

**OFFICE OF THE CHIEF OF POLICE**

October 21, 2020

**NOTICE**  
1.8

**TO:** All Department Personnel

**FROM:** Chief of Police

**SUBJECT:** WARRANT INFORMATION, FORM 08.48.00 – REVISED

The purpose of this Notice is to advise Department personnel of the revisions made to the Warrant Information Form, Form 08.48.00. The revisions to this form were made to mirror the formatting standard as defined by the Superior Court of California, County of Los Angeles.

Revisions to this form include the following:

- Added “Search Warrant Number” field;
- Added “Reserved for Clerk’s File Stamp” and “Case Number” field; and,
- Added bolded type font to specifically indicate information that is required for completion of this form.

Should you have any questions regarding this Notice, please contact Detective Services Group, at (213) 486-7020.



MICHEL R. MOORE  
Chief of Police

Attachment

DISTRIBUTION “D”

# WARRANT INFORMATION

**MUST PRINT OR TYPE. LEAVE BLANK IF INFORMATION IS UNKNOWN.  
FIELDS IN BOLD ARE REQUIRED.**

Reserved for Clerk's File Stamp

If a search warrant was executed that contributed to the filing of this case, please provide the search warrant number on the line below.

Search Warrant Number: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

**(Filing Name) First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **Sfx:** \_\_\_\_\_  
(Name used for case filing) (Jr., Sr., III, etc.)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_ **Ht.:** \_\_\_\_\_ **Wt.:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
(If unknown, use 02/30 and approx. year of birth)

**ID #s** **OLN:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **LPD:** \_\_\_\_\_  
(Operator's License # - Do not use N.I.P., None, etc.) (State - 2 characters only) (DR #/File #)

**MAIN:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
(Mandatory for felony filings)

**VLN:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **CII:** \_\_\_\_\_  
(Vehicle License # - Do not use N.I.P., None, etc.) (State - 2 characters only)

**BKG:** \_\_\_\_\_

Other #s

**FBI:** \_\_\_\_\_ **CIT:** \_\_\_\_\_  
(Citation #)

**OCA:** \_\_\_\_\_ **LCN:** \_\_\_\_\_  
(Number recorded on fingerprint card "Your No. OCA") [Local Court # (used by Malibu Court)]

**AKA First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **Sfx:** \_\_\_\_\_

**LEA:** \_\_\_\_\_ **Vio City:** \_\_\_\_\_  
(Law Enforcement Agency/Arresting Agency Code) (City where violation occurred - Use County if an unincorporated area)

**Inv. Name/Unit:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_  
(Investigator's name and unit of assignment)

**Filing Charge(s):** \_\_\_\_\_

**Arrest Charge(s):** \_\_\_\_\_

**Date of Arrest:** \_\_\_\_\_

**(Arrest Name) First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **Sfx:** \_\_\_\_\_  
(Name used in booking)

**Warrant Request**

**Warrant Notification**

**Warrant Removal**

**Warrant Amendment**

NCIC:

ENTRY:

REQUEST:

**Felony Warrant**

**Temp. Felony Want**

**Ramey Warrant**

**Warrant on file at R & I**

<b>CAUTION:</b> <input type="checkbox"/> <b>Mentally Disturbed (M)</b>		<input type="checkbox"/> <b>Other (e.g. combative) – Explain in Misc. (I)</b>		Court Div. if NCIC Entry Req.:	
<input type="checkbox"/> <b>Armed and Dangerous (A)</b>		<input type="checkbox"/> <b>Escape Risk</b>		<input type="checkbox"/> <b>Suicidal Tendencies (S)</b>	
NCIC Code if Known:	Type of Warrant: <input type="checkbox"/> <b>Felony</b> <input type="checkbox"/> <b>Misd.</b>	Date of Warrant:	For U.S. Military enter:  Serial No.: _____  Branch of Service: _____		
Miscellaneous #s:					
<input type="checkbox"/> Alien Reg. No. AR - _____		<input type="checkbox"/> Passport No. PP - _____			
<input type="checkbox"/> Mariners Doc. No. MD - _____		<input type="checkbox"/> Port Sec. No. PS - _____			
<input type="checkbox"/> VA Claim No. VA - _____		<input type="checkbox"/> Sel Ser. No. SS - _____		<input type="checkbox"/> LA No. OA - _____	
NCIC Fingerprint Classification (Call R & I at 213-486-8240):			Scars, Marks & Tattoos (Limited to four, 10 character descriptors):		
<b>VERIFY WARRANT 24 HRS AT (213) 486-8260</b>		Contact Detective: _____ at: (    )		_____ regarding extradition.	
Misc. (M.O., nicknames, addl. info re: offense, etc. (limited to 36 char.):					
Additional DOBs:		AKA:		AKA:	
FCN No.:		AKA:		AKA:	
NCIC No.:		AKA:		AKA:	
<b>ADDITIONAL INFORMATION FOR WARRANT REQUEST/NOTIFICATION</b>					
Vehicle Year:		Make:		Model:	
				Color:	
Deft's Residence Address:			City:		State:    Zip:
Deft's Business Address:			City:		State:    Zip:
<b>COMPLAINT OFFICER USE ONLY</b>					
Court:		Judge:	Bail:	PA:	Total Bail:
Division No.:			\$	\$	\$
<b>WARRANT NO.:</b>					Date Issued:
Additional Information (This field is allotted a total of 100 characters including spaces.):					
Detective Requesting:		Serial No.:		Division:	
				Detective Division C/O Approving:	