## **30-Day Alien Suitability Request**

**Instructions**: The purpose of this form is to relay the status of an illegal alien currently sponsored by ATF and to request continued use of the individual as an ATF confidential informant (*CI*). In addition to the standard suitability reviews conducted during January and July, the primary handler must also submit this request every 30 days. The ATF special agent (*SA*) or ATF task force officer (*TFO*) serving as the primary handler must interview the CI in-person and conduct indices checks to complete this form. Handwritten forms are not acceptable. Information obtained must be compared against the Initial Suitability Request, Reactivation Suitability Request, or Semiannual Suitability Request, whichever is most recent. The request and all attachments must be uploaded in the Confidential Informant Master Registry and Reporting System (*CIMRRS*). The 30-Day Alien Suitability Request must be submitted by the primary handler to begin the workflow process. Once a final determination is made, a copy of the completed form must be provided to the Alien Program Manager. To clarify, the 30-Day Alien Suitability Request is not required for illegal aliens not sponsored by ATF.

CI Number:	Date:		30-Day Alien Su	aitability Request for:
			Month:	Year:
	I.	Summary		
Instructions: Provide information regarding	g the CI and the CI's activity v	vith ATF.		
1. Activation Date:		2. Active (	est.) Years and Mo	onths:
		Years:		Months:
3. Did an in-person interview take place for <i>details, skip number 4.)</i>	or this 30-Day Alien Suitability	Request? Yes	No If	no, explain in detail why not. (After providing
				•
4. Date of In-Person Interview:	5. Privacy Notice: The Priva gathering any information			of the form) was read aloud to the CI before
	CI Handler Initials:			
6. Residential Physical Address (Line 1):		7. Address	s (Line 2):	
8. City:	9. State:			10. Zip Code:
11. Mobile Telephone Number:		12. Hom	e Telephone Numl	ber:
		1	· 10 /1/	

13. Investigations: Did the CI support any investigation(s) during this 30-day reporting period? (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

14. Anticipated Use: Describe the anticipated duration of the continued use of this individual (e.g., CI needs to be utilized until (date), CI needs to be utilized until the case is adjudicated, CI will need to be utilized until the investigation is closed, etc.).

	II. Immigr:	ation Information	
who entered the U.S. without authori efforts to acquire a new approval must	ization before he/she may continue to a st be documented. If the approval has	serve as a CI. If the approval will e expired, the CI must be deactivated	approve, in writing, the use of any alien expire within 90 days from today's date, d. Or, at a minimum, the CI must <i>not</i> be rations Division, for guidance regarding the
Immigration Status:	15. Alien Number		16. Immigration Documentation:
Illegal Alien			
Sponsoring Agency:	17. Approval Dat	e:	18. Expiration Date:
ATF			
19. DHS Renewal Package: The ren the request package. <i>(Choose on</i>		HS approval will expire within 90 d	lays from today's date. Provide the status of
Not yet required			
Submitted on:	Status:		
Will be sponsored by another fe be updated to reflect the new inf Name of Organization:			(Note: The CIMRRS Immigration tab must
Other:			
	III. Inc	lices Checks	
	completed on the CI's legal name and a		record. Identify any additional check(s) SSNs). Attach the results of the indices
System/Check	Record/No Record	System/Check	Record/No Record
System/Check			
NCIC - QH		NLETS - IQ State:	
		NLETS - IQ         State:           NLETS - IQ         State:	
NCIC - QH		-	
NCIC - QH NCIC - QR		NLETS - IQ State:	
NCIC - QH NCIC - QR NCIC - QW		NLETS - IQ         State:           NLETS - FQ         State:	

from the CI, required indices checks, and experience with use of the CI. Information obtained should be compared to the CI record and prior collection of information. Respond Yes or No to the below questions. For any "yes" response, use 21., Details, to provide additional information.

20. <b>Preface each question with this statement</b> : Since the CI's most recent suitability review ( <i>i.e., Initial S Reactivation Suitability Request, Semiannual Suitability Request, Long-Term (3-Year or 6-Year) Suitability Alien Suitability Request).</i>		Yes	No
a. Has the CI's residential address changed? If yes, provide the CI's new residential address.			
b. Has the CI's telephone number changed? If yes, provide the new telephone number(s) and type of the home, work, etc.).	elephone number (i.e., mobile,		
c. Has the CI displayed an issue with following direction? If yes, explain in detail.			
d. Has the CI been arrested? If yes, provide the date of the arrest( <i>s</i> ), reason for arrest( <i>s</i> ), jurisdiction of of the arrest( <i>s</i> ).	the arrest(s), and disposition		
e. Has the CI had any contact with law enforcement, other than for an arrest or citation previously de actively working as a CI? If yes, explain in detail.	ocumented by ATF, or while		
		ATE For	

21.	Details:	Provide a detailed explanation for any "	yes"	" responses to questions 20. a. throu	ugh e.	If more space is required, use section V	7	Additional
		Remarks, or attach an additional page.						

