

# 2014 CJIS Conference



## Adult Basic Reporting

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**The purpose of this presentation is to provide information regarding the submission of criminal data elements through the Criminal Justice Information System (CJIS) program. Proper submission allows data to be included in the Computerized Criminal History (CCH). An accurate and complete CCH provides valuable criminal data to law enforcement and other criminal justice agencies as well as contributing to a safer community overall. To that end, we will discuss:**

- Brief history of CJIS
- Purpose of the CJIS programs
- Flow of information from arrest through disposition
- Forms - Fields used for CJIS reporting



# A Brief History...



# Brief History

## 1989 - Chapter 60 is created.

- Outlines and defines:

- CJIS

- DPS CCH

- TDCJ CTS (Texas Department of Criminal Justice Corrections Tracking System)

## 1993 - Enhanced Criminal History reporting

- Implemented use of TRN (Tracking Incident Number)

- Linked the DPS CCH with the TDCJ CTS



# Brief History

**1993 - Reporting criminal data for inclusion in the CCH becomes mandatory.**

**1994 - Electronic Arrest Reporting (EAR) is made available for the transmission of arrest data for inclusion in the CCH.**



# The Purpose...



# Purpose

An accurate and complete CCH provides valuable criminal data to criminal justice and non-criminal justice agencies. This data can be used for:

- **Increased officer safety**
- **Identification of arrested person**
  
- **Background checks for:**
  - **Concealed handgun licenses**
  - **Medical licenses**
  - **Educator certification**
  - **Thousands of non-criminal justice agencies use the information contained in CCH**



# Purpose

Access to the CCH data is available to these entities based on Government Code 411 guidelines:

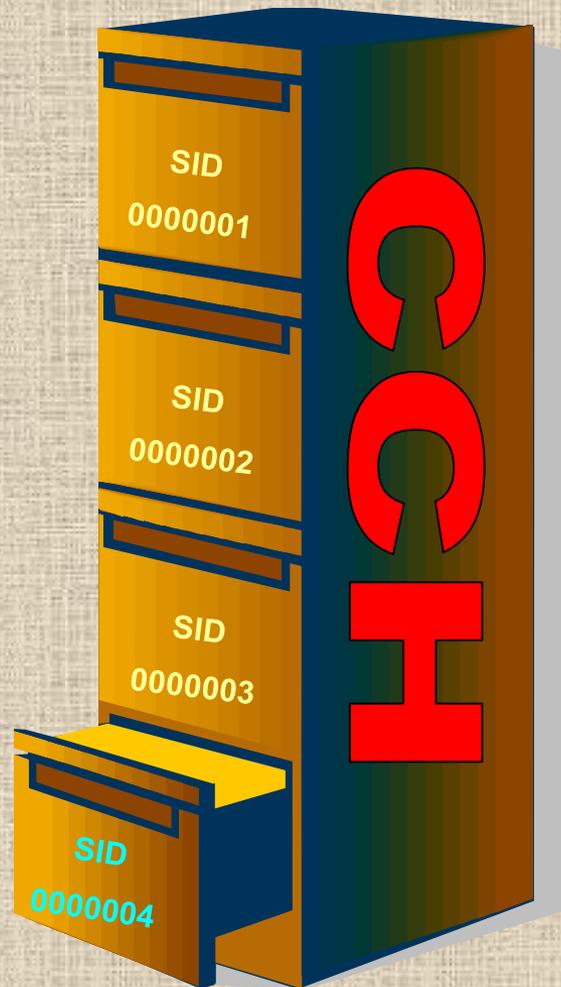
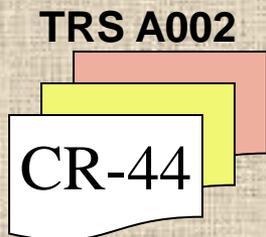
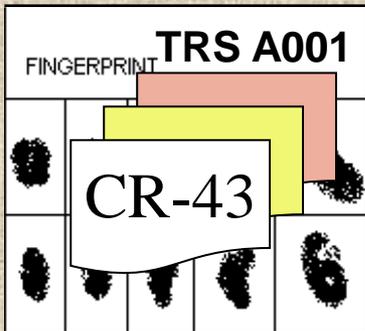
- **Local police departments**
- **Sheriff's offices**
- **Prosecutors**
- **Court clerks**
- **Probation and Parole departments**
- **The public**



# How a SID number is assigned...



# TRN



# The Flow...





Return messages

7 DAYS



DPS AFIS  
TCIC/NCIC

# THE FLOW

THESE INSTRUCTIONS ARE MARKED THREE COPIES

TEXAS DEPARTMENT OF PUBLIC SAFETY  
CRIMINAL HISTORY REPORTING FORM

THIS FORM IS TO BE COMPLETED BY THE PROSECUTOR AND FILED IN THE COURT CASE.

ARREST/IDENTIFICATION

PROSECUTOR

LAUNCH

IS THE USE OF SUPPLEMENT REQUIRED ON THIS INCIDENT? YES  NO

MAIL TOP COPY TO: TEXAS DEPARTMENT OF PUBLIC SAFETY PO BOX 4543 AUSTIN TX 78768-4548  
WHITE - JUDGE REPORT SHEET  
YELLOW - PROSECUTOR REPORTING SHEET  
PINK - COURT REPORTING SHEET

EDR  
or  
Paper



EDR  
or  
Paper



Prosecutor  
30 DAYS

Court  
30 DAYS



# Completeness Reports (Grant Funding)

*The Texas Code of Criminal Procedure, Chapter 60, requires counties to report criminal history dispositions to the Texas Department of Public Safety (DPS). This information is used by law enforcement, judges, and many public and private employers to check criminal histories.*

Counties must have an average of 90% or above on both adult and juvenile disposition completeness and maintain timely reporting of all information as required by state law in order for any unit of government or non-profit agency within the county to be eligible for Criminal Justice Division funding.

*Disposition completeness percentage is defined as the percentage of arrest charges a county reports to DPS for which a disposition has been subsequently reported and entered into the CCH system.*

Information obtained from pg 7

[http://governor.state.tx.us/files/cjd/CJD\\_Guide\\_to\\_Grants\\_v7.pdf](http://governor.state.tx.us/files/cjd/CJD_Guide_to_Grants_v7.pdf)



# NON-REPORTABLE OFFENSES BY LAW ENFORCEMENT

- Probation violation, parole violation, bond forfeitures or release of surety.



# General Offense Character (GOC)

- **Sec. 15.01. CRIMINAL ATTEMPT. (a) A person commits an offense if, with specific intent to commit an offense, he does an act amounting to more than mere preparation that tends but fails to effect the commission of the offense intended.**
  - (d) An offense under this section is one category lower than the offense attempted, and if the offense attempted is a state jail felony, the offense is a Class A misdemeanor.**
- **When an offense is Criminal Attempt of (A), Criminal Conspiracy of (C), Criminal Solicitation of (S) or Criminal Solicitation of a Minor of (M), the offense will be reported using the appropriate GOC Code, the 8 digit offense code of the offense related to the crime and the Level and Degree will be reduced by one.**



# General Offense Character (GOC)

- ▣ **Example:**
  - ▣ **Arrested for Criminal Attempted Burglary of a Building**
  - ▣ **GOC will be “A” for Criminal Attempt**
  - ▣ **Offense Code will be 22990002 – Burglary of Building**
  - ▣ **The level/degree will drop from State Jail Felony to Misdemeanor A**



# Victims Age

Chapter 60.051 (g) of the Code of Criminal Procedures

- (1) Section 21.02 (Continuous sexual abuse of young child or children), Penal Code;**
- (2) Section 21.11 (Indecency with a child), Penal Code;**
- (3) Section 22.011 (Sexual assault) or 22.021 (Aggravated sexual assault), Penal Code;**
- (4) Section 43.25 (Sexual performance by a child), Penal Code;**
- (5) Section 20.04(a)(4) (Aggravated kidnapping), Penal Code, if the defendant committed the offense with intent to violate or abuse the victim sexually;**
- (6) Section 30.02 (Burglary), Penal Code, if the offense is punishable under Subsection (d) of that section and the defendant committed the offense with intent to commit an offense described by Subdivision (2), (3), or (5);**
- (7) Section 20A.02 (Trafficking of persons), Penal Code, if the defendant:**
  - (A) trafficked a person with the intent or knowledge that the person would engage in sexual conduct, as defined by Section 43.25, Penal Code; or**
  - (B) benefited from participating in a venture that involved a trafficked person engaging in sexual conduct, as defined by Section 43.25, Penal Code; or**
- (8) Section 43.05(a)(2) (Compelling prostitution), Penal Code.**



# Victims Age

- Enter whole years only from 00 to 99
- If Victim is under 01 years of age then you will use 00 for the Victims Age and in the Offense Literal field put actual age in days, weeks or months (i.e. 6 weeks)



# Prosecutor Segment

- Forms
- Review



# Add or Modify Prosecution

## Only if Court has not reported

### (CJIS Site)



Add Charge		Add Prosecution	Add Court	Modify Arrest
Arrest	Date of Entry:	12/07/2008	Last Updated:	09/29/2014
	Date of Arrest:	05/05/2004	Sequence:	B
	Status:	A	Juvenile:	
	Name:	ROBINSON,JOHN WAYNE	Address:	503 WOLVERTON DR
	State:	TX	Zip:	78745
	ORI:	TX0681200	HAZ Code:	
Charge	License Plate:	3WJM01	License Stat	
	Arresting Agency (ORI):	TX1080000	Arrest Num	
	Tracking Suffix (TRS):	A006	General Offe	
	Domestic Violence (DMV):		Offense Num	
	Offense Literal (AOL):		Statute Cita	
	Date of Offense (DOO):		Disposition	
Prosecution	Disposition Literal (ADD):	a	Referred Pro	
	* = required field			
	*Prosecutor (ORI):	TX000000A	*Prosecutor Action (PAF):	R
	General Offense (GOC):	Click to select...	Domestic Violence (DMV):	Y
*Prosecutor Offense (PON):	00009999	Offense Literal (POL):	Class C Offense	
		Action Date (ACT):	01/12/2009	
		Victim's Age (VIC):		
		*Level & Degree (LDP):	MC	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>				
If you are having problems click <a href="#">here</a> to refresh the page.				

