## **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: **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: 3. Amout 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):* 6-Month Sum: \$ \_\_ Cumulative Total Paid: \$ \_\_\_\_\_ 12-Month Sum: \$ \_\_\_\_\_ 4. Breakdown of Cumulative Total Paid: Subsistence: \$ Lodging/Relocation: \$ 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): 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:

	t any investigations during the past 6-red, and Number of Defendants Arreste		Investigation (	Case) Number, Investigation Type,
Investigation (Case) Number	Investigation Type	Type/Amount of Evide	ence Seized	Number of Defendants Arrested
the use of any alien who entered the U	s. citizen, provide his/her immigration U.S. without authorization before he/sleed Action, Resident Alien Card, Perma	e may continue to serve as	a CI. Attach a etc.).	copy of the immigration
	III. Ind	ices Checks		
any additional check(s) conducted. U	t the listed criminal history checks and Jse an additional sheet of paper, if nece ttach the results of the indices checks	essary. Indices checks must	be completed	on the CI's legal name and aliases
System/Check	Record/No Record	System/Chec	k	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		NI ETS - IAO (if non	-IIS citizan	

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IV. Criminal History and Conduct Information				
<b>Instructions:</b> Provide information regarding the CI's criminal history, personal corequired, use Section VII., Additional Remarks, or attach an additional page.	enduct, and criminal associations. If more space is	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? I reason for arrest, arresting law enforcement agency, and disposition of arrest.	f yes, for each arrest, provide the date of the arrest,			
18. Has the CI been arrested for crimes involving perjury, fraud, providing false in each arrest, provide the date of arrest, reason for arrest, arresting law enforcements.				
19. Has the CI been arrested for crimes of a sexual nature? If yes, for each arrest, law enforcement agency, and disposition of arrest.	provide the date of arrest, reason for arrest, arresting			
<ul> <li>20. Has the CI been arrested for crimes against a child/children? If yes, for each arresting law enforcement agency, and disposition of arrest.</li> <li>Violent Crime- as defined by 18 U.S.C. § Part 1, Chapter 1, Section 16: 1) An offer physical force gainst the person or property of another, or 2) Any other offense that physical force against the person or property of another may be used in the course of the course</li></ul>	ense that has an element of the use, attempted use, or thre it is a felony and that, by its nature, involves a substantial			
21. Considering all arrests, how many times has the CI been arrested for <b>non-viol</b>				
	11+ times			
22. Considering all arrests, how many times has the CI been arrested for violent of	rimes?			
0 times 3-4 times	5+ times			
23. Parole/Probation Status:	he CI is not on parole or probation. Skip question	1 24.		
24. Did the parole or probation officer approve use of the CI? Not Applicabl	e			
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 cri	minal organization? If yes, provide details. Yes	No [		
a. Level of the Organization: b.	What is or was their role in the criminal organization?			

c. W	hat is the recency of their affiliation with the criminal organization?	d. Was the CI's separation adversarial?			
e. Pı	ovide additional details.				
e a R tl	Adverse Information: When derogatory, disparaging, or potentially disquested interval instability, unreliability, providing false information, subject of CI, an Adverse Information Suitability Request to retain the CI must be sequest must be submitted. Since the CI's activation date, was any deroge CI? Yes No Not Applicable.  If yes, provide details regarding the derogatory, disparaging, or potenti Not Applicable.	investigation, charged in a pending prosecution, etc.) is receive submitted for approval; or a Deactivation Request or Removal gatory, disparaging, or potentially disqualifying information re-	ed rega for Cau	ıse	
1	. If yes, was an Adverse Information Suitability Request submitted?	Ves No Not Applicable			
	. If an Adverse Information Suitability Request was not submitted, explanation	ain in detail why not. Not Applicable			
	reface each question with this statement: Since the CI's last Semiann rhichever was most recent.	ual Suitability Request or Reactivation Suitability Request,	Yes	No	
2	. Has the CI's legal name changed? If yes, provide details of the legal r has been verified by viewing a driver's license, state identification care				
	. Has the CI used any new aliases? If yes, explain in detail.				
-	. Has the CI been issued a new Social Security Number (SSN)? If yes,	explain in detail and provide the new SSN.			
(	. Has the CI's citizenship status changed? If yes, provide details regard change, and why it changed.	ding the country(ies) of citizenship, dual citizenship, date of			
•	. 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 telephome, work, etc.).	hone number(s) and type of telephone number (i.e., mobile,			
	. Has the CI's personal description significantly changed (e.g., hair cold in detail.	or change, extreme weight loss or gain, etc.)? If yes, explain			
1	. 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, expla	in in detail.			
j	Has the CI had any contact with law enforcement, other than for an arr documented by ATF, or while actively working as an ATF CI? If yes, or				

