

Oklahoma HIDTA Intelligence Center

Subject Deconfliction Form

Date of Request:		Time of Request:	
Agent / Offi	cer Information		
Name:		Agency:	
24 Hour Conta	act (phone/email):		
Supervisor Name:		Supervisor Contact:	
Case Deconf	liction Information		
		per subject. When subm orm to <u>deconfliction@obn.</u>	itting a subject, please notate <u>ok.gov</u> .
Case Number (i	f applicable):		
Subject:			
Name (Last, Fi	rst Middle):		
Race:	Gender:	DOB:	SSN:
FBI:	State ID:	Local ID:	DL:
Alias Name(s)):		
Name (Last, Fi	rst):		
	ed Last Names:		
Alias DOB:			
*** Please	e notify us when you cl	ose this case so we ma	ay close it in our system***
	24 Hour Deconflict	ion Hotline: 1-877-999-I	METH (6384)