

## **Mississippi Association of Gang Investigators**

### **SECURITY THREAT GROUP/CRIMINAL GANG MEMBER VALIDATION FORM**

(Identify all applicable criteria in each category)

Offender # \_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_

Alias(s): \_\_\_\_\_

STG Organization: \_\_\_\_\_ Rank/Position \_\_\_\_\_

#### **STG VALIDATION CRITERIA**

Offenders must meet at least one of the following criteria to be validated:

\_\_\_\_\_ Offender admits he is a member of STG

\_\_\_\_\_ Membership is documented in law enforcement reports, a pre-sentence report, previous MAGI record or report from the courts

\_\_\_\_\_ Offender's crime is suspected to be associated with STG activities

If the offender does not meet any of the above criteria, the offender must meet at least two of the following criteria to be validated:

\_\_\_\_\_ Has tattoos/brands or symbols of an STG (photograph and specify below)

\_\_\_\_\_ Uses hand gestures identified as STG hand signals

\_\_\_\_\_ Uses language or jargon of an STG member

\_\_\_\_\_ Wears clothes or colors in the same manner or styles as other STG members

\_\_\_\_\_ Wears clothes or colors identified with known STG members

\_\_\_\_\_ Possesses documents or materials pertaining to STG activities

\_\_\_\_\_ Possesses paraphernalia/contraband pertaining to STG membership

\_\_\_\_\_ Associates with known members of an STG

#### **Additional Information:**

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Validated By: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Printed Name)

Agency: \_\_\_\_\_ Location: \_\_\_\_\_

DATE: \_\_\_\_\_