

# 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:
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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

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: \$ \_\_\_\_\_ 12-Month Sum: \$ \_\_\_\_\_

4. Breakdown of Cumulative Total Paid:

Subsistence: \$ \_\_\_\_\_ Lodging/Relocation: \$ \_\_\_\_\_ Award: \$ \_\_\_\_\_ 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):	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?		

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 any investigations during the past 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.)

Investigation (Case) Number	Investigation Type	Type/Amount of Evidence Seized	Number of Defendants Arrested

**II. Immigration Information**

**Instructions:** If the CI 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 CI is 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. Use an additional sheet of paper, if necessary. 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 - IQ State:	
TECS		NLETS - FQ State:	
FLS		NLETS - FQ State:	
Other:		NLETS - DQ	
Other:		NLETS - KQ	
Other:		NLETS - IAQ (if non-U.S. citizen)	

**IV. Criminal History and Conduct Information**

<b>Instructions:</b> Provide information regarding the CI's criminal history, personal conduct, and criminal associations. If more space is required, use Section VII., Additional Remarks, or attach an additional page.	Yes	No
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 arrest, provide the date of the arrest, reason for arrest, arresting law enforcement agency, and disposition of arrest.		
18. Has the CI been arrested for crimes involving perjury, fraud, providing false information, or other arrests similar in nature? If yes, for each arrest, provide the date of arrest, reason for arrest, arresting law enforcement agency, and disposition of arrest.		
19. Has the CI been arrested for crimes of a sexual nature? If yes, for each arrest, provide the date of arrest, reason for arrest, arresting law enforcement agency, and disposition of arrest.		
20. Has the CI been arrested for crimes against a child/children? If yes, for each arrest, provide the date of arrest, reason for arrest, 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 element of the use, attempted use, or threatened use of physical force against the person or property of another, or 2) Any other offense that is a felony and that, by its nature, involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense.

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       1-2 times       3-4 times       5+ times

23. Parole/Probation Status:  The CI is not on parole 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 reason for denial.

25. Reputation and Associates: Is the CI currently or formerly affiliated with a criminal organization? If yes, provide details.      Yes       No

a. Level of the Organization:	b. What is or was their role in the criminal organization?
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c. What is the recency of their affiliation with the criminal organization?	d. Was the CI's separation adversarial?
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e. Provide additional details.

26. 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 CI's **activation date**, was any derogatory, disparaging, or potentially disqualifying information received about the CI? Yes  No  Not Applicable

a. If yes, provide details regarding the derogatory, disparaging, or potentially disqualifying information since the CI's activation date.  
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

27. Preface each question with this statement: Since the CI's last Semiannual Suitability Request or Reactivation Suitability Request, whichever was most recent.	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, 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 (SSN)? 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(ies) of citizenship, dual citizenship, date of change, and why it changed.		
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>i.e., mobile, home, work, etc.</i> ).		
g. Has the CI's personal description significantly changed ( <i>e.g., hair color change, extreme weight loss or gain, etc.</i> )? If yes, explain in detail.		
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, explain in detail.		
j. Has the CI had any contact with law enforcement, other than for an arrest or citation ( <i>except minor traffic offenses</i> ) previously documented by ATF, or while actively working as an ATF CI? If yes, explain in detail.		

	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.		
l. Has the CI engaged in any unauthorized illegal activity ( <i>other than new arrests reported</i> )? If yes, explain in detail.		
m. Has the CI engaged in any misuse of a controlled substance(s) ( <i>including prescription medication</i> )? 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.		
o. 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.		
28. Details: Provide a detailed explanation for any "yes" responses to questions 27. a. through u. If more space is required, use Section VII., Additional Remarks, or attach an additional page.		

#### 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 space is required, use Section VI., Additional Remarks, or attach an additional page.

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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.

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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.

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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.

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33. Willingness to Take Risks: Does the CI demonstrate a willingness to take inappropriate risks? Yes  No  If yes, explain in detail.

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34. 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.

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35. Other Agency(*ies*): 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?

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36. Prior Agency(*ies*): 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?

37. Financial or Other Arrangements: 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? Yes  No  If yes, explain in detail.