Message from webpage

Prosecution successfully added.



TEXAS DEPARTMENT OF PUBLIC SAFETY  
CRIMINAL HISTORY REPORTING FORM

TRF#		DATE OF ARREST (DCA)	DPE NO. (ED)	PSI NO.	CONTRIBUTOR OR#	OUT OF COUNTY? <input type="checkbox"/> YES	OUT OF COUNTY OR#
<b>ARREST/IDENTIFICATION</b>	NAME (LAST, FIRST, MIDDLE) (NAM)		DATE OF BIRTH (DOB)	PLACE OF BIRTH (POB)	SEX	RACE	BTH
	HT	WGHT	OUT OF COUNTY WARRANT NO.				
	EYE	HAIR	SKIN TONE	SOCIAL SECURITY NO. (SOC)			SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)
	LEAVE BLANK						
	MISC. NO. (MNO)	CITY	DRIVER LICENSE NO. (DLN)	STATE	TYPE	ID CARD NO. (IDN)	STATE
	LICENSE CERTIFICATION AND ISSUING AUTHORITY				LICENSE NO.		
	ALIAS NAME(S) (AKA)			ADDRESS	CITY	STATE	ZIP
	CHARGING AGENCY OR#		CHARGING AGENCY NAME		AGENCY ARREST NO. (AGN)	AGENCY CASE NO. (OCA)	FIREARM CODE <input type="checkbox"/>
	TRF#	SOC	DOMESTIC VIOLENCE OR OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (ACM)	OFFENSE LITERAL (ACL)		
	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)	LEVEL & DEGREE	FELONY (F, 1, 2 or 3)	MISDEMEANOR (A, B or C)	DATE OF OFFENSE (DOO)	WARRANT HOLDER OR#
WARRANT HOLDER CASE NO.	ARREST DEPOSITION (ADM)	DISPOSITION DATE (ADM)	PROSECUTOR OR# (PEP)	TRANS. HAZ. MATERIAL? <input type="checkbox"/> Y or N	OPER. COM. VEHICLE? <input type="checkbox"/> Y or N	LICENSE NO.   STATE   YEAR	
PREPARED BY, PLEASE PRINT							
DATE							
<b>PROSECUTOR</b>	PROSECUTOR OR# (CRP)		PROSECUTOR OFFICE				
	<input type="checkbox"/>	PROSECUTOR ACTION CODE	PROSECUTOR ACTION LITERAL			PROSECUTOR ACTION DATE (PAD)	
	USE ONLY ONE CODE REFER TO PAF-CODE LIST						
	SOC	DOMESTIC VIOLENCE OR OFFENSE? <input type="checkbox"/> Y or N	CHANGED OFFENSE CODE (CON)	OFFENSE LITERAL (POL)		VICTIM'S AGE (VIC)   STATUTE CITATION (CIT)	
	CHARGES FILED IN (COURT OR#)	COURT NAME	LEVEL & DEGREE	FELONY (F, 1, 2 or 3)	MISDEMEANOR (A, B or C)		
PREPARED BY, PLEASE PRINT							
DATE							
ADDITIONAL CHARGES BY PROSECUTOR, NOT PRESENT AT ARREST? <input type="checkbox"/> Y or N							
IF YES, FILE OUT SUPPLEMENTAL FORM							
<b>COURT</b>	COURT OR# (COR)		COURT NAME		CASE NUMBER (CAL)		
	SOC	DOMESTIC VIOLENCE OR OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (COR)	OFFENSE LITERAL (COL)		VICTIM'S AGE (VIC)   STATUTE CITATION (CIT)	
	DEGREE OF DISPOSED OFFENSE		FELONY (F, 1, 2 or 3)	MISDEMEANOR (A, B or C)			
	FINAL PLEA (FPO)	GUilty <input type="checkbox"/> NO CONTEST <input type="checkbox"/> NOT GUILTY <input type="checkbox"/>	COURT DISPOSITION DATE (COD)	SENTENCE/STATUS DATE (COB)	COURT DISPOSITION (CON)	COURT COST (COT)	
	CONFINEMENT (CMT)	SENTENCE SUSPENDED - TIME (CSB)	PROBATION (CPR)	FINE (CPR)	SENTENCE SUSPENDED FINE (CSP)		
	Y	M	D	Y	M	D	
	COURT PROVISION (CPR)	COURT PROVISION LITERAL (CPL)			MULTIPLE SENTENCES (MCO)		
	AGENCY TO RECEIVE CUSTODY (ANC)		APPEAL DATE (DCA)	OFFENDER STATUS DURING APPEAL (DOA)		RESULT OF APPEAL (PCO)	
	CONCURRENT <input type="checkbox"/>	CONSECUTIVE <input type="checkbox"/>					
	CONSECUTIVE <input type="checkbox"/>						
CHARGE BOX TO INDICATE DID-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION	EDUCATION PROGRAMS	DWI DRUGS	EDUCATION REQUIRED	EDUCATION COMPLETED	EDUCATION WAIVED	
EDUCATION COMPLETED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED	REPEAT OFFENDER COMPLETED				
PREPARED BY, PLEASE PRINT							
DATE							

FOR LEGAL AGENCY USE

IS THE USE OF SUPPLEMENT REQUIRED ON THIS INCIDENT? YES  NO

MAIL TOP COPY TO: TEXAS DEPARTMENT OF PUBLIC SAFETY PO BOX 4143 AUSTIN TX 78765 - 4143  
WHITE - ARREST REPORTING SHEET      YELLOW - PROSECUTOR REPORTING SHEET      PINK - COURT REPORTING SHEET

CR-48 (Rev. 8/16)



PLEASE PRINT - YOU ARE MAKING THREE COPIES! TEXAS DEPARTMENT OF PUBLIC SAFETY  
**CRIMINAL HISTORY REPORTING FORM**  
**CR-43 Prosecutor Segment**

TRN \_\_\_\_\_ DATE OF ARREST (BBA) \_\_\_\_\_ TIME REPORTED \_\_\_\_\_ COUNTY OF ARREST \_\_\_\_\_ CONTRIBUTOR OR \_\_\_\_\_ COUNTY OF COUNTY OF ARREST \_\_\_\_\_

**RE-IDENTIFICATION**

NAME (LAST, FIRST, MIDDLE) (NAM) \_\_\_\_\_ DATE OF BIRTH (DOB) \_\_\_\_\_ PLACE OF BIRTH (POB) \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_ ETH. \_\_\_\_\_ HGT. \_\_\_\_\_ WGT. \_\_\_\_\_ OUT OF COUNTY WARRANT NO. \_\_\_\_\_

EYE \_\_\_\_\_ HAIR \_\_\_\_\_ SKIN TONE \_\_\_\_\_ SOCIAL SECURITY NO. (SOC) \_\_\_\_\_ SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT) \_\_\_\_\_ LEAVE BLANK \_\_\_\_\_

MISC. NO. (MNO) \_\_\_\_\_ CITZ. \_\_\_\_\_ DRIVER LICENSE NO. (DLN) \_\_\_\_\_ STATE \_\_\_\_\_ TYPE \_\_\_\_\_ ID CARD NO. (IDN) \_\_\_\_\_ STATE \_\_\_\_\_

LICENSE CERTIFICATION AND ISSUING AUTHORITY \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

ALIAS NAME(S) (AKA) \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CHARGING AGENCY OR \_\_\_\_\_ CHARGING AGENCY NAME \_\_\_\_\_ AGENCY ARREST NO. (AGN) \_\_\_\_\_ AGENCY CASE NO. (OCA) \_\_\_\_\_ FIREARM CODE \_\_\_\_\_

TRN \_\_\_\_\_ SOC \_\_\_\_\_ DOMESTIC VIOLENCE OFFENSE?  Y or N \_\_\_\_\_ OFFENSE CODE (OCN) \_\_\_\_\_ OFFENSE LITERAL (OCL) \_\_\_\_\_

