

2014 CJIS Conference

Adult Arrest
and

Juvenile Referral
Reporting

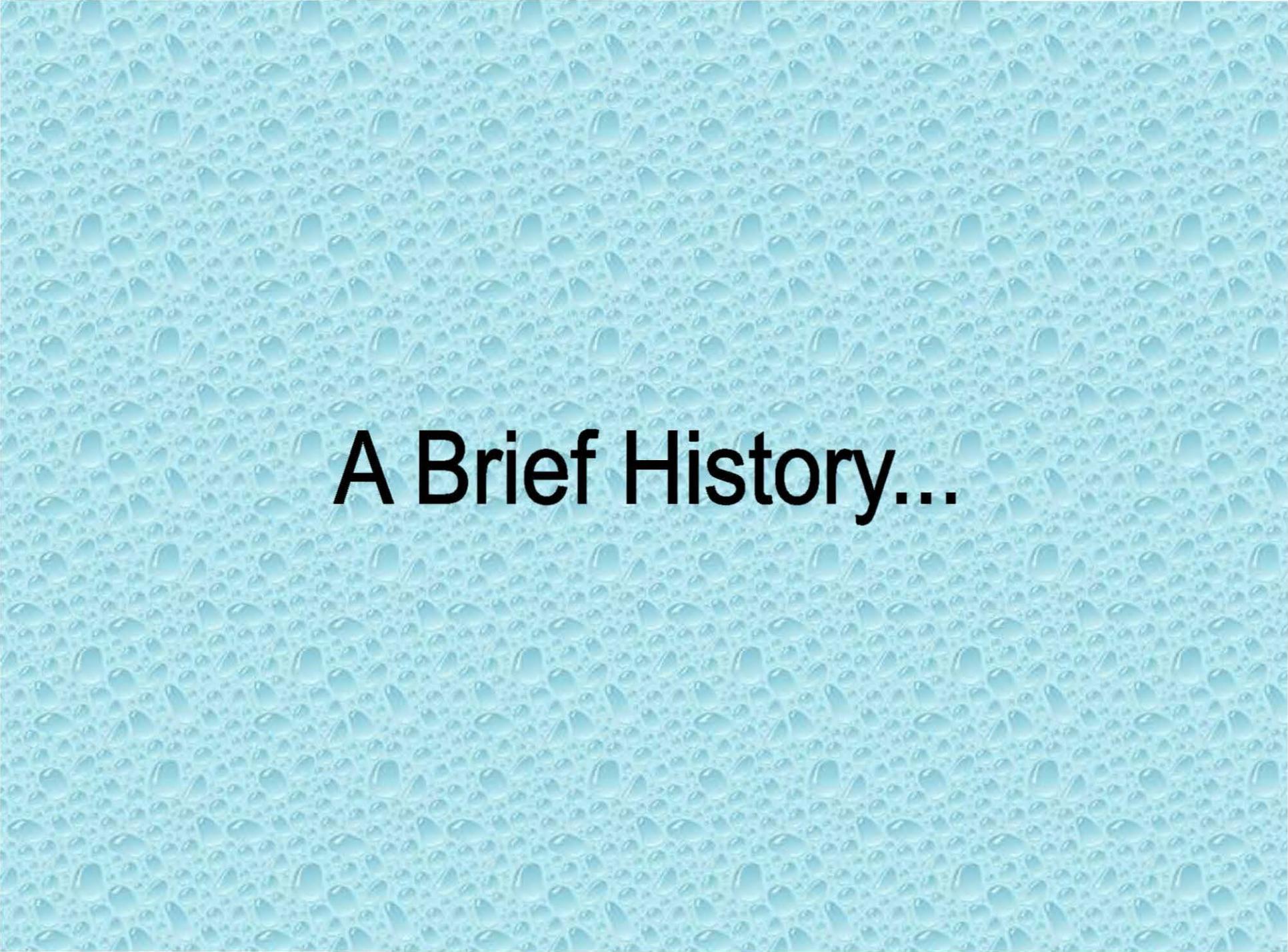


CJIS/JJIS Field Support
Office – 512.424.2478
Fax – 512.424.7789
afis.cjis@dps.texas.gov

Overview

The purpose of this presentation is to provide information regarding the submission of criminal data elements through the Criminal Justice Information System (CJIS) and Juvenile Justice Information System (JJIS) programs. 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/JJIS**
- **Purpose of the CJIS/JJIS program**
- **Flow of information at arrest/Referral**
- **Forms and online site 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)**
- **Linked the DPS CCH with the TDCJ CTS**

Brief History

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

- **Enhanced Criminal History reporting**
 - **Implemented use of TRN (Tracking Incident Number)**

