



# Oklahoma HIDTA Intelligence Center

## Case Deconfliction Form

Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_

### Agent / Officer Information

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

24 Hour Contact (phone/email): \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Contact: \_\_\_\_\_

### Case Deconfliction Information

Note: Please only submit one form per subject. When submitting a subject, please notate any alias names or DOBs. Please send form to [deconfliction@obn.ok.gov](mailto:deconfliction@obn.ok.gov).

Case Number (if applicable): \_\_\_\_\_

### Subject:

Name (Last, First Middle): \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

FBI: \_\_\_\_\_ State ID: \_\_\_\_\_ Local ID: \_\_\_\_\_ DL: \_\_\_\_\_

### Alias Name(s):

Name (Last, First ): \_\_\_\_\_

Maiden, Married Last Names:

Alias DOB: \_\_\_\_\_

\*\*\* Please notify us when you close this case so we may close it in our system\*\*\*