<ul> <li>2. Adverse Information: When derogatory, disparaging, or potentially disqualifying information (<i>e.g., CI arrested since activation, under arrest, emotional instability, unreliability, providing false information, subject of investigation, charged in a pending prosecution, etc.)</i> is received regarding a CI, an Adverse Information Suitability Request to retain the CI must be submitted for approval; or a Deactivation Request or Removal for Cause request must be submitted. Since the last 30-Day Alien Suitability Request was submitted was any derogatory, disparaging, or potentially disqualifying information received about the CI? Yes No</li> <li>a. If yes, provide details regarding the derogatory, disparaging, or potentially disqualifying information received.</li> </ul>								
a. If yes, provide details regarding	the derogatory, disparag	ing, or potent	ially disqualifying information received.					
b. If yes, was an Adverse Informat	on Suitability Request s	ubmitted?	Yes No					
c. If an Adverse Information Suital	oility Request was not su	bmitted, expl	lain in detail why not.					
		V. Addition	al Remarks					
<b>Instructions</b> : Use this section to provide be relevant <i>(favorable or unfavorable)</i> in			section IV. Suitability, above. Provide any y to perform as a CI.	y additional information believed to				
23. Remarks:								
		VI. Unabl	e to Locate					
Attempts to locate the CI were met with	negative results.	If not applied	able, skip numbers 24 through 35)					
24. Provide a detailed description of all	attempts to personally le	ocate the CI.						
25. Residential Physical Address (Line	1):		26. Address (Line 2):					
27. City:		28. State:		29. Zip Code:				
30. Last Known Mobile Telephone Nur	nber:		31. Last Known Home Telephone Num	iber:				
32. Date of Last Contact:	33. Type of Last Con	ntact:						
	her family? Did the CI	appear to be	ncerns raised (i.e., Did the CI not seem hin nervous? Was the CI no longer wanting t ain in detail.					

35. DHS Contact: Was DHS advised that the CI could not be located Yes No If yes, provide details regarding the contact.						
Name of DHS Representative Contacted:	Date Contacted:					
Title of DHS Representative Contacted:	Telephone Number:					
What instructions, if any, did the DHS representative provide?						

VII. Attachments	
Instructions: Attachments are required as indicated, below. The CI handler must initial to indicate the documents are included.	
Title Init	tial
1. State and federal criminal history check results (NCIC - QH & QR) (Required)	
2. State and federal warrant check results (NCIC - QW) (Required)	
3. State criminal history check results (NLETS - IQ & FQ) (Required)	
4. Immigration Alien Query check results (NLETS - IAQ) (Required)	
5. Copy of DHS approval letter ( <i>Required only if CI will be sponsored by another federal, state, or local law enforcement organization</i> )	
6. Other/miscellaneous:	
7. Other/miscellaneous:	
8. Other/miscellaneous:	

## **VIII. Handler Information**

Instructions: Provide information regarding the CI handler. The CI handler must electronically sign and date the request, then start the 30-Day Alien Suitability Request in CIMRRS.

Name of	Last Name:	First Name:	Title (SA or TFO):
Handler			
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:

## IX. 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 Resident Agent in Charge (*RAC*) or Group Supervisor (*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	Last Name:	First Name:	Title ( <i>RAC or GS</i> ):
of			
RAC or GS			
RAC or GS		<b>tinued Use</b> . The undersigned recommends a nagement and oversight of the CI.	pproval for the continued use of the CI and
Decision		 dividual is denied. The CI must be de en Program Manager must be notified immed	activated or removed for cause. The CI liately.

Electronic Signature and Date:

<b>Instructions</b> : Provide information regarding the deciding official Special Agent in Charge (SAC) or his/her designee. The SAC or his/her designee must approve or deny the request. The SAC or his/her designee must sign and date, below, unless the decision is made and recorded electronically in CIMRRS.							
Name	Last N	lame:	First Name:	Title (SAC or ASAC):			
of							
SAC or Designee							
SAC or Design	nee	Approve. The request for th and oversight of the CI.	is CI is approved for continued use. The unde	ersigned accepts responsibility for management			
Decision:		<b>Deny.</b> The request for this in	<b>Deny.</b> The request for this individual is denied. The CI must be deactivated or removed for cause. The CI				
		Program Manager and the Al	ien Program Manager must be notified immed	liately.			
Electronic Signature and Data							

Electronic Signature and Date:

## **Privacy Notice**

- 1. 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.
- 2. Purpose: ATF will use this information to determine the eligibility and suitability of the individual to continue to be a confidential informant.
- 3. 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.
- 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.