

Cambridge Police Department Confidential Informant Registration Application

Status:		Date of Application	CI Number (Leave Blank)
Name		Date of Birth	Social Security Number
Address			
Place of Birth		Height	Weight
Gender	Race	Hair	Eyes
Telephone		Cell Phone	
Alias or Street Name		Alias or Street Name	
Area of Knowledge (cocaine, marijuana, B&E's, etc.)			
Employer		Occupation	
Employer Address			
Drug or Alcohol Dependency			
Reason for providing information			
Are you assisting this department or any other law enforcement agency in any criminal investigations? Please indicate if you are a victim and/or a witness in any on-going or recent criminal cases; if you have ever worked as an informant before; or if you have ever provided information to any law enforcement agency before.			
Probation or Parole?	Probation/Parole Officer's Name		Telephone Number
Referred by:		Date:	
Interviewed by:		Date:	

Confidential Informant Background Check

	Reviewer Initials		
WMS		Notes	
BOP		Notes	
III		Notes	
Comments:			
Approved		Unsatisfactory	
Informant Manager Name		Signature	Date
Other Pertinent Information			