NLETS - FQ State:		
Other:			NLETS - DQ		
Other:			NLETS - KQ		
Other:			NLETS - IAQ (if nor	ı-U.S. citizen)	

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IV. Criminal History and Conduct Informa	tion	_
Instructions: Provide information regarding the CI's criminal history, personal conduct, and criminal required, use Section VII., Additional Remarks, or attach an additional page.	nal associations. If more space is Yes No	0
16. Has the CI been previously arrested? If no, move to question 25.		
17. Has the CI been arrested for crimes involving firearms, arson, or explosives? If yes, for each a reason for arrest, arresting law enforcement agency, and disposition of arrest.	rest, provide the date of the arrest,	
18. Has the CI been arrested for crimes involving perjury, fraud, providing false information, or of each arrest, provide the date of arrest, reason for arrest, arresting law enforcement agency, and		
19. Has the CI been arrested for crimes of a sexual nature? If yes, for each arrest, provide the date law enforcement agency, and disposition of arrest.	of arrest, reason for arrest, arresting	
20. Has the CI been arrested for crimes against a child/children? If yes, for each arrest, provide the arresting law enforcement agency, and disposition of arrest. Violent Crime- as defined by 18 U.S.C. § Part 1, Chapter 1, Section 16: 1) An offense that has an physical force gainst the person or property of another, or 2) Any other offense that is a felony and physical force against the person or property of another may be used in the course of committing the	element of the use, attempted use, or threatened us of that, by its nature, involves a substantial risk that	of
21. Considering all arrests, how many times has the CI been arrested for non-violent crimes?		
0 times 1-5 times 6-10 times 11+ times		
22. Considering all arrests, how many times has the CI been arrested for violent crimes?		
0 times]	
23. Parole/Probation Status: The CI is not on p	arole or probation. Skip question 24.	
24. Did the parole or probation officer approve use of the CI? Not Applicable		
Yes Provide the name of the officer, name of the parole/probation office, and date of approval		
No Provide the name of the officer, name of the parole/probation office, date of denial, and re	ason for denial.	
25. Reputation and Associates: Is the CI currently or formerly affiliated with a criminal organization	on? If yes, provide details. Yes No	
a. Level of the Organization: b. What is or was	heir role in the criminal organization?	

c. What is the recency of their affiliation with the criminal organization? d. Was the CI's separation adversarial?				
e. Provide additional details.				
26. Adverse Information: When derogatory, disparaging, or potentially disque emotional instability, unreliability, providing false information, subject of a CI, an Adverse Information Suitability Request to retain the CI must be seen Request must be submitted. Since the CI's activation date, was any deroge the CI? Yes No Not Applicable	investigation, charged in a pending prosecution, etc.) is receive submitted for approval; or a Deactivation Request or Removal gatory, disparaging, or potentially disqualifying information rec	ed rega for Cau	use	
Not Applicable				
	Ves No Not Applicable			
c. If an Adverse Information Suitability Request was not submitted, expla	ain in detail why not. Not Applicable			
27. Preface each question with this statement : Since the CI's last Semiannu whichever was most recent.	ual Suitability Request or Reactivation Suitability Request,	Yes	No	
a. Has the CI's legal name changed? If yes, provide details of the legal name been verified by viewing a driver's license, state identification care				
b. Has the CI used any new aliases? If yes, explain in detail.				
c. Has the CI been issued a new Social Security Number (SSN)? If yes,	explain in detail and provide the new SSN.			
d. Has the CI's citizenship status changed? If yes, provide details regard change, and why it changed.	ding the country(ies) of citizenship, dual citizenship, date of			
e. Has the CI's residential address changed? If yes, provide the CI's new	residential address.			
f. Has the CI's telephone number changed? If yes, provide the new telephome, work, etc.).	hone number(s) and type of telephone number (i.e., mobile,			
g. Has the CI's personal description significantly changed (e.g., hair cold in detail.	or change, extreme weight loss or gain, etc.)? If yes, explain			
h. Has the CI had a change in scars, marks, or tattoos? If yes, explain in	detail.			
i. Has there been a change in the CI's source(s) of income? If yes, expla	in in detail.			
j. Has the CI had any contact with law enforcement, other than for an arr documented by ATF, or while actively working as an ATF CI? If yes, or				