**PROSECUTOR**

PROSECUTOR ORI (ORIP) \_\_\_\_\_ PROSECUTOR OFFICE \_\_\_\_\_

PROSECUTOR ACTION CODE USE ONLY ONE CODE REFER TO PAF CODE LIST PROSECUTOR ACTION LITERAL \_\_\_\_\_ PROSECUTOR ACTION DATE (PAD) \_\_\_\_\_

DOC \_\_\_\_\_ DOMESTIC VIOLENCE OFFENSE?  Y or N \_\_\_\_\_ CHANGED OFFENSE CODE (PON) \_\_\_\_\_ OFFENSE LITERAL (POL) \_\_\_\_\_ VICTIM'S AGE (VIC) \_\_\_\_\_ STATUTE CITATION (CIT) \_\_\_\_\_

CHARGES FILED IN ( COURT ORI) \_\_\_\_\_ COURT NAME \_\_\_\_\_ LEVEL \_\_\_\_\_ FELONY (X,1,2,3 or S) \_\_\_\_\_ MISDEMEANOR (A,B or C) \_\_\_\_\_ & DEGREE \_\_\_\_\_

PREPARED BY, PLEASE PRINT \_\_\_\_\_ DATE: \_\_\_\_\_ ADDITIONAL CHARGES BY PROSECUTOR, NOT PRESENT AT ARREST?  Y or N \_\_\_\_\_ IF YES, FILL OUT SUPPLEMENTAL FORM

**COURT**

TELEPHONIC OFFENSE?  Y or N \_\_\_\_\_ UP UNRECORDED OFFENSE (U,UB,UBH) \_\_\_\_\_

FINAL PLEA (FPA) \_\_\_\_\_ GUILTY \_\_\_\_\_ NO CONTEST \_\_\_\_\_ NOT GUILTY \_\_\_\_\_ COURT DISPOSITION DATE (COD) \_\_\_\_\_ SENTENCE/STATUS DATE (OSD) \_\_\_\_\_ COURT DISPOSITION (CON) \_\_\_\_\_ COURT COST (COT) \_\_\_\_\_

CONFINEMENT (CMT) \_\_\_\_\_ SENTENCE SUSPENDED - TIME (SST) \_\_\_\_\_ PROBATION (CPR) \_\_\_\_\_ FINE (CFO) \_\_\_\_\_ SENTENCE SUSPENDED FINE (SSP) \_\_\_\_\_

COURT PROVISION (CPN) \_\_\_\_\_ COURT PROVISION LITERAL (CPL) \_\_\_\_\_ MULTIPLE SENTENCES (MCO) \_\_\_\_\_ CONCURRENT  CONSECUTIVE

AGENCY TO RECEIVE CUSTODY (ANC) \_\_\_\_\_ APPEAL DATE (DCA) \_\_\_\_\_ OFFENDER STATUS DURING APPEAL (ODA) \_\_\_\_\_ RESULT OF APPEAL (PCO) \_\_\_\_\_

CHECK BOX TO INDICATE DID-17 DATA IS PRESENT  BEGINNING DATE OF SUSPENSION \_\_\_\_\_ ENDING DATE OF SUSPENSION \_\_\_\_\_ OBLIGATION PROGRAMS \_\_\_\_\_ DWI DRUGS \_\_\_\_\_ EDUCATION REQUIRED \_\_\_\_\_ EDUCATION COMPLETED \_\_\_\_\_ EDUCATION WAIVED \_\_\_\_\_ INTERLOCK REQUIRED \_\_\_\_\_ REPEAT OFFENDER REQUIRED \_\_\_\_\_ REPEAT OFFENDER COMPLETED \_\_\_\_\_

PREPARED BY, PLEASE PRINT \_\_\_\_\_ DATE \_\_\_\_\_

FOR LOCAL AGENCY USE \_\_\_\_\_

IS THE USE OF SUPPLEMENT REQUIRED ON THIS INCIDENT? YES  NO

MAIL TOP COPY TO: TEXAS DEPARTMENT OF PUBLIC SAFETY PO BOX 4143 AUSTIN TX 78765 - 4143

WHITE - ARREST REPORTING SHEET YELLOW - PROSECUTOR REPORTING SHEET PINK - COURT REPORTING SHEET

CR-43 (Rev. 8/16)



# CR-43 Prosecutor Segment

<b>PROSECUTOR</b>	PROSECUTOR ORI (ORIP) <b>TX000015A</b>		PROSECUTOR OFFICE <b>Fake County Attorney or Pretend District Attorney</b>			
	<b>C</b>	PROSECUTOR ACTION CODE USE ONLY ONE CODE REFER TO PAF CODE LIST	PROSECUTOR ACTION LITERAL <b>Only required with the PAF of O</b>			PROSECUTOR ACTION DATE (PAD) <b>02012005</b>
	<b>A</b>	DOMESTIC VIOLENCE OFFENSE? <input checked="" type="checkbox"/> Y or N	CHANGED OFFENSE CODE (PON) <b>00000001</b>	OFFENSE LITERAL (POL) <b>Changed offense literal</b>	VICTIM'S AGE (VIC) <b>2 yrs</b>	STATUTE CITATION (CIT) <b>00.00 (A)(2) PC</b>
	CHARGES FILED IN ( COURT ORI) <b>TX000015J</b>		COURT NAME <b>Any County or District Court</b>			LEVEL & DEGREE FELONY (X,1,2,3 or S) <input checked="" type="checkbox"/> <b>1</b> MISDEMEANOR (A,B or C) <input type="checkbox"/>
	PREPARED BY, PLEASE PRINT <b>Print Full Name Legibly</b>			DATE: <b>02012005</b>	ADDITIONAL CHARGES BY PROSECUTOR, NOT PRESENT AT ARREST? <input checked="" type="checkbox"/> Y or N IF YES, FILL OUT SUPPLEMENTAL FORM	

\*Prosecutor Ori

Prosecutor Office

\*PAF

Prosecutor Action Literal

\*Prosecutor Action Date

GOC

Domestic Violence Offense

\*Change Offense Literal

Victims Age

Statue Citation

Charges Filed in Court(ORI)

Court Name

Level and Degree  
Addition Charges

\*Prepared By

\*Date



**TEXAS DEPARTMENT OF PUBLIC SAFETY  
SUPPLEMENTAL CRIMINAL HISTORY REPORTING**

PRESS HARD- YOU ARE MAKING THREE COPIES

<b>TRN</b>	DATE OF ARREST (DOA)	OPR NO. (OP)	DATE OF BIRTH (DOB)	SEX	RACE	OUT OF COUNTY? <input type="checkbox"/> YES	OUT OF COUNTY ORI		
<b>ARREST/IDENTIFICATION</b>	NAME (LAST, FIRST, MIDDLE) (NAM)						OUT OF COUNTY WARRANT NO.		
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (BMT)						LEAVE BLANK		
	ADDITIONAL ALIAS INFORMATION								
	CHARGING AGENCY ORI		CHARGING AGENCY NAME		AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)		
TRF	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (AOH)	OFFENSE LITERAL (AOL)			FIRARM CODE <input type="checkbox"/>		
VICTIM'S AGE (VIC)		STATUTE CITATION (CIT)		LEVEL: FELONY (X, L, S or B) <input type="checkbox"/> Misdemeanor (A, B or C) <input type="checkbox"/>	DATE OF OFFENSE (DOO)		WARRANT HOLDER ORI		
WARRANT HOLDER CASE NO.		ARREST DISPOSITION (ADM)	DISPOSITION DATE (ADA)	PROSECUTOR ORI (PSP)	TRANS HAZ MATERIAL? <input type="checkbox"/> Y or N	OPER COM VEHICLE? <input type="checkbox"/> Y or N	LICENSE NO. STATE YEAR		
PREPARED BY, PLEASE PRINT						DATE			
<b>PROSECUTOR</b>	PROSECUTOR ORI (PSP)		PROSECUTOR OFFICE						
	<input type="checkbox"/> PROSECUTOR ACTION CODE USE ONLY ONE CODE. REFER TO PAF CODE LIST.		PROSECUTOR ACTION LITERAL			PROSECUTOR ACTION DATE (PAD)			
	TRF FOR ADDED CHARGE	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	CHANGED OR ADDED OFFENSE CODE (POH)	OFFENSE LITERAL (POL)		VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)	
	CHARGES FILED IN (COURT ORI)		COURT NAME			LEVEL & DEGREE FELONY (X, L, S or B) <input type="checkbox"/> Misdemeanor (A, B, or C) <input type="checkbox"/>			
PREPARED BY, PLEASE PRINT				DATE	ADDITIONAL CHARGES BY PROSECUTOR OR NOT PRESENT AT ARREST? <input type="checkbox"/> Y or N				
<b>COURT</b>	COURT ORI (COP)		COURT NAME			CASE NUMBER (CAU)			
	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)	DEGREE OF DISPOSED OFFENSE FELONY (X, L, S or B) <input type="checkbox"/> Misdemeanor (A, B, or C) <input type="checkbox"/>		
	FINAL PLSA (FPC)	GUilty <input type="checkbox"/> NO CONVICTION <input type="checkbox"/> NOT GUILTY <input type="checkbox"/>	COURT DISPOSITION DATE (CDD)		SENTENCE/STATUS DATE (DSR)	COURT DISPOSITION (CDM)	COURT COURT (CFT)		
	CONFINEMENT (CMT)		SENTENCE SUSPENDED - TIME (OSS)	PROBATION (CPR)	FINE (CFR)	SENTENCE SUSPENDED-FINE (CSF)			
	COURT PROVISION (CPN)		COURT PROVISION LITERAL (CPL)			MULTIPLE SENTENCES (MCS) <input type="checkbox"/>			
	AGENCY TO RECEIVE CUSTODY (ARC)		APPEAL DATE (DCA)		OFFENDER STATUS DURING APPEAL (DCA)		RESULT OF APPEAL (FCD) <input type="checkbox"/> CONCURRENT <input type="checkbox"/> CONSECUTIVE <input type="checkbox"/>		
	CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION	EDUCATION PROGRAMS <input type="checkbox"/>	DWI DRUGS <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION COMPLETED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED	
		ENDING DATE OF SUSPENSION			INTERLOCK REQUIRED	REPEAT OFFENDERS COMPLETED			
PREPARED BY, PLEASE PRINT						DATE			
FOR LOCAL AGENCY USE									