	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.		
1. Has the CI engaged in any unauthorized illegal activity (other than new arrests reported)? If yes, explain in detail.		
m. Has the CI engaged in any misuse of a controlled substance(s) (including prescription medication)? 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.		

## V. Suitability

<sup>29.</sup> 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 spaace is required, use Section VI., Additional Remarks, or attach an additional page.

29. Summary of Accomplishments, Continued:



30.	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.
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.
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.
33.	Willingness to Take Risks: Does the CI demonstrate a willingness to take inappropriate risks? Yes No If yes, explain in detail.
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.
35.	Other Agency( <i>ies</i> ): 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?
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?

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	office, or any other state	or local p		ise of benefit been made to the CI by a office in return for providing informati			
38. Motivation: What is the CI's	motivation in providing	g informat	tion and/or a	assistance to ATF?			
39. Assistant U.S. Attorney Conc a Chief Federal Prosecutor (i				ey (AUSA) must concur with continue	d use o	f the CI. The A	USA must be
a. Name of AUSA:	e., the head of a federa	i prosecuii	ing office).	b. Position Held:			
c. Judicial District:				d. Date of Concurrence:			
e. Provide details of the discussion	on between the CI handl	ler and the	AUSA rega	arding the nature of work provided by	the CI	and expectation	s for future use.
40. CI Handlers: Identify the cur	rrent primary CI handle	r, any curr	ent seconda	ry handler(s), and all prior handlers sin	nce the	activation date.	
Name of CI Handler	Capacity		Field Div	vision When Serving as Handler		Begin Date	End Date
	supervisor's oversight o	f the CI ha	andler; any	on why the current primary CI handler conflicts or potential conflicts with the formant Agreement.			
42. History of Employment and	Education:						
a. Provide the CI's highest level	of education:			b. Source(s) of Income:			
c. The CI is currently unemployed	ed: Skip to quest	ion 43.		I			
d. If applicable, Name of Currer	t Employer:	e	e. Occupation	on:		f. Duration (Y	ears/Months):

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 deactive date(s) of and reason for deactivation/removal for cause.	ated or removed for cause by ATF? Yes No If yes, provide the				
45. Special Category: Select all special categories that apply to the CI. Those shigher level of review (e.g., Assistant Director or DOJ) and determination.	special categories with an asterisk (*) may require Headquarters' coordination for a 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				
Foreign National (i.e., non-U.S. citizen, legally present in the U.S.,	(e.g., attorney, priest)*				
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 a	pply, provide a detailed description/explanation.				
47. If the CI is under the obligation of a legal privilege of confidentiality, is	s the CI privy to case-related information? Yes No NotApplicable				
48. Informant Agreement: A new Informant Agreement, ATF Form 3252. 2 submitted with the January review.	2 or ATF Form 3252. 3 (Spanish Version), must be completed annually and				
A new Informant Agreement is NOT required (July review).					
VI. Additi	ional Remarks				
<b>Instructions:</b> Use this section to provide further explanation as required by sect relevant ( <i>favorable or unfavorable</i> ) regarding the CI's continued suitability to pe 49. Remarks:					