		Yes	No
k.	Has the CI been issued an FBI Universal Control Number or a new criminal state or local identification number? If yes, explain in detail.		
1.	Has the CI engaged in any unauthorized illegal activity (other than new arrests reported)? If yes, explain in detail.		
m	. Has the CI engaged in any misuse of a controlled substance(s) (including prescription medication)? If yes, explain in detail.		
n.	Has the CI established any new criminal associates that have not been reported previously to the CI handler? If yes, explain in detail.		
0.	Has the CI served as a witness in any proceeding? If yes, explain in detail.		
p.	Has the CI displayed an issue with following direction? If yes, explain in detail.		
q.	Has the nature of any relationship between the CI and the subject or target of an existing or potential investigation or prosecution changed to a current or former spousal relationship or other family member relationship? If yes, explain in detail.		
r.	Have any of the CI's family members become an employee of any law enforcement agency? If yes, explain in detail.		
s.	Has there been an increased risk that the CI may adversely affect an investigation or potential prosecution? If yes, explain in detail.		
t.	Does the CI pose a criminal threat, danger to the public, or flight risk? If yes, explain in detail.		
u.	Is relocation or application to the Witness Security Program anticipated for the CI? If yes, explain in detail.		
u.		II., Ad	_ _

V. Suitability

29. Summary of Accomplishments: Provide a detailed narrative of the CI's performance for their entire service with ATF and continued value to ATF. The narrative should include a summary of the investigation(s) supported by the CI during his/her tenure with ATF. The summary should include the investigation (case) number(s), the type of each investigation, amount and type of evidence seized, the number of defendants arrested, and how the CI supported the investigation (e.g., undercover work, testimony, etc.), and plans for future use outside of testimony. If more spaace is required, use Section VI., Additional Remarks, or attach an additional page.

29. Summary of Accomplishments, Continued:



30.	Justification for Continued Use and Value to Law Enforcement: Explain why it is necessary to continue the use of this CI. Include information regarding the CI's value. Indicate if the CI is currently supporting a case. If so, provide the type of investigation, amount and type of evidence seized (if applicable), how the CI is supporting the investigation (e.g., undercover work, testimony, etc.), and plans for future use outside of testimony. Include a statement about the type of support provided by the CI as of this date, i.e., intelligence purchases, introductions, etc. Include a statement about the CI's knowledge of crimes in the area, ability to conduct undercover buys, etc. Explain how the CI's actions have a positive impact on public safety. Also, use this section to explain any alien sponsorship efforts, if needed. If more space is required, use Section VII., Additional Remarks, or attach an additional page.
31.	Legitimate Organizations: Is the CI associated with a legitimate organization of which he/she is/will provide criminal information? Yes No If yes, explain in detail.
32.	Elevated Risk: Is there an elevated (i.e., higher than normal) risk of physical harm that may occur to the CI, his/her immediate family, or his/her close associates as a result of assisting ATF? Yes No If yes, explain in detail.
	Willingness to Take Risks: Does the CI demonstrate a willingness to take inappropriate risks? Yes No If yes, explain in detail. Judicial Considerations: Have any arrangements been made between the U.S. Attorney's Office and the CI for his/her cooperation and/or
	assistance? Yes No If yes, describe the arrangements.
35.	Other Agency(<i>ies</i>): Is the CI currently supplying information to any other agency? Yes No If yes, provide the following information for all other agencies: 1) Name of other agency, 2) Title and name of other agency's CI handler, 3) Timeframe or duration the CI has supplied information to the other agency, 4) Was the handler recently contacted as a reference regarding the CI's continued reliability? and 5) If so, was the reference favorable? If the reference was not favorable, why?
36.	Prior Agency(<i>ies</i>): Has the CI previously supplied information to any other agency? Yes No If yes, provide the following information for each agency: 1) Name of prior agency, 2) Title and name of prior agency's CI handler, 3) Timeframe or duration the CI has supplied information to the prior agency, 4) Was this handler contacted as a reference regarding the individual's reliability? and 5) If so, was the reference favorable? Lastly, why did the relationship with the agency end?