IS THE USE OF AN ADDITIONAL SUPPLEMENT REQUIRED ON THIS INCIDENT? YES  NO   
 MAIL TOP COPY TO: TEXAS DEPARTMENT OF PUBLIC SAFETY PO BOX 4143 AUSTIN TX 78765-4143  
 WHITE - ARREST REPORTING SHEET    YELLOW - PROSECUTOR REPORTING SHEET    PINK - COURT REPORTING SHEET

CR-44 (Rev. 8/10)



**TEXAS DEPARTMENT OF PUBLIC SAFETY**  
**PRESS HARD-YOU ARE MAKING THREE COPIES! SUPPLEMENTAL CRIMINAL HISTORY REPORTING**

CR-44 Prosecutor Segment

<small>TRN</small>	<small>DATE OF ARREST (DOA)</small>	<small>DPS NO. (SID)</small>	<small>DATE OF BIRTH (DOB)</small>	<small>SEX</small>	<small>RACE</small>	<small>COUNTY? YES</small> <input type="checkbox"/>	<small>OUT OF COUNTY ORI</small>
<small>NAME (LAST, FIRST, MIDDLE) (NAM)</small>							<small>OUT OF COUNTY WARRANT NO.</small>
<small>ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)</small>							<small>LEAVE BLANK</small>
<small>ADDITIONAL ALIAS INFORMATION</small>							
<small>CHARGING AGENCY ORI</small>		<small>CHARGING AGENCY NAME</small>		<small>AGENCY ARREST NO. (AGN)</small>	<small>AGENCY CASE NO. (OCA)</small>	<small>FREARN</small> <input type="checkbox"/>	

**TEXAS DEPARTMENT OF PUBLIC SAFETY**  
**PRESS HARD-YOU ARE MAKING THREE COPIES! SUPPLEMENTAL CRIMINAL HISTORY REPORTING**

<small>TRN</small>	<small>DATE OF ARREST (DOA)</small>	<small>DPS NO. (SID)</small>	<small>DATE OF BIRTH (DOB)</small>	<small>SEX</small>	<small>RACE</small>	<small>OUT OF COUNTY? YES</small> <input type="checkbox"/>	<small>OUT OF COUNTY ORI</small>
<small>NAME (LAST, FIRST, MIDDLE) (NAM)</small>							<small>OUT OF COUNTY WARRANT NO.</small>

PROSECUTOR	<small>PROSECUTOR ORI (ORIP)</small>		<small>PROSECUTOR OFFICE</small>				
	<input type="checkbox"/>	<small>PROSECUTOR ACTION CODE USE ONLY ONE CODE. REFER TO PAF CODE LIST.</small>	<small>PROSECUTOR ACTION LITERAL</small>			<small>PROSECUTOR ACTION DATE (PAD)</small>	
	<small>TRS FOR ADDED CHARGE</small>	<small>GOC</small>	<small>DOMESTIC VIOLENCE OFFENSE? Y or N</small> <input type="checkbox"/>	<small>CHANGED OR ADDED OFFENSE CODE (POM)</small>	<small>OFFENSE LITERAL (POL)</small>	<small>VICTIM'S AGE (VIC)</small>	<small>STATUTE CITATION (CIT)</small>
	<small>CHARGES FILED IN (COURT ORI)</small>		<small>COURT NAME</small>			<small>LEVEL &amp; DEGREE FELONY ( X,1,2,3 or S) <input type="checkbox"/> MISDEMEANOR ( A, B, or C) <input type="checkbox"/></small>	
<small>PREPARED BY, PLEASE PRINT</small>				<small>DATE</small>	<small>ADDITIONAL CHARGES BY PROSECUTOR OR NOT PRESENT AT ARREST? <input type="checkbox"/> Y or N</small>		<small>IF YES, FILL OUT SUPPLEMENTAL FORM</small>

<small>ADVA IS PRISONER?</small> <input type="checkbox"/>	<small>ENDING DATE OF SUSPENSION</small>	<small>PROGRAMS</small>	<small>DRUGS</small> <input type="checkbox"/>	<small>EDUCATION COMPLETED</small>	<small>INTERLOCK REQUIRED</small>	<small>REPEAT OFFENDERS COMPLETED</small>
<small>PREPARED BY, PLEASE PRINT</small>						<small>DATE</small>
<small>FOR LOCAL AGENCY USE</small>						

IS THE USE OF AN ADDITIONAL SUPPLEMENT REQUIRED ON THIS INCIDENT? YES  NO   
 MAIL TOP COPY TO: TEXAS DEPARTMENT OF PUBLIC SAFETY PO BOX 4143 AUSTIN TX 78765-4143  
 WHITE - ARREST REPORTING SHEET    YELLOW - PROSECUTOR REPORTING SHEET    PINK - COURT REPORTING SHEET

CR-44 (Rev. 6/10)



# CR-44 Prosecutor Segment

TEXAS DEPARTMENT OF PUBLIC SAFETY SUPPLEMENTAL CRIMINAL HISTORY REPORTING																	
PRESS HARD-YOU ARE MAKING THREE COPIES!																	
TRN	123456789X	DATE OF ARREST (DOA)	01012005	DPS NO. (SID)	12345678	DATE OF BIRTH (DOB)	01011900	SEX	M	RACE	W	OUT OF COUNTY?	<input type="checkbox"/> YES	OUT OF COUNTY ORI			
NAME (LAST, FIRST, MIDDLE) (NAM)												Test, Record Middle Jr			OUT OF COUNTY WARRANT NO.		

PROSECUTOR	PROSECUTOR ORI (ORIP)		PROSECUTOR OFFICE																	
	<input type="checkbox"/>		PROSECUTOR ACTION CODE USE ONLY ONE CODE. REFER TO PAF CODE LIST.		PROSECUTOR ACTION LITERAL							PROSECUTOR ACTION DATE (PAD)								
	TRS FOR ADDED CHARGE		GOC	DOMESTIC VIOLENCE OFFENSE? <i>Y or N</i>		<input type="checkbox"/>		CHANGED OR ADDED OFFENSE CODE (PON)		OFFENSE LITERAL (POL)			VICTIM'S AGE (VIC)		STATUTE CITATION (CIT)					
	CHARGES FILED IN (COURT ORI)				COURT NAME								LEVEL & DEGREE FELONY ( <i>X, 1, 2, 3 or S</i> )		<input type="checkbox"/>		MISDEMEANOR ( <i>A, B, or C</i> )		<input type="checkbox"/>	
	PREPARED BY, PLEASE PRINT						DATE		ADDITIONAL CHARGES BY PROSECUTOR OR NOT PRESENT AT ARREST? <i>Y or N</i>		<input type="checkbox"/>		IF YES, FILL OUT SUPPLEMENTAL FORM							

\*TRN

\*Date Of Arrest

DPS NO.