38. Motivation: What is the CI's motivation in providing information and/or assistance to ATF?

39. Assistant U.S. Attorney Concurrence: A supervisory Assistant U.S. Attorney (AUSA) must concur with continued use of the CI. The AUSA must be a Chief Federal Prosecutor (i.e., the head of a federal prosecuting office).

a. Name of AUSA:	b. Position Held:
c. Judicial District:	d. Date of Concurrence:

e. Provide details of the discussion between the CI handler and the AUSA regarding the nature of work provided by the CI and expectations for future use.

40. CI Handlers: Identify the current primary CI handler, any current secondary handler(s), and all prior handlers since the activation date.

Name of CI Handler	Capacity	Field Division When Serving as Handler	Begin Date	End Date

41. Justification for Current CI Handler: Provide a thorough and detailed reason why the current primary CI handler should remain in that capacity. Include details regarding the supervisor's oversight of the CI handler; any conflicts or potential conflicts with the relationship; and the CI's ability to take instruction, communicate with the CI handler, and comply with the Informant Agreement.

42. History of Employment and Education:

a. Provide the CI's highest level of education:	b. Source(s) of Income:
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c. The CI is currently unemployed:  Skip to question 43.

d. If applicable, Name of Current Employer:	e. Occupation:	f. Duration (Years/Months):
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43. Past Performance: Does the CI have any negative past performance issues? Yes  No  If yes, explain in detail.

44. Deactivation/Removed for Cause: Has this CI previously been deactivated or removed for cause by ATF? Yes  No  If yes, provide the date(s) of and reason for deactivation/removal for cause.

45. Special Category: Select all special categories that apply to the CI. Those special categories with an asterisk (\*) may require Headquarters' coordination for a higher level of review (e.g., Assistant Director or DOJ) and determination. Explain in detail.

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 (e.g., attorney, priest)*
Foreign National (i.e., non-U.S. citizen, legally present in the U.S., 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 apply, provide a detailed description/explanation.

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

48. 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 review).

#### VI. Additional Remarks

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

49. Remarks:

**VII. 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> (Required for January review, as indicated above in IV. Suitability)	
2. State and federal criminal history check results (NCIC - QH & QR) (Required)	
3. State and federal warrant check results (NCIC - QW) (Required)	
4. State criminal history check results (NLETS - IQ & FQ) (Required)	
5. State Driver's License check results (NLETS - DQ & KQ) (Required)	
6. Immigration Alien Query check results (NLETS - IAQ) (Required, if non-U.S. citizen)	
7. Treasury Enforcement Communications System check results (TECS) (Required)	
8. Federal Licensing System check results (FLS) (Required)	
9. Financial Thresholds, ATF Form 3252.10 (If applicable)	
10. Current color photographs (front and side views) (Required, if appearance has changed)	
11. Immigration documentation (i.e., Deferred Action, Permanent Resident Card, Resident Alien Card, etc.) (Required, if non U.S. citizen)	
12. Other/miscellaneous:	
13. 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 applicable Long-Term 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 CI for whom this request is being sought; indices checks completed on the CI'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 CI 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:

**IV. 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:	<input type="checkbox"/> <b>Approve.</b> The undersigned recommends approval for the continued use of the CI and accepts responsibility for management and oversight of the CI.		
	<input type="checkbox"/> <b>Deny.</b> The request for this CI 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 recommend approval of the request 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 Designee	Last Name:	First Name:	Title (SAC or ASAC):
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SAC or Designee Decision:	<input type="checkbox"/> <b>Approval Recommended.</b> Continued use of the CI cannot be utilized until approved by the CIRC or applicable Deputy Assistant Director based on ATF Order 3252.1, Use of Confidential Informants.
	<input type="checkbox"/> <b>Deny.</b> The request for this CI is denied. The CI must be <input type="checkbox"/> deactivated or <input type="checkbox"/> removed for cause.

Electronic Signature and Date:

**Instructions:** The Confidential Informant (CI) Program Manager (PM) coordinated review of this Long-Term Suitability Request with the applicable Deputy Assistant Director (East, West, Central), Confidential Informant Review Committee (CIRC), and/or other deciding officials. The CI PM must electronically sign and date, below, unless the decision is made and recorded electronically in CIMRRS on behalf of the deciding official(s).

Name of CI PM	Last Name:	First Name:
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CIRC or DAD Final Decision:	<input type="checkbox"/> <b>Approve.</b> The request for the CI is approved for continued use. Continued use of the CI was approved by all members of the CIRC or the applicable DAD.
	<input type="checkbox"/> <b>Deny.</b> The request for this CI 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 USC § 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 become 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.