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	office, or any other state or	local prosecuting	nise of benefit been made to the CI by A office in return for providing informatio		
38. Motivation: What is the CI's	motivation in providing in	nformation and/or	assistance to ATF?		
39. Assistant U.S. Attorney Conc a Chief Federal Prosecutor (i.			ney (AUSA) must concur with continued	l use of the CI. The A	AUSA must be
a. Name of AUSA:			b. Position Held:		
c. Judicial District:			d. Date of Concurrence:		
			arding the nature of work provided by the		
Name of CI Handler	Capacity		ary handler(s), and all prior handlers sin	Begin Date	End Date
TVallie of C1 Handler	Сарасну	r icid Di	vision when serving as trandict	Begin Date	Liid Date
		a			
		77			
	upervisor's oversight of th	ne CI handler; any	on why the current primary CI handler s conflicts or potential conflicts with the r formant Agreement.		
42. History of Employment and I	Education:				
a. Provide the CI's highest level	of education:		b. Source(s) of Income:		
c. The CI is currently unemploye	d: Skip to question	n 43.	1		
d. If applicable, Name of Curren	t Employer:	e. Occupati	on:	f. Duration (Years/Months):

43. Past Performance: Does the CI have any negative past performance iss	sues? Yes No If yes, explain in detail.				
44. Deactivation/Removed for Cause: Has this CI previously been deactive date(s) of and reason for deactivation/removal for cause.	ated or removed for cause by ATF? Yes No If yes, provide th	ne			
45. Special Category: Select all special categories that apply to the CI. Those shigher level of review (e.g., Assistant Director or DOJ) and determination.		or a			
Active military member (including reserves and National Guard)	Media representative or affiliate*				
Alien (i.e., non-U.S. citizen, illegally present in the U.S., but sponsored by ATF or another federal, state, or local law enforcement organization) Public official - federal level					
Federal BOP employee*	Public official - local level				
Federal Explosives Licensee (current or prior)*	Public official - state level				
Federal Firearms Licensee (current or prior)* State or local prisoner or detainee (in state or local custody)					
Federal prisoner (in federal custody)* State or local probationer/parolee (not in state or local custody)					
Federal probationer or supervised releasee Under obligation of a legal privilege of confidentiality					
Foreign National (i.e., non-U.S. citizen, legally present in the U.S., (e.g., attorney, priest)*					
permanent resident or resident alien) WITSEC participant - current*					
High-level leader of criminal organization* WITSEC participant - former*					
International (i.e., non-U.S. citizen living in home country or abroad) Other:					
46. Special Category Explanation: If any of the above special categories a	pply, provide a detailed description/explanation.				
47. If the CI is under the obligation of a legal privilege of confidentiality, is	s the CI privy to case-related information? Yes No Not Applicable	le			
48. Informant Agreement: A new Informant Agreement, ATF Form 3252. Submitted with the January review.	2 or ATF Form 3252. 3 (Spanish Version), must be completed annually and	1			
A new Informant Agreement is NOT required (July review).	A new informant Agreement is required (January review).				
VI. Additi	ional Remarks				
Instructions: Use this section to provide further explanation as required by sect relevant (<i>favorable or unfavorable</i>) regarding the CI's continued suitability to per 49. Remarks:					