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

Brief History

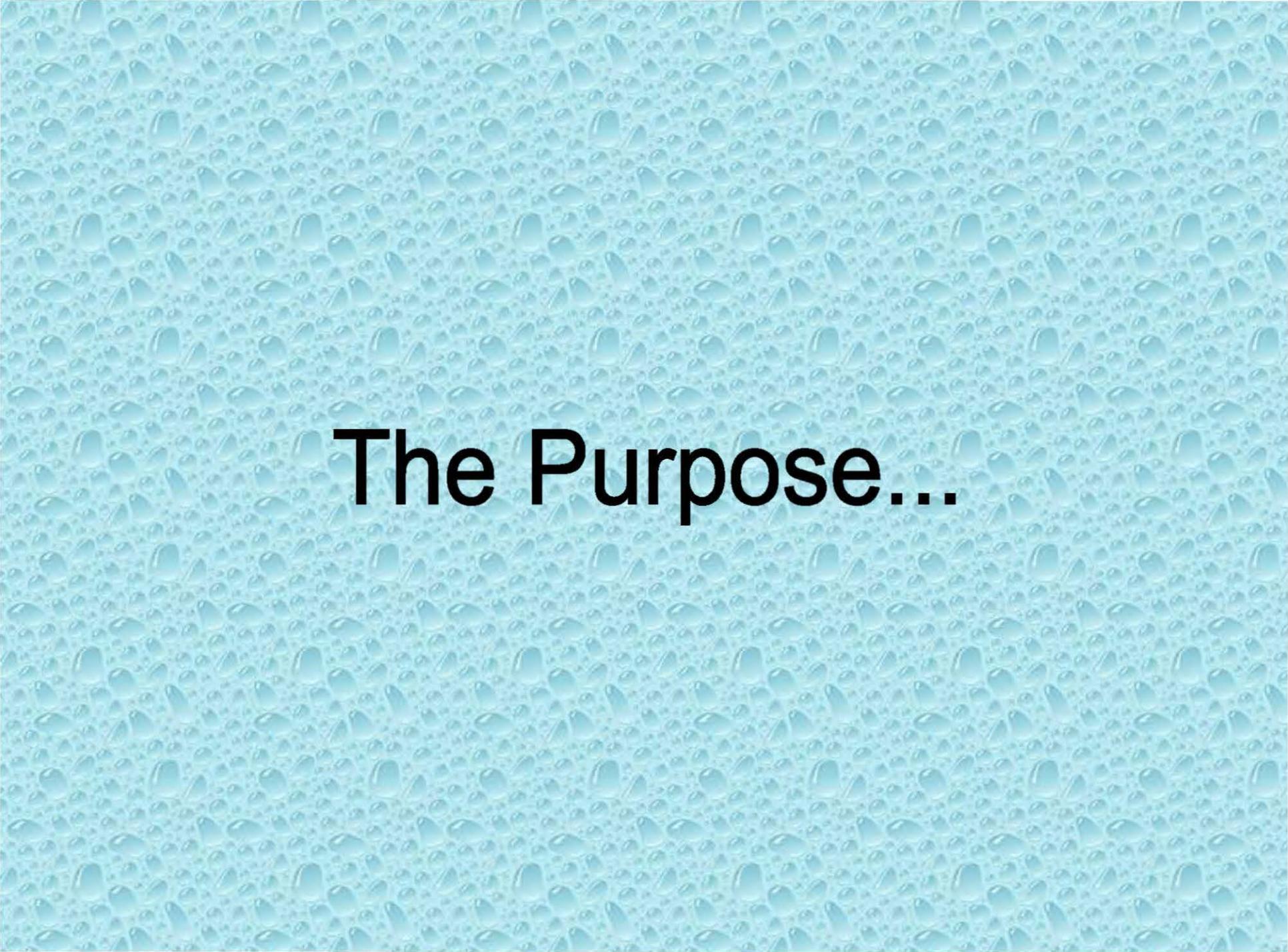
1996 -Chapter 58 of the Family Code is created.

- Outlines and defines:**

- JJIS**

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

- Electronic Arrest Reporting (EAR) is 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



FINGERPRINT **TRS A001**

CR-43

TRS A002

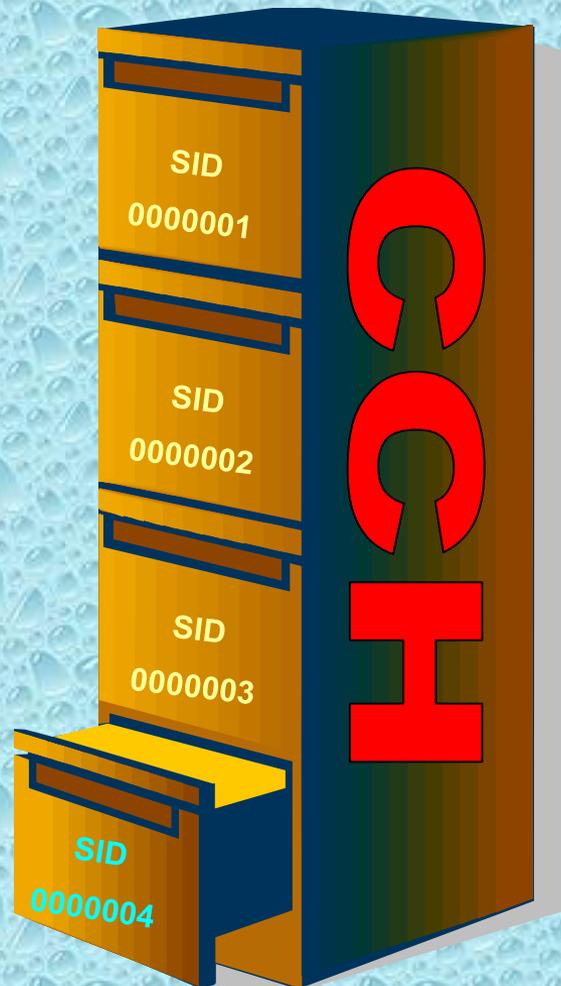
CR-44

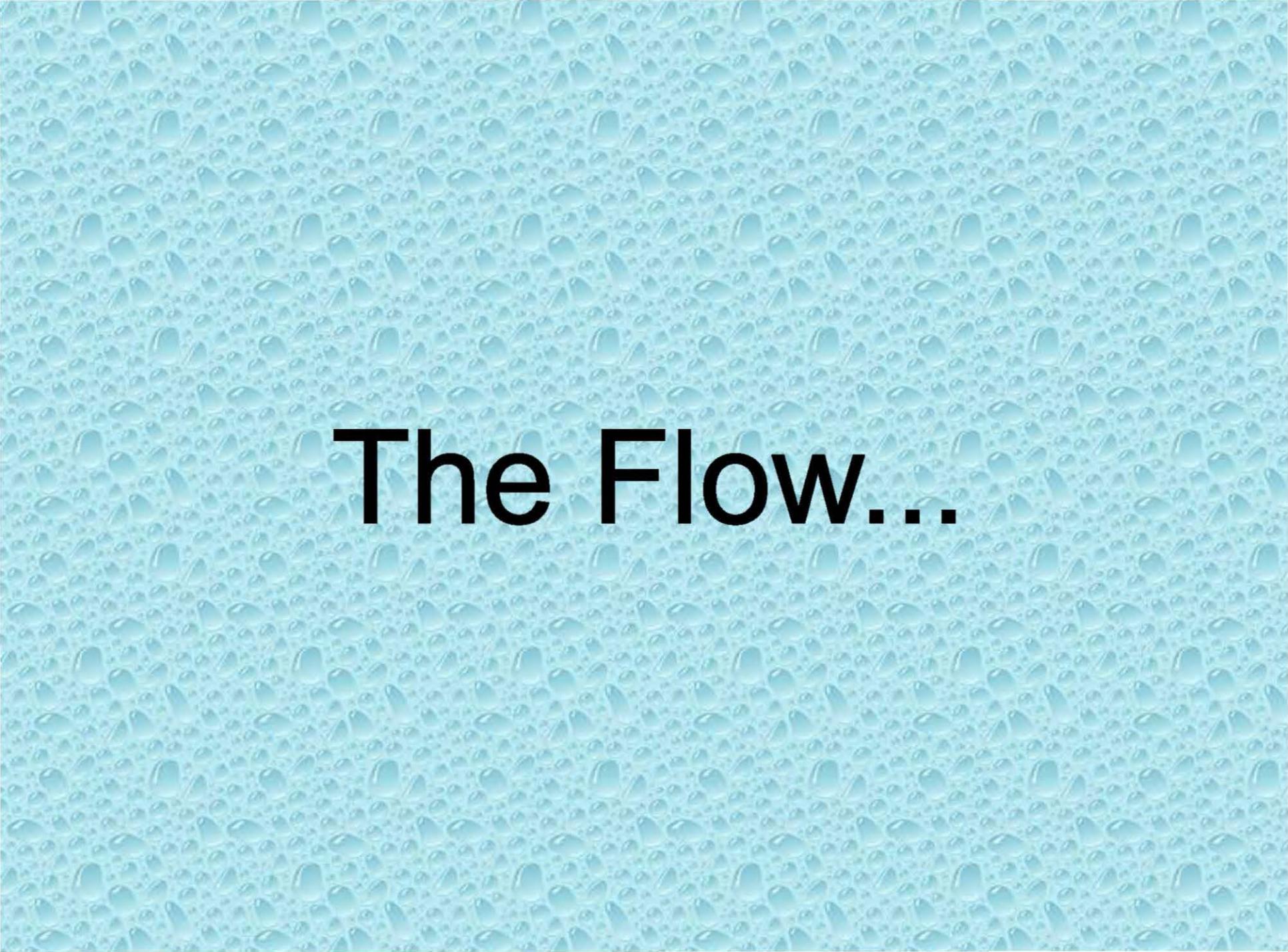
FINGERPRINT **TRS A001**

CR-43J

TRS A002

CR-44J



The background of the image is a dense, repeating pattern of small, realistic water droplets. Each droplet is rendered with a gradient of light blue and white, giving them a three-dimensional appearance as if they are sitting on a surface. The overall color palette is a soft, consistent light blue.