\*Date Of Birth

\*Sex

\*Race

\*Name



# Court Segment

- Forms
- Review



# Entering Court Data

Add Charge		Add Prosecution		Add Court		Modify Arrest	
Date of Entry:	12/07/2008	Last Updated:	09/29/2014	Tracking Number:	303900020		
Date of Arrest:	05/05/2004	Sequence:	B	Weapon:	P		
Status:	A	Juvenile:		City:	AUSTIN		
Name:	ROBINSON,JOHN WAYNE	Address:	503 WOLVERTON DR	County:			
State:	TX	Zip:	78745	Comm. Veh. Code:			
ORI:	TX0681200	HAZ Code:		License Year:	2004		
License Plate:	3WJM01	License State:	TX				
Arresting Agency (ORI):	TX1080000	Arrest Number (AGN):		Case Number (OCA):	12345		
Tracking Suffix (TRS):	A006	General Offense Code (GOC):		Victim's Age (VIC):			
Domestic Violence (DMV):		Offense Num		Offense (OFF):	ASSAULT CAUSES BODILY INJURY FAMILY MEMBER		
Offense Literal (AOL):		Statute Cita		Level and Degree (LDA):	MA		
Date of Offense (DOO):		Disposition		Disposition Date (ADA):	08/01/2014		
Disposition Literal (ADD):	a	Referred Pr					
Prosecutor (ORI):	TX108015A	Date Entere		Last Updated (DLU):	09/29/2014		
Prosecutor Action (PAF):	A	Action Date		General Offense (GOC):			
Domestic Violence (DMV):		Victim's Age		Prosecutor Offense (PON):	13990031		
Offense (OFF):	ASSAULT CAUSES BODILY INJURY FAMILY MEMBER	Offense Lite		Statute Citation (CIT):	PC 22.01(a)(1)		
Level and Degree (LDP):	MA						

* = required field							
* Court (ORI):	TX000000J	Cause Number (CAU):	M090001	General Offense (GOC):	A		
Domestic Violence (DMV):	Y	Victim's Age (VIC):	02	*Offense Code (CON):	00000001		
Offense Literal (COL):		*Court Disp. Date (CDD):	01/20/2010	*Level & Degree (LDC):	MA		
*Final Plea (FPO):	G	Court Cost (CST):	100	Sentence Date (DOS):	01/20/2010		
*Court Disposition (CDN):	310	Court Confinement (CMT):	<input type="checkbox"/> Y <input type="checkbox"/> M15 <input type="checkbox"/> D				
Sent. Susp. Time (CSS):	2 Y <input type="checkbox"/> M <input type="checkbox"/> D	Court Probation (CPR):	2 Y <input type="checkbox"/> M <input type="checkbox"/> D	Court Fine (CFN):			
Sentence Suspended Fine (CSF):		Multiple Sentences (MCC):	Click to select...	Court Provision (CPN):	351		
Provision Literal (CPL):	Other Provision Literal	Agency Receiving Custody (ARC):	CSCD	Appeal Date (DCA):			
Status During Appeal (DDA):		Result of Appeal (FCD):					
DIC ONLY							
Beginning Date of Suspension:		Ending Date of Suspension:		Drug Education Completed:			
Education Required:		Education Waived:		DWI Education Completed:			
Repeat Offender Required:		Repeat Offender Completed:					

Message from webpage



Prosecution successfully added.

OK

Save Cancel

If you are having problems click [here](#) to refresh the page.



CRIMINAL HISTORY REPORTING FORM

TRF#		DATE OF ARREST (DCA)		DPR NO. (BD)		PSI NO.		CONTRIBUTOR OR#		OUT OF COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		OUT OF COUNTY OR#	
NAME (LAST, FIRST, MIDDLE) (NAM)				DATE OF BIRTH (DOB)		PLACE OF BIRTH (POB)		SEX		RACE		BTH	
EYE				HAIR		SKIN TONE		SOCIAL SECURITY NO. (SOC)		SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)		LEAVE BLANK	
MISC. NO. (MNO)		CITZ.		DRIVER LICENSE NO. (DLN)		STATE		TYPE		ID CARD NO. (IDN)		STATE	
LICENSE CERTIFICATION AND ISSUING AUTHORITY				LICENSE NO.									
ALIAS NAME(S) (AKA)				ADDRESS				CITY		STATE		ZIP	
CHARGING AGENCY OR#				CHARGING AGENCY NAME				AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)		FIREARM CODE <input type="checkbox"/>	
TRF#		SOC		DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFENSE CODE (ACM)		OFFENSE LITERAL (ACL)					
VICTIM'S AGE (VIC)		STATUTE CITATION (CIT)		LEVEL & DEGREE		FELONY (1,2,3 or 5)		MISDEMEANOR (A, B or C)		DATE OF OFFENSE (DOO)		WARRANT HOLDER OR#	
WARRANT HOLDER CASE NO.				ARREST DEPOSITION (ADM)		DISPOSITION DATE (ADM)		PROSECUTOR OR# (PEP)		TRANS. HAZ. MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO		OPER. VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREPARED BY, PLEASE PRINT				DATE									
PROSECUTOR OR# (CRP)				PROSECUTOR OFFICE									
<input type="checkbox"/> PROSECUTOR ACTION CODE		PROSECUTOR ACTION LITERAL		PROSECUTOR ACTION DATE (PAD)									
SOC		DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		CHANGED OFFENSE CODE (CON)		OFFENSE LITERAL (POL)		VICTIM'S AGE (VIC)		STATUTE CITATION (CIT)			
CHARGES FILED IN (COURT OR#)				COURT NAME				LEVEL & DEGREE		FELONY (1,2,3 or 5)		MISDEMEANOR (A, B or C)	
PREPARED BY, PLEASE PRINT				DATE				ADDITIONAL CHARGES BY PROSECUTOR, NOT PRESENT AT ARREST? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, FILE OUT SUPPLEMENTAL FORM			
COURT OR# (COR)		COURT NAME		CASE NUMBER (CAL)									
SOC		DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFENSE CODE (COR)		OFFENSE LITERAL (COL)		VICTIM'S AGE (VIC)		STATUTE CITATION (CIT)		DEGREE OF DISPOSED OFFENSE	
FELONY (1,2,3 or 5)		MISDEMEANOR (A, B or C)		FINAL PLEA (FPA)		GUILTY <input type="checkbox"/> NO CONTEST <input type="checkbox"/> NOT GUILTY <input type="checkbox"/>		COURT DISPOSITION DATE (COD)		SENTENCE/STATUS DATE (COB)		COURT DISPOSITION (CON)	
COURT COST (COT)		COMPENMENT (CMT)		SENTENCE SUSPENDED - TIME (CSB)		PROBATION (CPR)		FINE (CPR)		SENTENCE SUSPENDED FINE (CSB)			
COURT PROVISION (CPN)				COURT PROVISION LITERAL (CPL)				MULTIPLE SENTENCES (MCO)		CONCURRENT <input type="checkbox"/> CONSECUTIVE <input type="checkbox"/>			
AGENCY TO RECEIVE CUSTODY (ANC)				APPEAL DATE (DCA)				OFFENDER STATUS DURING APPEAL (ODA)		RESULT OF APPEAL (PCO)			
CHECK BOX TO INDICATE DID-17 DATA IS PRESENT <input type="checkbox"/>		BEGINNING DATE OF SUSPENSION		EDUCATION PROGRAMS		DWI DRUGS		EDUCATION REQUIRED		EDUCATION WAIVED		REPEAT OFFENDER REQUIRED	
		ENDING DATE OF SUSPENSION						EDUCATION COMPLETED		INTERLOCK REQUIRED		REPEAT OFFENDER COMPLETED	
PREPARED BY, PLEASE PRINT				DATE									

FOR LOCAL AGENCY USE

IS THE USE OF SUPPLEMENT REQUIRED ON THIS INCIDENT? YES  NO

MAIL TOP COPY TO: TEXAS DEPARTMENT OF PUBLIC SAFETY PO BOX 4143 AUSTIN TX 78765 - 4143

WHITE - ARREST REPORTING SHEET

YELLOW - PROSECUTOR REPORTING SHEET

PINK - COURT REPORTING SHEET

CR-48 (Rev. 8/16)



# CR-43 Court Segment

<b>COURT</b>	COURT ORI (ORIC)		COURT NAME				CAUSE NUMBER (CAL)					
	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)	DEGREE OF DISPOSED OFFENSE	FELONY (X, 1, 2, 3 or S) <input type="checkbox"/>	MISDEMEANOR (A, B, or C) <input type="checkbox"/>			
	FINAL PLEA (FPO)	GUILTY <input type="checkbox"/>	NO CONTEST <input type="checkbox"/>	NOT GUILTY <input type="checkbox"/>	COURT DISPOSITION DATE (CDD)	SENTENCE/STATUS DATE (DOS)	COURT DISPOSITION (CDN)	COURT COST (CST)				
	CONFINEMENT (CMT)		SENTENCE SUSPENDED - TIME (CSS)		PROBATION (CPR)	FINE (CFN)	SENTENCE SUSPENDED-FINE (CSF)					
	COURT PROVISION (CPN)		COURT PROVISION LITERAL (GPL)					MULTIPLE SENTENCES (MCC)				
							CONCURRENT <input type="checkbox"/>		CONSECUTIVE <input type="checkbox"/>			
	AGENCY TO RECEIVE CUSTODY (ARG)				APPEAL DATE (DGA)		OFFENDER STATUS DURING APPEAL (DDA)			RESULT OF APPEAL (FCD)		
	CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION	EDUCATION <input type="checkbox"/>	DWI <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED					
		ENDING DATE OF SUSPENSION	PROGRAMS <input type="checkbox"/>	DRUGS <input type="checkbox"/>	EDUCATION COMPLETED	INTERLOCK REQUIRED	REPEAT OFFENDER COMPLETED					
	PREPARED BY, PLEASE PRINT							DATE				