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		VII. Attachments				
Instructions: Atta	achments are required as indicated, below.	The CI handler must initial to	indicate the d	ocuments are	included.	
Title						Initial
	2.2, Informant Agreement or ATF Form 32: cated above in IV. Suitability)	52.3, Informant Agreement (Spa	anish Version)	(Required for	January	
2. State and feder	ral criminal history check results (NCIC - Q	H & QR) (Required)				
3. State and feder	ral warrant check results (NCIC - QW) (Req	uired)				
4. State criminal	history check results (NLETS - IQ & FQ) (F	Required)				
5. State Driver's	License check results (NLETS - DQ & KQ)	(Required)				
6. Immigration A	lien Query check results (NLETS - IAQ) (Re	equired, if non-U.S. citizen)				
7. Treasury Enfor	rcement Communications System check res	ults (TECS) (Required)				
8. Federal Licens	sing System check results (FLS) (Required)					
9. Financial Thro	esholds, ATF Form 3252.10 (If applicable)					
10. Current color j	photographs (front and side views) (Require	d, if appearance has changed)				
11. Immigration de if non U.S. citi.	ocumentation (i.e., Deferred Action, Perman zen)	nent Resident Card, Resident Al	lien Card, etc.)	(Required,		
12. Other/miscella	neous:					
13. Other/miscella	neous:					
		VIII. Handler Information	1			
	vide information regarding the CI handler. ility Request in CIMRRS.		cally sign and			e applicable
Name	Last Name:	First Name:		Title (SA or	TFO):	
of						
Handler		71.11.00			- 1	
Field Division:		Field Office:		Telephone N	lumber:	
aliases; and law en	btained this information directly from the C forcement and/or legal references. The und nce of another law enforcement officer (app versight of the CI.	ersigned reviewed the content a	and meaning o	f ATF Form 3	252.2, Informant	Agreement, with
Electronic Signatu	re and Date:					
		IV. Review and Decision				
	ials must complete their review and record ion where CIMRRS is not immediately ava	their decision in CIMRRS. TI	his section is o	only complete	ed by manageme	nt officials in an
	ovide information regarding the Resident A RAC or GS must electronically sign and da					
Name of RAC or GS	Last Name:	First Name:		Title (RAC o	or GS):	
RAC or GS Decis	ion: Approve. The undersigned r and oversight of the CI.	recommends approval for the co	ontinued use of	f the CI and a	ccepts responsibi	lity for management
	Deny. The request for this C	I is denied. The CI must be	deactivat	ed or	removed for c	ause.
Electronic Signatu	re and Date:					

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The SAC or his/her desig	formation regarding the Special Age nee must recommend approval of th	e request or deny the request. The		
	ecision is made and recorded electron	•		
Name of SAC or Designee	Name:	First Name:	Title (SAC o	or ASAC):
SAC or Designee		Continued use of the CI cannot be uTF Order 3252.1, Use of Confident		y the CIRC or applicable Deputy
Decision:		Deny. The request for this CI is denied. The CI must be deactivated or removed for cause.		
Electronic Signature and	Date:			
Deputy Assistant Director	dential Informant (CI) Program Mar r (East, West, Central), Confidential ate, below, unless the decision is made	Informant Review Committee (C	IRC), and/or other deci	iding officials. The CI PM must
Name Last I of CI PM	Name:	First Nar	ne:	
CIRC or DAD Final Decision:	Approve. The request for the the CIRC or the applicable D. Deny. The request for this CI	AD.	Continued use of the C	CI was approved by all members of removed for cause.
Electronic Signature and		is defined. The of mass of	Julian Value of	removed for educe.
		Privacy Notice		
1. Authority: ATF derive 28 CFR § 0.130, General	ves its authority to collect this informeral functions.	nation from 28 USC § 599A, Burea	u of Alcohol, Tobacco,	Firearms, and Explosives and
2. Purpose: ATF will us	se this information to determine the e	ligibility and suitability of the indiv	vidual to become a conf	idential informant.
informant record and i M. of the published ro	formation will be used by ATF perso s included in Criminal Investigation utine uses of that system of records.	Report System-Justice/ATF-003 (6 ATF may disclose the information	68 FR 3553-5) and is sub	bject to paragraphs A., C., E., F., and

4. **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.