The Flow...



Return messages

7 DAYS



THE FLOW

PLEASE HIGHLIGHT ARE MARKED THREE COPIES

TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIMINAL HISTORY REPORTING FORM

THIS FORM IS TO BE FILLED OUT BY THE ARRESTING AGENCY OR THE AGENCY THAT HAS THE MOST RECENT ARREST RECORD ON THE INDIVIDUAL.

ARREST IDENTIFICATION

PROSECUTOR

WARRANT

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

MAIL 1-101 COPY TO: TEXAS DEPARTMENT OF PUBLIC SAFETY PO BOX 6443 AUSTIN TX 78764-6448
YELLOW - PROSECUTOR REPORTING SHEET PINK - COURT REPORT NO SHEET GRN - 1011 COPY

EDR
or
Paper



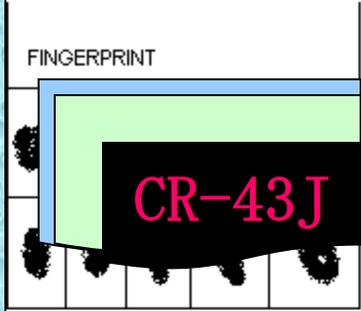
EDR
or
Paper



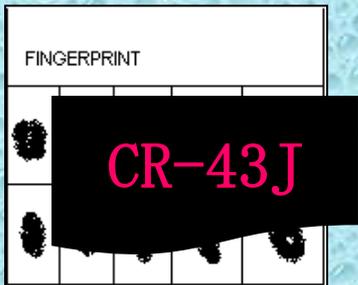
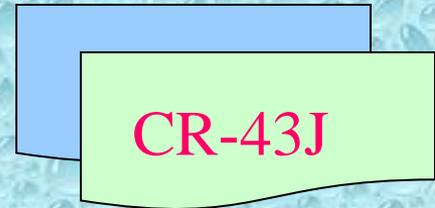
Prosecutor
30 DAYS

Court
30 DAYS

**CUSTODY
EVENT**



**10 DAYS
INTAKE**



**7 DAYS
AFTER
INTAKE**



DPS



**PROSECUTOR
30 DAYS**



DPS



**COURT
30 DAYS**



DPS

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

NON-REPORTABLE OFFENSES BY LAW ENFORCEMENT

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

NON-REPORTABLE
OFFENSES BY
LAW ENFORCEMENT
JUVENILES ONLY!!!

- Class C Misdemeanors
- First Offender Program
- Offenses referred > 10 days

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.**
- (b) If a person attempts an offense that may be aggravated, his conduct constitutes an attempt to commit the aggravated offense if an element that aggravates the offense accompanies the attempt.**
- (c) It is no defense to prosecution for criminal attempt that the offense attempted was actually committed.**
- (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 Using the GOC

- ❑ The offense will be reported using the appropriate GOC Code, the 8 digit offense code of the offense related to the crime.
- ❑ 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”
 - ❑ 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