<b>COURT</b>	COURT ORI (ORIC)		COURT NAME				CAUSE NUMBER (CAL)					
	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)	DEGREE OF DISPOSED OFFENSE	FELONY (X, 1, 2, 3 or S) <input type="checkbox"/>	MISDEMEANOR (A, B, or C) <input type="checkbox"/>			
	FINAL PLEA (FPO)	GUILTY <input type="checkbox"/>	NO CONTEST <input type="checkbox"/>	NOT GUILTY <input type="checkbox"/>	COURT DISPOSITION DATE (CDD)	SENTENCE/STATUS DATE (DOS)	COURT DISPOSITION (CDN)	COURT COST (CST)				
	CONFINEMENT (CMT)		SENTENCE SUSPENDED - TIME (CSS)		PROBATION (CPR)	FINE (CFN)	SENTENCE SUSPENDED-FINE (CSF)					
	COURT PROVISION (CPN)		COURT PROVISION LITERAL (GPL)					MULTIPLE SENTENCES (MCC)				
							CONCURRENT <input type="checkbox"/>		CONSECUTIVE <input type="checkbox"/>			
	AGENCY TO RECEIVE CUSTODY (ARG)				APPEAL DATE (DGA)		OFFENDER STATUS DURING APPEAL (DDA)			RESULT OF APPEAL (FCD)		
	CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION	EDUCATION <input type="checkbox"/>	DWI <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED					
		ENDING DATE OF SUSPENSION	PROGRAMS <input type="checkbox"/>	DRUGS <input type="checkbox"/>	EDUCATION COMPLETED	INTERLOCK REQUIRED	REPEAT OFFENDER COMPLETED					
	PREPARED BY, PLEASE PRINT							DATE				

FOR LOCAL AGENCY USE

IS THE USE OF SUPPLEMENT REQUIRED ON THIS INCIDENT? YES  NO

MAIL TOP COPY TO: TEXAS DEPARTMENT OF PUBLIC SAFETY PO BOX 4143 AUSTIN TX 78765 - 4143

WHITE - ARREST REPORTING SHEET      YELLOW - PROSECUTOR REPORTING SHEET      PINK - COURT REPORTING SHEET



# CR-43 Court Segment

COURT	COURT ORI (ORIG) <b>TX000015J</b>		COURT NAME <b>Any County or District Court</b>				CAUSE NUMBER (CAU) <b>12-2005</b>	
	GOC <b>A</b>	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or <input checked="" type="checkbox"/> N	OFFENSE CODE (CON) <b>00000000</b>	OFFENSE LITERAL (COL) <b>Disposed Offense</b>	VICTIM'S AGE (VIC) <b>2 yrs</b>	STATUTE CITATION (CIT) <b>00.00 (A) PC</b>	DEGREE OF DISPOSED OFFENSE <b>2</b>	FELONY (X, 1, 2, 3 or S) <input type="checkbox"/> MISDEMEANOR (A, B, or C) <input type="checkbox"/>
	FINAL PLEA (FPO) <input type="checkbox"/> GUILTY <input type="checkbox"/> NO CONTEST <input type="checkbox"/> NOT GUILTY <input checked="" type="checkbox"/>	COURT DISPOSITION DATE (CDD) <b>03012005</b>		SENTENCE/STATUS DATE (DOS) <b>03012005</b>		COURT DISPOSITION (CDN) <b>310</b>		COURT COST (CST) <b>\$250</b>
	CONFINEMENT (CMT) <b>10</b> Y <b>4</b> M <b>20</b> D		SENTENCE SUSPENDED - TIME (CSS) <b>2</b> Y <b>0</b> M <b>0</b> D		PROBATION (CPR) <b>5</b> Y <b>0</b> M <b>0</b> D	FINE (CFN) <b>\$1000</b>	SENTENCE SUSPENDED-FINE (CSF) <b>\$500</b>	
	COURT PROVISION (CPN) <b>390</b>		COURT PROVISION LITERAL (CPL) <b>Other Provision Information</b>				MULTIPLE SENTENCES (MCC) CONCURRENT <input checked="" type="checkbox"/> CONSECUTIVE <input type="checkbox"/>	
	AGENCY TO RECEIVE CUSTODY (ARC) <b>TDCJ, Any County Jail or CSCD</b>			APPEAL DATE (DCA) <b>03012005</b>		OFFENDER STATUS DURING APPEAL (DDA) <b>205</b>		RESULT OF APPEAL (FCD) <b>399</b>
	CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION	EDUCATION PROGRAMS <input type="checkbox"/>	DWI <input type="checkbox"/>	EDUCATION REQUIRED <input type="checkbox"/>	EDUCATION WAIVED <input type="checkbox"/>	REPEAT OFFENDER REQUIRED <input type="checkbox"/>	
		ENDING DATE OF SUSPENSION	EDUCATION PROGRAMS COMPLETED <input type="checkbox"/>	INDICATION COMPLETED <input type="checkbox"/>	INTERLOCK REQUIRED <input type="checkbox"/>	REPEAT OFFENDER COMPLETED <input type="checkbox"/>		
PREPARED BY, PLEASE PRINT <b>Print Full Name Legibly</b>						DATE <b>03012005</b>		

See Court 17



**TEXAS DEPARTMENT OF PUBLIC SAFETY  
SUPPLEMENTAL CRIMINAL HISTORY REPORTING**

PRESS HARD- YOU ARE MAKING THREE COPIES!

<b>TRM</b>	DATE OF ARREST (DOA)	OPS NO. (SID)	DATE OF BIRTH (DOB)	SEX	RACE	OUT OF COUNTY? <input type="checkbox"/> YES <input type="checkbox"/>	OUT OF COUNTY ORI	
<b>ARREST/IDENTIFICATION</b>	NAME (LAST, FIRST, MIDDLE) NAME						OUT OF COUNTY WARRANT NO.	
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)						LEAVE BLANK	
	ADDITIONAL ALIAS INFORMATION							
	CHARGING AGENCY ORI		CHARGING AGENCY NAME		AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)	
	FIREARM CODE <input type="checkbox"/>							
TRM	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (ACN)	OFFENSE LITERAL (ACL)				
VICTIM'S AGE (VIC)		STATUTE CITATION (CIT)		LEVEL: FELONY (X,1,2,3 or B) <input type="checkbox"/>	MISDEMEANOR (A, B or C) <input type="checkbox"/>	DATE OF OFFENSE (DOO)	WARRANT HOLDER ORI	
WARRANT HOLDER CARE NO.		ARREST DISPOSITION (ADM)	DISPOSITION DATE (ADM)	PROSECUTOR ORI (REF)	TRANS HAZ MATERIAL? <input type="checkbox"/> Y or N	OPER COM VEHICLE? <input type="checkbox"/> Y or N	LICENSE NO.   STATE   YEAR	
PREPARED BY, PLEASE PRINT						DATE		
<b>PROSECUTOR</b>	PROSECUTOR ORI (ORP)		PROSECUTOR OFFICE					
	<input type="checkbox"/> PROSECUTOR ACTION CODE USE ONLY ONE CODE. REFER TO RAP CODE LIST.		PROSECUTOR ACTION LITERAL		PROSECUTOR ACTION DATE (PAD)			
	TRM FOR ADDED CHARGE	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	CHANGED OR ADDED OFFENSE CODE (POA)	OFFENSE LITERAL (POL)	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)	
	CHARGES FILED IN (COURT ORI)		COURT NAME			LEVEL & DEGREE: FELONY (X,1,2,3 or B) <input type="checkbox"/>	MISDEMEANOR (A, B, or C) <input type="checkbox"/>	
	PREPARED BY, PLEASE PRINT		DATE	ADDITIONAL CHARGES BY PROSECUTOR OR NOT PRESENT AT ARREST? <input type="checkbox"/> Y or N		IF YES, FILL OUT SUPPLEMENTAL FORM		
<b>COURT</b>	COURT ORI (CRO)		COURT NAME			CAUSE NUMBER (CAL)		
	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)	DEGREE OF DISPOSED OFFENSE: FELONY (X,1,2,3 or B) <input type="checkbox"/>	
	FINAL PLEA (FPC)		GUILTY <input type="checkbox"/>	NO CONTEST <input type="checkbox"/>	NOT GUILTY <input type="checkbox"/>	COURT DISPOSITION DATE (CDD)	SENTENCE/STATUS DATE (DOS)	COURT DISPOSITION (CDN)
	CONFINEMENT (CMT)		SENTENCE SUSPENDED - TIME (CST)		PROBATION (CPR)	FINE (CFR)	SENTENCE SUSPENDED-FINE (CSF)	
	COURT PROVISION (CPR)		COURT PROVISION LITERAL (CPL)			MULTIPLE SENTENCES (MCS) <input type="checkbox"/>		
	AGENCY TO RECEIVE CUSTODY (ARC)		APPEAL DATE (OCA)		OFFENDER STATUS DURING APPEAL (OSA)		RESULT OF APPEAL (FOA)	
	CHECK BOX TO INDICATE DID-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION		EDUCATION <input type="checkbox"/>	DWI <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION WAIVED	
		ENDING DATE OF SUSPENSION		PROGRAMS <input type="checkbox"/>	DRUGS <input type="checkbox"/>	EDUCATION COMPLETED	INTERLOCK REQUIRED	
	REPEAT OFFENDER REQUIRED						REPEAT OFFENDERS COMPLETED	
	PREPARED BY, PLEASE PRINT						DATE	
FOR LOCAL AGENCY USE								

