Washington Association of SHERIFFS & POLICE CHIEFS

CJIS Department
Sex Offense File Submission Form & Receipt

Submitting Agency:

Agency Address:
City: State: WA Zip Code:

Contact Person Name:

Contact Person Phone: Contact Person e-mail:

Months/Years Submitted (e.g. January/2021):

File Types Included (check all that apply): ☐ Paper Files ☐ Electronic Files ☐ Photos/Audio/Video ☐ Other:

Total Number of Case Files Submitted:

Check when completed:
☐ Case Number Inventory Included ☐ Boxes/Packages Marked ☐ Files Sorted/Divided

Notes/Comments:

WASPC Use Only - Receipt

Date Received: Method Received:

Total Number of Cases Files Received:

Verified By:

Receipt Notification Sent To: Date:

Notes: