Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

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 Suitability Request for: Month: Year:

I. Summary

Instructions: Provide information regarding the CI and the CI's activity with ATF.

1. Activation Date:	2. Active *(est.)* Years and Months: Years: Months:

3. Did an in-person interview take place for this 30-Day Alien Suitability Request? Yes ☐ No ☐ If no, explain in detail why not. *(After providing details, skip number 4.)*

4. Date of In-Person Interview:	5. 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:

6. Residential Physical Address *(Line 1):*	7. Address *(Line 2):*

8. City:	9. State:	10. Zip Code:

11. Mobile Telephone Number:	12. Home Telephone Number:

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.)*.

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II. Immigration Information

Instructions: Provide the CI's immigration information. The Department of Homeland Security *(DHS)* must approve, in writing, the use of any alien who entered the U.S. without authorization before he/she may continue to serve as a CI. If the approval will expire within 90 days from today's date, efforts to acquire a new approval must be documented. If the approval has expired, the CI must be deactivated. Or, at a minimum, the CI must *not* be utilized until a renewed approval is acquired from DHS. Contact ATF's Alien Program Manager, Special Operations Division, for guidance regarding the DHS approval process.

Immigration Status: Illegal Alien	15. Alien Number:	16. Immigration Documentation:
Sponsoring Agency: ATF	17. Approval Date:	18. Expiration Date:

19. DHS Renewal Package: The renewal package is required when the DHS approval will expire within 90 days from today's date. Provide the status of the request package. *(Choose one)*

☐ Not yet required

☐ Submitted on: Status:

☐ Will be sponsored by another federal, state, or local law enforcement organization *(applying reciprocity)*. *(Note: The CIMRRS Immigration tab must be updated to reflect the new information.)*

Name of Organization: Approval Date: Expiration Date:

☐ Other:

III. 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		NLETS - FQ State:	
Other:		Other:	

IV. 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. 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. **Preface each question with this statement**: Since the CI's most recent suitability review *(i.e., Initial Suitability Request, Reactivation Suitability Request, Semiannual Suitability Request, Long-Term (3-Year or 6-Year) Suitability Request, or 30-Day Alien Suitability Request)*.	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 telephone number *(i.e., mobile, home, work, etc.)*.		
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*(s)*, reason for arrest*(s)*, jurisdiction of the arrest*(s)*, and disposition of the arrest*(s)*.		
e. Has the CI had any contact with law enforcement, other than for an arrest or citation previously documented by ATF, or while actively working as a CI? If yes, explain in detail.		

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

22. Adverse Information: When derogatory, disparaging, or potentially disqualifying information *(e.g., CI arrested since activation, under arrest, emotional instability, unreliability, providing false information, subject of investigation, charged in a pending prosecution, etc.)* 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 ☐

a. If yes, provide details regarding the derogatory, disparaging, or potentially disqualifying information received.

b. If yes, was an Adverse Information Suitability Request submitted? Yes ☐ No ☐

c. If an Adverse Information Suitability Request was not submitted, explain in detail why not.

V. Additional Remarks

Instructions: Use this section to provide further explanation as required by section IV. Suitability, above. Provide any additional information believed to be relevant *(favorable or unfavorable)* regarding the CI's continued suitability to perform as a CI.

23. Remarks:

VI. Unable to Locate

Attempts to locate the CI were met with negative results. ☐ *(If not applicable, skip numbers 24 through 35)*

24. Provide a detailed description of all attempts to personally locate the CI.

25. Residential Physical Address *(Line 1):*	26. Address *(Line 2):*	
27. City:	28. State:	29. Zip Code:
30. Last Known Mobile Telephone Number:	31. Last Known Home Telephone Number:	
32. Date of Last Contact:	33. Type of Last Contact:	

34. Potential Concerns: During the last interaction with the CI, were any concerns raised *(i.e., Did the CI not seem himself/herself? Was there any indication of threat to the CI or his/her family? Did the CI appear to be nervous? Was the CI no longer wanting to serve as a CI? Did the CI say anything to indicate a problem etc.).* Yes ☐ No ☐ If yes, explain 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	Initial
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 *(Required only if CI will be sponsored by another federal, state, or local law enforcement organization)*	
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 Handler	Last Name:	First Name:	Title *(SA or TFO)*:
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 of RAC or GS	Last Name:	First Name:	Title *(RAC or GS)*:

RAC or GS Decision	☐ **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.
	☐ **Deny.** The request for this individual is denied. The CI must be ☐ deactivated or ☐ removed for cause. The CI Program Manager and the Alien Program Manager must be notified immediately.

Electronic Signature and Date:

Instructions: 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 of SAC or Designee	Last Name:	First Name:	Title *(SAC or ASAC)*:

SAC or Designee Decision:	
	☐ **Approve.** The request for this CI is approved for continued use. The undersigned accepts responsibility for management and oversight of the CI.
	☐ **Deny.** The request for this individual is denied. The CI must be ☐ deactivated or ☐ removed for cause. The CI Program Manager and the Alien Program Manager must be notified immediately.

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.