IS THE USE OF AN ADDITIONAL SUPPLEMENT REQUIRED ON THIS INCIDENT? YES  NO   
MAIL TOP COPY TO: TEXAS DEPARTMENT OF PUBLIC SAFETY PO BOX 4143 AUSTIN TX 78765-4143

WHITE - ARREST REPORTING SHEET    YELLOW - PROSECUTOR REPORTING SHEET    PINK - COURT REPORTING SHEET

CP-44 (Rev. 8/10)



**TEXAS DEPARTMENT OF PUBLIC SAFETY**  
**PRESS HARD-YOU ARE MAKING THREE COPIES! SUPPLEMENTAL CRIMINAL HISTORY REPORTING**

TRN	DATE OF ARREST (DOA)	DPS NO. (SID)	DATE OF BIRTH (DOB)	SEX	RACE	OUT OF COUNTY ORI <input type="checkbox"/> YES
CR-44 Court Segment						
NAME (LAST, FIRST, MIDDLE) (NAM)						OUT OF COUNTY WARRANT NO.
ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)						LEAVE BLANK

**TEXAS DEPARTMENT OF PUBLIC SAFETY**  
**PRESS HARD-YOU ARE MAKING THREE COPIES! SUPPLEMENTAL CRIMINAL HISTORY REPORTING**

TRN	DATE OF ARREST (DOA)	DPS NO. (SID)	DATE OF BIRTH (DOB)	SEX	RACE	OUT OF COUNTY ORI <input type="checkbox"/> YES
NAME (LAST, FIRST, MIDDLE) (NAM)						OUT OF COUNTY WARRANT NO.

COURT	COURT ORI (ORIC)		COURT NAME			CAUSE NUMBER (CAU)			
	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)	DEGREE OF DISPOSED OFFENSE FELONY (X, 1, 2, 3 or S) <input type="checkbox"/> MISDEMEANOR (A, B, or C) <input type="checkbox"/>		
	FINAL PLEA (FPO)	GUILTY <input type="checkbox"/> NO CONTEST <input type="checkbox"/> NOT GUILTY <input type="checkbox"/>	COURT DISPOSITION DATE (CDD)		SENTENCE/STATUS DATE (DOS)	COURT DISPOSITION (CDN)	COURT COST (CST)		
	CONFINEMENT (CMT) ____ Y ____ M ____ D		SENTENCE SUSPENDED - TIME (CSS) ____ Y ____ M ____ D		PROBATION (CPR) ____ Y ____ M ____ D	FINE (CFN)	SENTENCE SUSPENDED-FINE (CSF)		
	COURT PROVISION (CPN)		COURT PROVISION LITERAL (CPL)				MULTIPLE SENTENCES (MCC) CONCURRENT <input type="checkbox"/> CONSECUTIVE <input type="checkbox"/>		
	AGENCY TO RECEIVE CUSTODY (ARC)			APPEAL DATE (DCA)		OFFENDER STATUS DURING APPEAL (DDA)		RESULT OF APPEAL (FCD)	
	CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION		EDUCATION <input type="checkbox"/>	DWI	EDUCATION REQUIRED	EDUCATION WAIVED		REPEAT OFFENDER REQUIRED
		ENDING DATE OF SUSPENSION		PROGRAMS <input type="checkbox"/>	DRUGS <input type="checkbox"/>	EDUCATION COMPLETED	INTERLOCK REQUIRED		REPEAT OFFENDERS COMPLETED
	PREPARED BY, PLEASE PRINT							DATE	

IS THE USE OF AN ADDITIONAL SUPPLEMENT REQUIRED ON THIS INCIDENT? YES  NO

MAIL TOP COPY TO: TEXAS DEPARTMENT OF PUBLIC SAFETY PO BOX 4143 AUSTIN TX 78765-4143

WHITE - ARREST REPORTING SHEET    YELLOW - PROSECUTOR REPORTING SHEET    PINK - COURT REPORTING SHEET

CR-44 (Rev. 6/10)



**TEXAS DEPARTMENT OF PUBLIC SAFETY  
 SUPPLEMENTAL CRIMINAL HISTORY REPORTING**

PRESS HARD-YOU ARE MAKING THREE COPIES!

TRN <b>123456789X</b>	DATE OF ARREST (DOA) <b>01012005</b>	DPS NO. (SID) <b>12345678</b>	DATE OF BIRTH (DOB) <b>01011900</b>	SEX <b>M</b>	RACE <b>W</b>	OUT OF COUNTY? YES <input type="checkbox"/>	OUT OF COUNTY ORI
NAME (LAST, FIRST, MIDDLE) (NAM) <b>Test, Record Middle Jr</b>						OUT OF COUNTY WARRANT NO.	

<b>COURT</b>	COURT ORI (ORIC)		COURT NAME			CAUSE NUMBER (CAU)		
	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)	DEGREE OF DISPOSED OFFENSE FELONY (X,1,2,3 or S) <input type="checkbox"/> MISDEMEANOR (A, B, or C) <input type="checkbox"/>	
	FINAL PLEA (FPO)	GUILTY <input type="checkbox"/>	NO CONTEST <input type="checkbox"/>	NOT GUILTY <input type="checkbox"/>	COURT DISPOSITION DATE (CDD)	SENTENCE/STATUS DATE (DOS)	COURT DISPOSITION (CDN)	COURT COST (CST)
	CONFINEMENT (GMT) ____ Y ____ M ____ D	SENTENCE SUSPENDED - TIME (CSS) ____ Y ____ M ____ D		PROBATION (CPR) ____ Y ____ M ____ D	FINE (CFN)	SENTENCE SUSPENDED-FINE (CSF)		
	COURT PROVISION (CPN)	COURT PROVISION LITERAL (CPL)					MULTIPLE SENTENCES (MCC) CONCURRENT <input type="checkbox"/> CONSECUTIVE <input type="checkbox"/>	
	AGENCY TO RECEIVE CUSTODY (ARC)			APPEAL DATE (DCA)		OFFENDER STATUS DURING APPEAL (DDA)		RESULT OF APPEAL (FCD)
	CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION		EDUCATION <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED	
		ENDING DATE OF SUSPENSION		PROGRAMS <input type="checkbox"/>	EDUCATION COMPLETED	INTERLOCK REQUIRED	REPEAT OFFENDERS COMPLETED	
	PREPARED BY, PLEASE PRINT							DATE

- \* TRN
- \* Date Of Arrest
- \* Sex
- \* DPS No.
- \* Race
- \* Date Of Birth
- \* Name
- \* TRS (not shown)



**TEXAS DEPARTMENT OF PUBLIC SAFETY**  
**CR-47 Court Segment**  
**SUPPLEMENTAL CRIMINAL HISTORY REPORTING**

PRESS HARD-YOU ARE MAKING THREE COPIES!

TRN <b>123456789X</b>	DATE OF ARREST (DOA) <b>01012005</b>	DPS NO. (SID) <b>12345678</b>	DATE OF BIRTH (DOB) <b>01011900</b>	SEX <b>M</b>	RACE <b>W</b>	OUT OF COUNTY? <input type="checkbox"/> YES	OUT OF COUNTY ORI
NAME (LAST, FIRST, MIDDLE) (NAM) <b>Test, Record Middle Jr</b>						OUT OF COUNTY WARRANT NO.	

<b>COURT</b>	COURT ORI (ORIC) <b>TX000015J</b>		COURT NAME <b>Any County or District Court</b>			CAUSE NUMBER (CAU) <b>12-2005</b>				
	GOC <b>A</b>	DOMESTIC VIOLENCE OFFENSE? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	OFFENSE CODE (CON) <b>00000000</b>	OFFENSE LITERAL (COL) <b>Disposed Offense</b>	VICTIM'S AGE (VIC) <b>2 yrs</b>	STATUTE CITATION (CIT) <b>00.00 (A) PC</b>	DEGREE OF DISPOSED OFFENSE FELONY (X,1,2,3 or S) <input checked="" type="checkbox"/> <b>2</b> MISDEMEANOR (A, B, or C) <input type="checkbox"/>			
	FINAL PLEA (FPO) <input type="checkbox"/> GUILTY <input type="checkbox"/> NO CONTEST <input type="checkbox"/> NOT GUILTY <input checked="" type="checkbox"/>	COURT DISPOSITION DATE (CDD) <b>03012005</b>		SENTENCE/STATUS DATE (DOS) <b>03012005</b>		COURT DISPOSITION (CDN) <b>310</b>		COURT COST (CST) <b>\$250</b>		
	CONFINEMENT (GMT) <b>10</b> Y <b>4</b> M <b>20</b> D	SENTENCE SUSPENDED - TIME (CSS) <b>2</b> Y <b>0</b> M <b>0</b> D		PROBATION (CPR) <b>5</b> Y <b>0</b> M <b>0</b> D		FINE (CFN) <b>\$1000</b>	SENTENCE SUSPENDED-FINE (CSF) <b>\$500</b>			
	COURT PROVISION (CPN) <b>390</b>	COURT PROVISION LITERAL (CPL) <b>Other Provision Information</b>					MULTIPLE SENTENCES (MCC) CONCURRENT <input checked="" type="checkbox"/> CONSECUTIVE <input type="checkbox"/>			
	AGENCY TO RECEIVE CUSTODY (ARC) <b>TDCJ, Any County Jail or CSCD</b>			APPEAL DATE (DCA) <b>03012005</b>		OFFENDER STATUS DURING APPEAL (DDA) <b>205</b>		RESULT OF APPEAL (FCD) <b>399</b>		
	CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION		EDUCATION <input type="checkbox"/> DWI <input type="checkbox"/>	EDUCATION REQUIRED		EDUCATION WAIVED			REPEAT OFFENDER REQUIRED
		ENDING DATE OF SUSPENSION		PROGRAMS <input type="checkbox"/> DRUGS <input type="checkbox"/>	EDUCATION COMPLETED		INTERLOCK REQUIRED			REPEAT OFFENDERS COMPLETED
	PREPARED BY, PLEASE PRINT <b>Print Full Name Legibly</b>							DATE <b>03012005</b>		