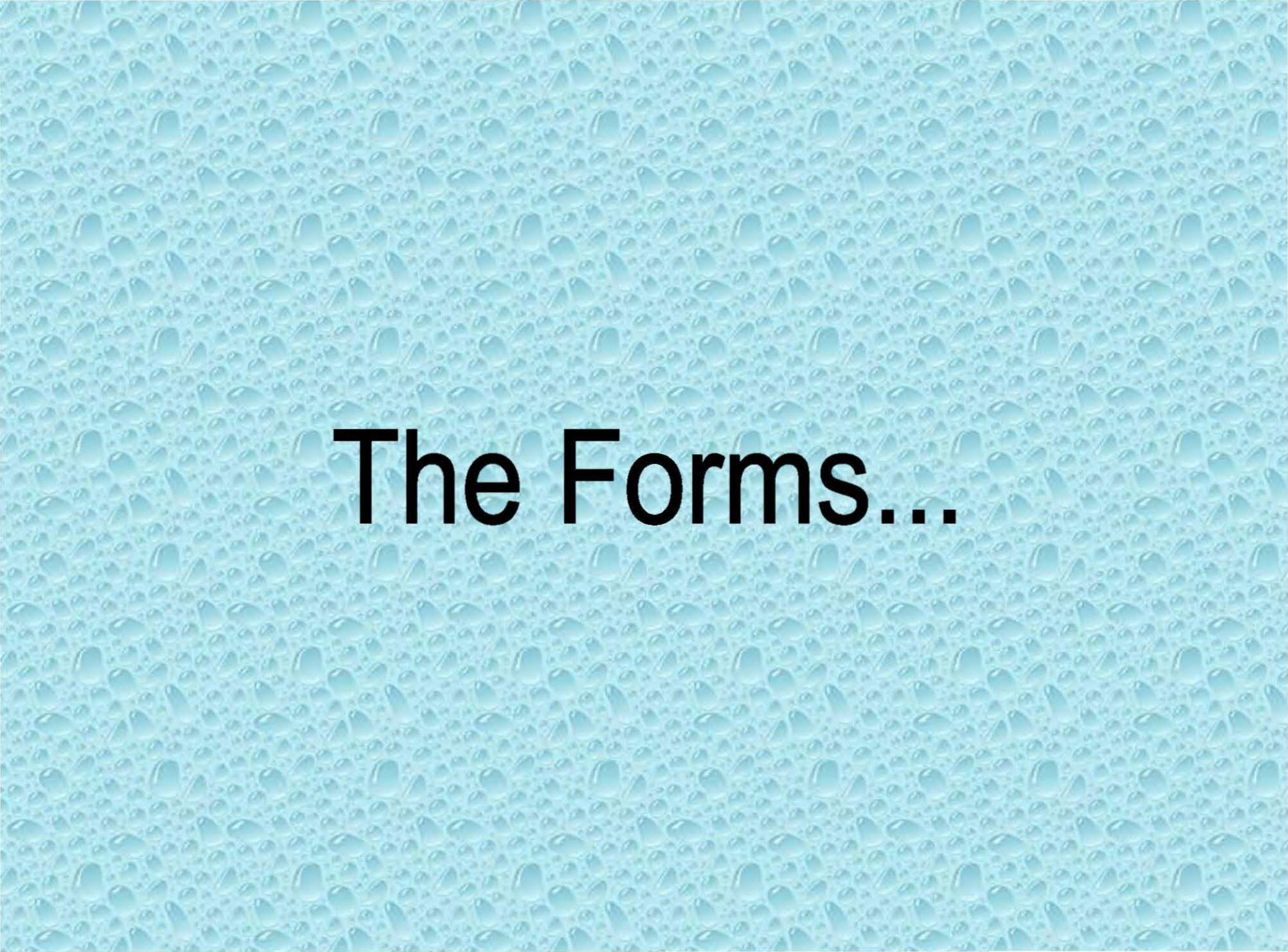
- (1) Section 21.02 (Continuous sexual abuse of young child or children), Penal Code;**
- (2) Section 21.11 (Indecency with a child), Penal Code;**
- (3) Section 22.011 (Sexual assault) or 22.021 (Aggravated sexual assault), Penal Code;**
- (4) Section 43.25 (Sexual performance by a child), Penal Code;**
- (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)

Arrest/Referral Segment

- ▣ Forms
- ▣ Examples
- ▣ FAQ's



The Forms...

CRIMINAL HISTORY REPORTING FORM

TRN	DATE OF ARREST (DOA)	DPB NO. (BID)	FBI NO.	CONTRIBUTOR ORI	OUT OF COUNTY OR COUNTY? <input type="checkbox"/> YES	OUT OF COUNTY OR					
ARREST/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) (NAM)		DATE OF BIRTH (DOB)	PLACE OF BIRTH (POB)	SEX	RACE	ETH.	HGT.	WGT.	OUT OF COUNTY WARRANT NO.	
	BYE	HMR	IBSN (TMR)	SOCIAL SECURITY NO. (SSC)			SCARS, MARKS, TATTOOS, AMPUTATIONS (BMT)			LEAVE BLANK	
	MISC. NO. (NM)		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 ORI			CHARGING AGENCY NAME			AGENCY ARREST NO. (AGN)	AGENCY CASE NO. (DCA)	FIREARM CODE <input type="checkbox"/>		
	TRV	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (OCN)	OFFENSE LITERAL (ACL)						
	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)		LEVEL & DEGREE	PELONY (C, I, 2, 3 or R)	MISDEMEANOR (A, B or C)	DATE OF OFFENSE (DOO)	WARRANT HOLDER ORI			
	WARRANT HOLDER CASE NO.	ARREST DISPOSITION (ADR)	DISPOSITION DATE (ADA)	PROSECUTOR ORI (PRO)	TRANS HAZ MATERIAL? <input type="checkbox"/> Y or N	OTHER COM VEHICLE? <input type="checkbox"/> Y or N	LICENSE NO.	STATE	YEAR		
	PREPARED BY, PLEASE PRINT					DATE					
PROSECUTOR	PROSECUTOR ORI (ORIP)		PROSECUTOR OFFICE								
	PROSECUTOR ACTION CODE <small>USE ONLY ONE CODE REFER TO PAF CODE LIST</small>		PROSECUTOR ACTION LITERAL				PROSECUTOR ACTION DATE (PAD)				
	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	CHANGED OFFENSE CODE (PCN)	OFFENSE LITERAL (POL)			VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)			
	CHARGES FILED IN (COURT ORI)			COURT NAME			LEVEL & DEGREE	PELONY (C, I, 2, 3 or R)	MISDEMEANOR (A, B or C)		
PREPARED BY, PLEASE PRINT					DATE						
COURT	COURT ORI (ORIC)		COURT NAME			CASE NUMBER (CAL)					
	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (OCN)	OFFENSE LITERAL (COL)		VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)	DEGREE OF DISPOSED OFFENSE	PELONY (C, I, 2, 3 or R)	MISDEMEANOR (A, B or C)	
	FINAL PLEA (PPC)	GUILTY <input type="checkbox"/>	NO CONTEST <input type="checkbox"/>	NOT GUILTY <input type="checkbox"/>	COURT DISPOSITION DATE (COD)	SENTENCE/STATUS DATE (OSD)	COURT DISPOSITION (CDN)	COURT COST (CST)			
	COMPENMENT (CMT)	SENTENCE SUSPENDED - TIME (CST)		PROBATION (CPT)	FINE (CFN)	SENTENCE SUSPENDED-FINE (CSP)					
	COURT PROVISION (CPN)		COURT PROVISION LITERAL (CPL)			MULTIPLE SENTENCES (MDC)		CONCURRENT <input type="checkbox"/>	CONSECUTIVE <input type="checkbox"/>		
	AGENCY TO RECEIVE CUSTODY (ARC)			APPEAL DATE (DCA)		OFFENDER STATUS DURING APPEAL (DGA)		RESULT OF APPEAL (PCA)			
	CHECK BOX TO INDICATE DID-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION	EDUCATION PROGRAMS <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

