

## NICS Index Mental Submission Check List

Please provide the following contact information, type or print legibly: (agency must be

Please answer the following questions in order to provide the FBI Criminal Justice Information Services Division's National Instant Criminal Background Check System (NICS) Section the information required for entry of individuals into the NICS Index Mental Prohibition File, who by law are prohibited from purchasing firearms.

prepared to provide supporting documents	mentation upon appeal)
Agency Name:	
Contact Name:	
Address:	
Telephone Number:	Fax Number:
Please provide the following descri	ptive information, type or print legibly: (*required fields)
Name:*	
Date of Birth:*	Sex:*
Alias Names:	Cadence:
Social Security Number:	Race:
Height: Weight:	Place of Birth: State of Residency:*
Categorize your entry under one of	the following:
☐ Involuntarily Committed for ~Please provide the name of approximate date of commit	of the institution, court, or lawful authority and the
Agency Name:	Date:
	efective tion from the court, board, commission, or other lawful reason below for the adjudication:
$\square$ A person who is found to $\square$ A person who is found in	or to others by to contract or manage his own affairs by be insane by a court in a criminal case becompetent to stand trial or found not guilty by by responsibility pursuant to the Code of Military Justice
Signature and title of submitting p	hysician or agency official:
Signature:	
Title:	Date:

NICS Section Revised Jan 2018 tbc