

Date \_\_\_\_\_

Form may be submitted by one of the following:

Mail To: FBI/CJIS Division  
Clarksburg, WV 26306

Fax: (304) 625-9746

Email: [cjisflashes@LEO.GOV](mailto:cjisflashes@LEO.GOV)

|                                 |                          |               |           |               |
|---------------------------------|--------------------------|---------------|-----------|---------------|
| <input type="checkbox"/> FLASH* | Mandatory Release _____  | Expires _____ | SPT _____ | Expires _____ |
|                                 | Supervised Release _____ | Expires _____ | PTD _____ | Expires _____ |
|                                 | Probation _____          | Expires _____ | PTS _____ | Expires _____ |
|                                 | Parole _____             | Expires _____ |           |               |

**When requesting flash notice, give the following information:**

|                              |               |
|------------------------------|---------------|
| Date and Place of Sentence:* | Disposition:* |
| Charge:*                     |               |
| Contributor of Fingerprints: |               |

CANCEL (Reason) \_\_\_\_\_

SUPERVISION TRANSFER NOTICE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

|       |            |
|-------|------------|
| Name* | Residence* |
|-------|------------|

|         |         |            |  |  |
|---------|---------|------------|--|--|
| Aliases | Numbers | Occupation |  |  |
|         | Arrest  |            |  |  |

|          |      |     |        |             |
|----------|------|-----|--------|-------------|
| Military | Race | Sex | Height | Citizenship |
|----------|------|-----|--------|-------------|

|           |       |        |      |      |  |
|-----------|-------|--------|------|------|--|
| FBI UCN** | Alien | Weight | Eyes | Hair |  |
|-----------|-------|--------|------|------|--|

|                |                 |  |
|----------------|-----------------|--|
| Date of Birth* | Social Security |  |
|----------------|-----------------|--|

|                |                           |
|----------------|---------------------------|
| Place of Birth | Scars, marks, and tattoos |
|----------------|---------------------------|

|                            |   |
|----------------------------|---|
| Agency Case or File Number | <input type="checkbox"/> Please Furnish Identification Record |
|----------------------------|---|

|  |   |
|--|---|
| Agency *ORI#, and Address of Parties to be notified of Apprehension: | Agency, *ORI#, and Address of Contributor |
|--|---|

\*Indicates fields that must be completed or form will be returned without being processed. See reverse side for instructions.

\*\*If known

The completion of this form is voluntary; however, necessary to adequately update the record when a subject is being placed on parole, supervisory release, pretrial diversion, probation, bail/bond supervisions, etc. The above listed information has been labeled "**FLASH** information" and noted as such in the remaining instructions.

**CANCELLATION** information should be furnished when you no longer desire information concerning the subject for which you have previously requested a flash notice.

**TRANSFER** information should be furnished when the supervision of a subject has been transferred from one agency to another.

Fingerprints for an offense **must** be in the Criminal Justice Information Services Division, Next Generation Identification (NGI) System and the FBI Universal Control Number (UCN) furnished when requesting a **FLASH** notice; however, if the FBI UCN is known but the flash offense is not on file, fingerprints for the flash offense must be submitted with the I-12. If you desire to have a **FLASH NOTICE** posted and are not certain whether an FBI identification record exists for the subject, query the Interstate Identification Index (III) via the National Crime Information Center (NCIC). Enter all available descriptive data to retrieve any identification record(s) possibly identical to your subject. If a possibly identical record is located, determine whether or not the record is identical with the subject. If identical, place the UCN on the I-12 and submit. If no record is identical to the subject, obtain fingerprints and submit with the I-12.

This form is only used for the above stated purposes.

If you have questions concerning the use of an Originating Agency Identifier (ORI) number, contact your state NCIC Control Terminal Officer or Federal Service Coordinator.

#### Paperwork Reduction Act Notice

This notice is given under the Paperwork Reduction Act of 1995. The Paperwork Reduction Act requires that the Federal Bureau of Investigation inform individuals and other entities of the following when asking for information. The information on this form will assure identity history information is appropriately collected, retained, amended and thus disseminated in a manner that ensures the accuracy of the record in an effort to protect individual privacy as required by 28 CFR 20.1. It will ensure the FBI receives all of the necessary information needed to removed identity history data within the NGI, streamline the flow of information, and ensure more timely transactions. The FD-1115 will promote timely processing by CJIS staff, minimize delays, reduce rejections to the submitting agency, and provide for efficient updating of identity histories within the NGI systems.

The estimate average burden associated with this collection is 8 minutes per respondent, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.