TEXAS DEPARTMENT OF PUBLIC SAFETY
 CR-43 Arrest Segment

TRN	DATE OF ARREST (DOA)	DPS NO. (SID)	FBI NO.	CONTRIBUTOR ORI	OUT OF COUNTY? <input type="checkbox"/> YES	OUT OF COUNTY ORI			
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. (MNU)	CITZ	DRIVER LICENSE NO. (OLN)	STATE	TYPE	ID CARD NO. (IDN)	STATE			

ARREST/IDENTIFICATION	TRN	123 456 789X		DATE OF ARREST (DOA)	DPS NO. (SID)	FBI NO.	CONTRIBUTOR ORI	OUT OF COUNTY? <input type="checkbox"/> YES	OUT OF COUNTY ORI			
	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. (MNU)	CITZ	DRIVER LICENSE NO. (OLN)	STATE	TYPE	ID CARD NO. (IDN)	STATE					
	LICENSE CERTIFICATION AND ISSUING AUTHORITY				LICENSE NO.							
	ALIAS NAME(S) (AKA)					ADDRESS			CITY	STATE	ZIP	
	CHARGING AGENCY ORI			CHARGING AGENCY NAME			AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)		FIREARM CODE <input type="checkbox"/>	
	TRS	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (AOM)		OFFENSE LITERAL (AOL)						
	VICTIM'S AGE (VIC)		STATUTE CITATION (CIT)		LEVEL & DEGREE	FELONY (X,1,2,3 or S) <input type="checkbox"/>	MISDEMEANOR (A, B or C) <input type="checkbox"/>	DATE OF OFFENSE (DOO)		WARRANT HOLDER ORI		
	WARRANT HOLDER CASE NO.		ARREST DISPOSITION (ADN)		DISPOSITION DATE (ADA)		PROSECUTOR ORI (REF)		TRANS HAZ MATERIAL? <input type="checkbox"/> Y or N	OPER COM VEHICLE? <input type="checkbox"/> Y or N	LICENSE NO.	STATE
PREPARED BY, PLEASE PRINT								DATE				

INDICATOR DATA IS PRESENT <input type="checkbox"/>	ENDING DATE OF SUSPENSION	EDUCATION 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 Arrest Segment

TRN 123 456 789X		DATE OF ARREST (DOA) 01012005		DPS NO. (SID) 12345678		FBI NO.		CONTRIBUTOR ORI TX0000000			OUT OF COUNTY? <input type="checkbox"/> YES		OUT OF COUNTY ORI				
IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) (NAM) Test, Record Middle Jr				DATE OF BIRTH (DOB) 01011900		PLACE OF BIRTH (POB) TX		SEX M	RACE W	ETH. N	HGT. 601	WGT. 195	OUT OF COUNTY WARRANT NO.			
	EYE BRO	HAIR XXX	SKIN TONE FAR	SOCIAL SECURITY NO. (SOC) 123456789		SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT) BALD; GLASSES; MISS L FT; SC CHEST; TAT FHD						LEAVE BLANK					
	MISC. NO. (MNU) AS 123456789		CITZ US	DRIVER LICENSE NO. (OLN) 12345678		STATE TX	TYPE C	ID CARD NO. (IDN) 12345678		STATE TX							
	LICENSE CERTIFICATION AND ISSUING AUTHORITY Realtor - Tx Real Estate Commission					LICENSE NO. Real-99999											
	ALIAS NAME(S) (AKA) Rubble, Barney; XX,Bubba					ADDRESS 10999 Imagination Ave				CITY Austin		STATE TX		ZIP 78752			
CHARGING AGENCY ORI				CHARGING AGENCY NAME				AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)		FIREARM CODE					

