

Semiannual Suitability Request

Instructions: The purpose of this form is to request continued use of a confidential informant (CI) during the January and July semiannual suitability review periods. A semiannual suitability review is required when the CI has been cumulatively active for 90 days or more. However, if the CI qualifies for a long-term suitability review, the semiannual suitability review is not conducted. 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 Initial Suitability Request, Reactivation Suitability Request, or Semiannual Suitability Request, whichever was most recently completed. The Semiannual Suitability Request must be started by the primary handler to begin the workflow process.

CI Number: _____	Date: _____	Review Due (Month/Year): _____
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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

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

1. Activation Date: _____	2. Active (est.) Years and Months: Years: _____ Months: _____
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3. Amount 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. Financial Thresholds (If "yes" applies to any of the three questions below, a Financial Thresholds, ATF Form 3252.10, is required):	Yes	No
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?		

5. 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: _____

6. Investigations: Did the CI support any investigations during the prior 6 months? (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

7. Performance and Value: Provide a detailed narrative (*both positive and negative*) of the CI's performance and value to ATF.

8. Motivation: What is the CI's motivation in continuing to provide information or assistance?

II. Immigration Information

Instructions: If the individual is NOT a U.S. citizen, provide his/her immigration information. The Department of Homeland Security 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. Attach a copy of the immigration documentation (*e.g., approved deferred action, Resident Alien Card, Permanent Resident Alien Card, etc.*).

9. The individual is a U.S. citizen. Skip section II.

10. Immigration Status:	11. Alien Number:	12. Immigration Documentation:
13. Sponsoring Agency:	14. Approval Date:	15. Expiration Date:

III. Indices Checks

Instructions: At a minimum, conduct the listed criminal history checks and other indices checks. Indicate if the CI has a record or no record. Identify any additional check(s) conducted. Indices checks must be completed on the individual's legal name and aliases (*e.g., names, dates of birth, SSNs*). Attach the results of the indices checks regardless of whether the individual has a record. Those indices checks with an asterisk (*) are required only when completing the Semiannual Suitability Request for the January review period.

System/Check	Record/No Record	System/Check	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 (<i>if non-U.S. citizen</i>)	

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 and required indices checks. Information obtained should be compared to the CI record in CIMRRS and prior collection of information. Respond Yes or No to the below questions. **If more space is needed, use section V. Additional Remarks to provide details as requested.**

16. Preface each question with this statement: Since the CI's Initial Suitability Request, Reactivation Suitability Request, or most-recent suitability review, i.e., Semiannual Suitability Request, Long-Term (<i>3-Year</i>) Suitability Request, Long-Term (<i>6-Year</i>) Suitability Request.	Yes	No
a. Has the CI's legal name changed? If yes, provide details of the legal name change and confirm that the CI's new legal identity has been verified by viewing a driver's license, state identification card, birth certificate, or naturalization certificate.		
b. Has the CI used any new aliases? If yes, explain in detail.		
c. Has the CI been issued a new Social Security Number (<i>SSN</i>)? If yes, explain in detail and provide the new SSN.		
d. Has the CI's citizenship status changed? If yes, provide details regarding the country(<i>ies</i>) of citizenship, dual citizenship, date of change, and why it changed.		

	Yes	No
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 telephone number(s) and type of telephone number (i.e., mobile, home, work, etc.).		
g. Has the CI's personal description significantly changed (e.g., hair color change, extreme weight loss or gain, etc.)? If yes, explain in detail.		
h. Has the CI had a change in scars, marks, or tattoos? If yes, explain in detail.		
i. Has the CI's employment status or employment information changed? If yes, explain in detail.		
j. Has there been a change in the CI's source(s) of income? If yes, explain in detail.		
k. 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).		
l. Has the CI's parole/probation status changed? If yes, explain in detail (i.e., CI is now on federal or state probation/parole, CI's probation/parole has ended, etc.).		
If the CI is on probation/parole, did the parole or probation officer approve the use of the individual? Not Applicable <input type="checkbox"/>		
Yes <input type="checkbox"/> Provide the name of the officer, name of the parole/probation office, and date of approval.		
No <input type="checkbox"/> Provide the name of the officer, name of the parole/probation office, date of denial, and reason for denial.		
m. Has the CI had any contact with law enforcement, other than for an arrest or citation (except minor traffic offenses) previously documented by ATF or while actively working as an ATF CI? If yes, explain in detail.		
n. Has the CI been issued an FBI Universal Control Number or a new criminal state or local identification number? If yes, explain in detail.		
o. Has the CI engaged in any unauthorized illegal activity (other than new arrests reported)? If yes, explain in detail.		
p. Has the CI engaged in any misuse of a controlled substance(s) (including prescription medication)? If yes, explain in detail.		
q. Has the CI established any new criminal associates that have not been reported previously to the CI handler? If yes, explain in detail.		
r. Has the CI registered as a CI with any other federal, state, or local law enforcement organization? If yes, provide the date when this occurred, name of the organization, name and telephone number of the CI handler, and the type of information provided to the other organization.		