**See Court 17**



# Cross Reference Table



# Cross Reference Table

CDN	CPN	301	332	335*	337	342**	346	351	362	373	375	376	377	379	380	381	384	385	386	387	388	389	390	391	392	393	394	395	396	397
301	⊙	x	x	x	x	⊙	x	x	x	⊙	x	⊙	x	x	x	x	x	x	x	x	x	⊙	x	⊙	x	x	x	x	x	
305	⊙	x	x	x	x	⊙	x	⊙	x	⊙	⊙	⊙	x	⊙	⊙	x	x	x	x	⊙	⊙	x	⊙	x	x	x	x	x	x	
310	⊙	⊙	⊙	⊙	⊙	⊙	⊙	x	x	⊙	x	⊙	x	x	x	⊙	⊙	⊙	⊙	x	⊙	⊙	⊙	x	x	x	⊙	⊙	⊙	
311	⊙	⊙	x	⊙	⊙	⊙	⊙	x	x	⊙	x	⊙	x	x	x	⊙	⊙	⊙	⊙	x	⊙	⊙	⊙	x	x	x	⊙	⊙	⊙	
312	⊙	x	x	⊙	x	⊙	x	x	x	⊙	x	⊙	x	x	x	x	⊙	x	x	x	⊙	⊙	⊙	x	x	x	⊙	x	x	
315	⊙	x	x	x	x	x	x	x	x	⊙	x	⊙	x	x	x	x	x	x	x	x	x	x	x	⊙	x	x	x	x	x	
317	⊙	⊙	x	⊙	x	⊙	⊙	x	x	⊙	x	⊙	x	x	x	⊙	⊙	⊙	⊙	x	x	⊙	⊙	x	x	x	x	x	x	
319	⊙	x	x	x	x	x	x	x	x	⊙	x	⊙	x	x	x	x	x	x	x	x	x	x	x	⊙	x	x	x	x	x	
320	⊙	x	x	x	x	x	x	x	x	⊙	x	⊙	x	x	x	x	x	x	x	x	x	x	x	⊙	x	x	x	x	x	
325	⊙	x	x	x	x	x	x	x	x	⊙	x	⊙	x	x	x	x	x	x	x	x	x	x	x	⊙	x	x	x	x	x	
326	⊙	x	x	x	x	⊙	x	x	x	⊙	x	⊙	x	x	x	x	x	x	x	x	x	x	x	⊙	⊙	x	x	x	x	
330	⊙	x	x	⊙	x	x	x	x	x	⊙	⊙	⊙	⊙	⊙	x	⊙	x	x	x	x	x	x	⊙	⊙	x	x	x	x	x	
331	⊙	x	x	x	x	x	x	x	x	⊙	x	⊙	x	x	x	x	x	x	x	x	x	x	x	⊙	⊙	x	x	x	x	
332	⊙	⊙	x	⊙	x	⊙	⊙	x	x	⊙	x	⊙	x	x	x	⊙	⊙	⊙	⊙	x	x	⊙	⊙	x	x	x	⊙	⊙	x	
333	⊙	x	x	x	x	x	x	x	x	⊙	x	⊙	x	x	x	x	x	x	x	x	x	x	x	⊙	x	x	x	x	x	
335	⊙	x	x	x	x	x	x	x	x	⊙	x	⊙	x	x	x	x	x	x	x	x	x	x	⊙	x	⊙	x	x	x	x	
336	⊙	x	x	x	x	x	x	x	x	⊙	x	x	x	x	x	x	x	x	x	x	x	x	x	⊙	x	x	x	x	x	
337	⊙	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	⊙	x	x	x	x	x	
390	⊙	x	x	x	x	x	x	x	x	⊙	x	⊙	x	x	x	x	x	x	x	x	x	x	⊙	⊙	x	x	x	x	x	
397	⊙	⊙	⊙	⊙	⊙	⊙	⊙	x	x	⊙	x	⊙	x	x	x	⊙	⊙	⊙	⊙	x	⊙	x	⊙	x	x	x	⊙	⊙	⊙	
398	⊙	⊙	x	⊙	x	⊙	⊙	x	x	⊙	x	⊙	x	x	x	⊙	⊙	⊙	⊙	x	⊙	⊙	⊙	x	x	x	⊙	x	x	
399	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	⊙	x	x	x	x	x	
400	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	⊙	⊙	x	x
401	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	⊙	x	x	x	x
402	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

x Denotes CPN that cannot be used with corresponding CDN.  
 ⊙ Denotes CFN that can be used with corresponding CDN.  
 \* For CPN 335 (Death Sentence), LDC must = FX and CMT must = "DEATH"  
 \*\* For CPN 342, CMT must = "LIFE"



# NICS

## Sec. 411.052. FEDERAL FIREARM REPORTING

- (a) In this section, "federal prohibited person information" means information that identifies an individual as:
- (1) a person ordered by a court to receive inpatient mental health services under Chapter 574, Health and Safety Code;
  - (2) a person acquitted in a criminal case by reason of insanity or lack of mental responsibility, regardless of whether the person is ordered by a court to receive inpatient treatment or residential care under Chapter 46C, Code of Criminal Procedure;
  - (3) a person determined to have mental retardation and committed by a court for long-term placement in a residential care facility under Chapter 593, Health and Safety Code;
  - (4) an incapacitated adult individual for whom a court has appointed a guardian of the individual under Chapter XIII, Probate Code, based on the determination that the person lacks the mental capacity to manage the person's affairs; or
  - (5) a person determined to be incompetent to stand trial under Chapter 46B, Code of Criminal Procedure.



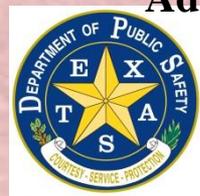
# NICS

## Sec. 411.052. FEDERAL FIREARM REPORTING

- (b) The department by rule shall establish a procedure to provide federal prohibited person information to the Federal Bureau of Investigation for use with the National Instant Criminal Background Check System. Except as otherwise provided by state law, the department may disseminate federal prohibited person information under this subsection only to the extent necessary to allow the Federal Bureau of Investigation to collect and maintain a list of persons who are prohibited under federal law from engaging in certain activities with respect to a firearm.
- (c) The department shall grant access to federal prohibited person information to the person who is the subject of the information.
- (d) Federal prohibited person information maintained by the department is confidential information for the use of the department and, except as otherwise provided by this section and other state law, may not be disseminated by the department.
- (e) The department by rule shall establish a procedure to correct department records and transmit those corrected records to the Federal Bureau of Investigation when a person provides:

  - (1) a copy of a judicial order or finding that a person is no longer an incapacitated adult or is entitled to relief from disabilities under Section 574.088, Health and Safety Code; or
  - (2) proof that the person has obtained notice of relief from disabilities under 18 U.S.C. Section 925.

Added by Acts 2009, 81st Leg., R.S., Ch. 950 (H.B. 3352), Sec. 1, eff. September 1, 2009.



# Prosecutor and Court Segment Review

## When is the Age of the Victim reported?

- Refer to the Code of Criminal Procedures 60.051(g)(1-8) for a list of offenses that require reporting of the Victims Age.



# Court Segment FAQ's

**Can access to CCH be requested without requesting it from a Sheriffs Office?**

**•YES**

**–If internet access is available, apply for access to the DPS Secure CCH website.**



# Access to Secure Website

<https://secure.txdps.state.tx.us>

For questions contact

**Criminal History Inquiry Unit**

**(512) 424-2474**



# 2014 CJIS Conference Session

**Information about NICS reporting and how to access to the CJIS Site will be covered in the breakout session:**

**“Electronic Disposition Reporting (EDR) – Using the CJIS Website”**



# 2014 CJIS Conference



## Adult Basic Reporting

CJIS/JJIS Field Support  
Office – 512.424.2478  
Fax – 512.424.7789  
[afis.cjis@dps.texas.gov](mailto:afis.cjis@dps.texas.gov)