		VII. Attachments				
Instructions: Atta	chments are required as indicated, below.	The CI handler must initial to	indicate the docu	ments are	included.	
Title	*					Initial
	2.2, Informant Agreement or ATF Form 32 cated above in IV. Suitability)	52.3, Informant Agreement (Spa	unish Version) (Re	equired for	January	
2. State and feder	al criminal history check results (NCIC - Q	H & QR) (Required)				
3. State and feder	al warrant check results (NCIC - QW) (Req	uired)				
4. State criminal	nistory check results (NLETS - IQ & FQ) (I	Required)				
5. State Driver's						
	lien Query check results (NLETS - IAQ) (R					
	cement Communications System check res					
	sing System check results (FLS) (Required)					
	esholds, ATF Form 3252.10 (If applicable)					
	photographs (front and side views) (Require					
	ocumentation (i.e., Deferred Action, Perma		ien Card, etc.) (Re	equired,		
12. Other/miscella	neous:					
13. Other/miscella	neous:					
		VIII. Handler Information				
Instructions, Dec	vide information regarding the CI handler			to the mean	aat tham atout t	ha amuliaahla
	ility Request in CIMRRS.					пе аррпсавіе
Name	Last Name:	First Name:	Tit	tle (SA or T	TFO):	
of Handler						
Field Division:		Field Office:	Tal	lephone N	yana la omi	
rieid Division:		Fleid Office:	l lei	repriorie in	umber:	
aliases; and law enthe CI in the preser management and o		dersigned reviewed the content as	nd meaning of AT	TF Form 32	252.2, Informar	nt Agreement, with
Electronic Signatu	re and Date:					
		IV. Review and Decision				
	als must complete their review and record on where CIMRRS is not immediately av	their decision in CIMRRS. Th	nis section is only	complete	d by managem	ent officials in an
Instructions: Pro	vide information regarding the Resident A	Agent in Charge (RAC) or Group	Supervisor (GS)	). The RA	.C or GS must a	approve or deny
	AC or GS must electronically sign and da					
Name of RAC or GS	Last Name:	First Name:	Tit	tle <i>(RAC o</i>	r GS):	
RAC or GS Decision	on: Approve. The undersigned and oversight of the CI.	recommends approval for the co	ntinued use of the	e CI and ac	ccepts responsib	vility for management
	<b>Deny.</b> The request for this C	I is denied. The CI must be	deactivated of	or 🗍	removed for	cause.
Electronic Signatu	re and Date:		<del>-</del>			

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The SAC or his/her	designee must recommend approval of	of the request or deny the request. The SAC	(i.e., Assistant Special Agent in Charge (ASAC)).  Cor his/her designee must electronically sign and
	the decision is made and recorded elect Last Name:	First Name:	Title (SAC or ASAC):
SAC or Designo	ee Assistant Director based o	on ATF Order 3252.1, Use of Confidential Inf	
Electronic Signature		s CI is denied. The CI must be deacti	vated or removed for cause.
Deputy Assistant D	irector (East, West, Central), Confider		ong-Term Suitability Request with the applicable and/or other deciding officials. The CI PM must RS on behalf of the deciding official(s).
Name of CI PM	Last Name:	First Name:	
CIRC or DAD Fi	inal the CIRC or the applicabl	e DAD.	inued use of the CI was approved by all members of ivated or removed for cause.
Electronic Signatur	e and Date:		
28 CFR § 0.130	General functions.	Privacy Notice formation from 28 USC § 599A, Bureau of A the eligibility and suitability of the individual	clcohol, Tobacco, Firearms, and Explosives and to become a confidential informant.
informant record M. of the publish	l and is included in Criminal Investigat	ion Report System-Justice/ATF-003 (68 FR 3) ds. ATF may disclose the information with c	information becomes a part of the confidential 3553-5) and is subject to paragraphs A., C., E., F., and other law enforcement or other government agencies,

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.