	Yes	No
s. Has the CI served as a witness in any proceeding? If yes, explain in detail.		
t. Has the CI shown any indication of mental or emotional instability or unreliability? If yes, explain in detail.		
u. Has the CI displayed an issue with following direction? If yes, explain in detail.		
v. Has the CI shown any indication of furnishing false information? If yes, explain in detail.		
w. 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.		
x. Have any of the CI's family members become an employee of any law enforcement agency? If yes, explain in detail.		
y. Has any financial arrangement, or promise of benefit been made to the CI by ATF, any other law enforcement office, a federal prosecuting office, or any other state or local prosecuting office in return for providing information or services to any federal, state, or local agency? If yes, explain in detail.		
z. Has there been any change in the risk of physical harm that may occur to the CI, his/her immediate family, or his/her close associates, because of assisting ATF? If yes, explain in detail.		
aa. Has there been an increased risk that the CI may adversely affect an investigation or potential prosecution? If yes, explain in detail.		
bb. Is the CI reasonably believed to be a subject or target of a pending investigation or under arrest, or has the CI been charged in a pending prosecution? If yes, explain in detail.		
cc. Does the CI pose a criminal threat, danger to the public, or flight risk? If yes, explain in detail.		
dd. Is relocation or application to the Witness Security Program anticipated for the CI? If yes, explain in detail.		

17. **Adverse Information:** When derogatory, disparaging, or potentially disqualifying information (*e.g., reports of arrest, mental health issues, unreliability, 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 CI's **activation date**, 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. Not Applicable

b. If yes, was an Adverse Information Suitability Request submitted? Yes No Not Applicable

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

18. **Fingerprint Cards:** New fingerprint cards must be obtained and accompany this Semiannual Suitability Request if the CI was initially activated or reactivated prior to March 1, 2015, and remained active since that time. Fingerprint cards must be submitted to the FBI on one occasion after March 1, 2015, to ensure the FBI is monitoring the CI by their fingerprints. Have fingerprint cards been submitted to the FBI in accordance with this requirement? Yes No **If No, fingerprint cards must be submitted with this request.**

19. **Informant Agreement:** A new Informant Agreement, ATF Form 3252.2 or ATF Form 3252.3 (*Spanish Version*), must be completed annually and submitted with the January review.

A new Informant Agreement is NOT required (*July review*). **A new Informant Agreement is required (January view).**

20. **Identity Verification:** If the CI's identity was not officially verified as required on the ATF Form 3252.4, Initial Suitability Request, or on the ATF Form 3252.5, Reactivation Suitability Request, the individual's identity must be verified.

The CI's identity was previously verified. The CI's identity was not previously verified and is addressed, below.
Skip question 21. Complete question 21.

21. **Select the Method Used to Verify the CI's Identity:**

a. Driver's License (<i>DL</i>) <input type="checkbox"/>	Issuing State:	DL Number:	b. U.S. Passport <input type="checkbox"/>
c. State Identification (<i>ID</i>) <input type="checkbox"/>	Issuing State:	ID Number:	Passport Number:
d. Naturalization Certificate and Photo Identification Card <input type="checkbox"/>	Certificate Number:	Type of Identification Card:	
e. Birth Certificate and Photo Identification Card <input type="checkbox"/>	State Issuing Birth Certificate:	Type of Identification Card:	

f. Other (*Applies only to international CIs living abroad.*) Provide a detailed description of the document(s) used to verify the international CI's identity.

22. **Special Category:** Select all special categories that apply to the CI. Those special categories with an asterisk (*) may require Headquarter's coordination for a higher level (*e.g., CI Review Committee or DOJ*) review and determination. Explain in detail.