*TRN	*Date of Arrest	DOS No. (SID)
*Contributor ORI	*Name	*Date of Birth
*Place of Birth	*Sex	*Race
Ethnicity	*Height	*Weight
*Eyes	*Hair	*Skin Tone
Social Security No	Scars, Marks, Tattoos, Amps	Misc No
*Citizenship	Drivers License No/State/Type	Id Card No/State
License Certification and Issuing Agency		License Number
Alias Names	Address / City / State / Zip	

CR-43 Arrest Segment

CHARGING AGENCY ORI TX0000000			CHARGING AGENCY NAME Fake Co SO or Pretend PD			AGENCY ARREST NO. (AGN) 2468		AGENCY CASE NO. (OCA) ABC-123		FIREARM CODE <input type="checkbox"/>
TRS A001	GOC S	DOMESTIC VIOLENCE OFFENSE? <input checked="" type="checkbox"/> Y or N	OFFENSE CODE (AON) 00000000	OFFENSE LITERAL (AOL) Insert offense literal						
VICTIM'S AGE (VIC) 2 yrs	STATUTE CITATION (CIT) 00.00 (A)(2) PC		LEVEL & DEGREE 2	FELONY (X:1,2,3 or S) <input type="checkbox"/>	MISDEMEANOR (A, B or C) <input type="checkbox"/>	DATE OF OFFENSE (DOO) 01012005	WARRANT HOLDER ORI TX0000100			
WARRANT HOLDER CASE NO. 321-CAB	ARREST DISPOSITION (ADN) 215	DISPOSITION DATE (ADA) 01012005	PROSECUTOR ORI (REF) TX000015A	TRANS HAZ MATERIAL? <input checked="" type="checkbox"/> Y or N	OPER COM VEHICLE? <input checked="" type="checkbox"/> Y or N	LICENSE NO. ZXY99A	STATE ME	YEAR 06		
PREPARED BY, PLEASE PRINT Print Full Name Legibly						DATE 01012005				

*Charging Agency ORI

Referring Agency Name

Agency Arrest No

*Agency Case No

Firearm Code

GOC

Domestic Violence Offense?

*Offense Code

Offense Literal

Victims Age

Statute / Citation

*Level & Degree

Date of Offense

Warrant Holder ORI

Warrant Holder Case No.

