CRIMINAL HISTORY FORM

(Use a separate form for each incident requiring a Criminal History Form. Copies of form may be made, if needed.)

NAME:				
	Last	First	t Middl	е
	D PE	#:	□ EIT #:	
Date of Incident:				
Location of Incident:				
Arresting/Ticketing Agency:				
Name of Agency				
Mailing A	lddress	City	State/County	Zip/Postal Code
Detailed Summary of the events and circumstance leading to this arrest, citation, ticket and/or criminal charge: (Use an additional sheet if necessary.)				
Charges (Indicate whether charge was a misdemeanor of a felony.):				
Initial	Charge(s):	Misdeme	eanor 🗌 Felony
Final	Charge(s	:	Misdeme	eanor 🗌 Felony
Plea:				
Date of Judgment/Disposition:				
Disposition: (probation, deferred adjudication, deferred prosecution, etc , give summary.)				
Style and Cause number(s):				
Style all	u cause i			
Title of (Court			
Name of Court				
Mailing A	ddress	City	State/County	Zip/Postal Code
A 1				1 , ,

Attach copies of <u>ALL</u> court documents including Offense Reports, Judgment and Sentence documentation and Final Disposition (release) documents for <u>each</u> incident.

Revised 3/2010