Active military member (<i>including reserves and National Guard</i>)	Media representative or affiliate*
Alien (<i>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</i>)	Public official - federal level
Federal BOP employee*	Public official - local level
Federal Explosives Licensee (<i>current or prior</i>)*	Public official - state level
Federal Firearms Licensee (<i>current or prior</i>)*	State or local prisoner or detainee (<i>in state or local custody</i>)
Federal prisoner (<i>in federal custody</i>)*	State or local probationer/parolee (<i>not in state or local custody</i>)
Federal probationer or supervised releasee	Under obligation of a legal privilege of confidentiality (<i>i.e., attorney, priest</i>)*
Foreign National (<i>i.e., non-U.S. citizen, legally present in the U.S., permanent resident or resident alien</i>)	WITSEC participant - current*
High-level leader of criminal organization*	WITSEC participant - former*
International (<i>i.e., non-U.S. citizen living in home country or abroad</i>)	Other:

Special Category Explanation: If any of the above special categories apply, provide a detailed description/explanation.

If the individual is under the obligation of a legal privilege of confidentiality, is the individual privy to case-related information? Yes No
Not Applicable

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 individual's continued suitability to perform as a CI. If more space is required, attach an additional page.

Remarks:

VI. Attachments

Instructions: Attachments are required as indicated, below. The CI handler must initial to indicate the documents are included.

Title	Initial
1. ATF Form 3252.2, Informant Agreement or ATF Form 3252.3, Informant Agreement (<i>Spanish Version</i>) (<i>Required for January review, as indicated above in IV. Suitability, Informant Agreement</i>)	
2. Fingerprint Cards FD-258 - Three complete sets (<i>If applicable in IV. Suitability, Fingerprint Cards</i>)	
3. State and federal criminal history check results (<i>NCIC-QH & QR</i>) (<i>Required</i>)	
4. State and federal warrant check results (<i>NCIC-QW</i>) (<i>Required</i>)	
5. State criminal history check results (<i>NLETS-IQ & FQ</i>) (<i>Required</i>)	
6. State Driver's License check results (<i>NLETS-DQ & KQ</i>) (<i>Required for January review</i>)	
7. Immigration Alien Query check results (<i>NLETS-IAQ</i>) (<i>Required if non-U.S. citizen</i>)	
8. Treasury Enforcement Communications System check results (<i>TECS</i>) (<i>Required for January review</i>)	
9. Federal Licensing System check results (<i>FLS</i>) (<i>Required for January review</i>)	
10. Financial Thresholds, ATF Form 3252.10 (<i>If applicable</i>)	
11. Current color photographs (<i>front and side views</i>) (<i>If appearance has changed</i>)	
12. Immigration documentation (<i>i.e., Deferred Action, Permanent Resident Card, Resident Alien Card, etc.</i>) (<i>Required, if non U.S. citizen</i>)	
13. Other/miscellaneous:	
14. Other/miscellaneous:	

VII. Handler Information

Instructions: Provide information regarding the CI handler. The CI handler must electronically sign and date the request, then start the Semiannual 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 law enforcement and/or legal references. The undersigned reviewed the content and meaning of ATF Form 3252.2, Informant Agreement, with the individual in the presence of another law enforcement officer (*applicable to the January review period*). The undersigned accepts continued responsibility for management and oversight of the CI.

Electronic Signature and Date:

VIII. 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. If the decision is “deny,” the RAC or GS must instruct the CI handler to deactivate or remove the CI for cause. 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. The undersigned recommends approval for the continued use of the individual and 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.		

Electronic Signature and Date:

Instructions: Provide information regarding the Special Agent in Charge (*SAC*) or his/her designee (*i.e., Assistant Special Agent in Charge (ASAC)*). The SAC or his/her designee must approve or deny the request. The SAC or his/her designee must electronically sign and date below unless the decision is made and recorded electronically in CIMRRS.

Name of SAC or ASAC	Last Name:	First Name:	Title (<i>SAC or ASAC</i>):
SAC or ASAC Decision	<input type="checkbox"/> Approve. The request for this individual is approved. 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.		

Electronic Signature and Date:

Privacy Notice

Authority: ATF derives its authority to collect this information from 28 U.S.C. § 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.