*Arrest Disposition

*Disposition Date

Prosecutor ORI

Trans Haz Material

Operating Commercial Vehicle

License/State/Year

Prepared By

Date

Juvenile Referral/Identification

**TEXAS DEPARTMENT OF PUBLIC SAFETY
JUVENILE JUSTICE REPORTING FORM**

PRESS HARD—YOU ARE MAKING THREE COPIES

TRN		DATE OF FINGERPRINTING (DOF)	DFR NO. (BID)	CONTRIBUTOR ORI								
NAME (LAST, FIRST, MIDDLE) (NAM)				DATE OF BIRTH (DOB)	PLACE OF BIRTH (POB)							
REFERRAL/IDENTIFICATION	SEX	RACE	ETH	HGT.	WGT.	EYES	HAIR	SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)	LEAVE BLANK			
	SKIN TONE		SOCIAL SECURITY NUMBER (SOC)			MISC NO. (MNL)			CITZ.			
	DRIVER LICENSE NO. (DLN)			SEX	TYPE	ID CARD NO. (ICN)		STATE				
	ALIAS NAME(S) (AKA)				ADDRESS				CITY	STATE	ZIP	
	REFERRING AGENCY ORI		REFERRING AGENCY NAME			AGENCY ARREST NO. (AGM)		AGENCY CASE NO. (OCA)		FIREARM CODE <input type="checkbox"/>		
	TRS	SOC	DOMESTIC VIOLENCE OFFENSE? Y or N <input type="checkbox"/>		OFFENSE CODE (ACN)							
	OFFENSE LITERAL (ACL)		STATUTE CITATION (CIT)		LEVEL & DEGREE	FELONY (X, 1, 2, 3, or 4)	MISDEMEANOR (A or B)	DATE OF OFFENSE (DOC)		WARRANT HOLDER (WH)		
	REFERRAL DATE (ADA)		REFERRAL DISPOSITION NUMBER (ADN)			VICTIMS AGE (VCA)		REFERRAL AGENCY ORI (REF)				
	PARENT/GUARDIAN NAME AND TELEPHONE				NAME OF SCHOOL			LOCATION OF SCHOOL (CITY)		GRADE		
	PREPARED BY, PLEASE PRINT					DATE		SCHOOL NOTIFIED? <input type="checkbox"/> Y or N				
PRE ADJUDICATION	INTAKE AGENCY ORI (CPC)	INTAKE AGENCY NAME		INTAKE ACTION DATE (CDD)	INTAKE ACTION NUMERIC (PAN)	VICTIMS AGE (VCA)	DEFERRED PROBATION (AMOUNT OF TIME) (CPT) _____ M _____ D					
	SOC	DOMESTIC VIOLENCE OFFENSE? Y or N <input type="checkbox"/>	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (CIT)	LEVEL & DEGREE	FELONY (X, 1, 2, 3, OR 4)	MISDEMEANOR (A or B)				
	PROSECUTOR AGENCY ORI (CPC)	PROSEC. AGENCY NAME		PROSEC. ACTION DATE (CDD)	PROSEC. ACTION NUMERIC (PAN)	VICTIMS AGE (VCA)	DEFERRED PROBATION (AMOUNT OF TIME) (CPT) _____ M _____ D					
	SOC	DOMESTIC VIOLENCE OFFENSE? Y or N <input type="checkbox"/>	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (CIT)	LEVEL & DEGREE	FELONY (X, 1, 2, 3, OR 4)	MISDEMEANOR (A or B)				
INTAKE AGENCY ORI (CPC)	INTAKE AGENCY NAME		INTAKE ACTION DATE (CDD)	INTAKE ACTION NUMERIC (PAN)	DEFERRED PROBATION (AMOUNT OF TIME) (CPT) _____ M _____ D							
COURT	ADJUDICATION COURT ORI (CPC)		ADJUDICATION COURT NAME				CAUSE NUMBER (CAL)					
	SOC	DOMESTIC VIOLENCE OFFENSE? Y or N <input type="checkbox"/>	ADJUDICATED OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (CIT)	DEGREE OF ADJUDICATED OFFENSE	FELONY (X, 1, 2, 3, OR 4)	MISDEMEANOR (A or B)				
	FINAL PLA (PFA)	TRUE <input type="checkbox"/>	NO CONTEST <input type="checkbox"/>	NOT TRUE <input type="checkbox"/>	COURT ADJUDICATION DATE (CDD)	DISPOSITION DATE (DOS)	COURT ADJUDICATION NUMERIC (CAN)	VICTIMS AGE (VCA)	COURT COST (CST)			
	CONFINEMENT (CMT)	_____ Y _____ M _____ D		<input type="checkbox"/> INDETERMINATE	PROBATION (AMOUNT OF TIME) (CPT)	RESPONSIBLE ADULT						
	COURT DISPOSITION NUMBER (CON)		COURT PROBATION LITERAL (CLL)									
	CHECK BOX TO INDICATE DCA-1.7 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION	ENDING DATE OF SUSPENSION	DWI PROGRAM <input type="checkbox"/>	DRUGS <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION COMPLETED	EDUCATION WAIVED	INTERLOCK REQUIRED	REPEAT OFFENDER REQUIRED	REPEAT OFFENDER COMPLETED	
PREPARED BY, PLEASE PRINT										DATE		
AGENCY	TYPE	NAME									REQUIRED PROGRAMS	
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 GREEN – PREADJUDICATION REPORTING SHEET BLUE – COURT REPORTING SHEET

**TEXAS DEPARTMENT OF PUBLIC SAFETY
JUVENILE JUSTICE REPORTING FORM**

CR-43J Referral/Identification Segment

TRN	DATE OF FINGERPRINTING (DOA)	DPS NO. (SID)	CONTRIBUTOR ORI
NAME (LAST, FIRST, MIDDLE) (NAM)		DATE OF BIRTH (DOB)	PLACE OF BIRTH (POB)
SEX	RACE	ETH.	HGT.
WGT.	EYES	HAIR	SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)
			LEAVE BLANK

REFERRAL/IDENTIFICATION	TRN		DATE OF FINGERPRINTING (DOA)				DPS NO. (SID)				CONTRIBUTOR ORI					
	123 456 789X															
	NAME (LAST, FIRST, MIDDLE) (NAM)								DATE OF BIRTH (DOB)				PLACE OF BIRTH (POB)			
	SEX	RACE	ETH.	HGT.	WGT.	EYES	HAIR	SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)				LEAVE BLANK				
	SKIN TONE		SOCIAL SECURITY NUMBER (SOC)				MISC NO. (MNU)				CITZ.					
	DRIVER LICENSE NO. (OLN)				STATE	TYPE	ID CARD NO. (IDN)				STATE					
	ALIAS NAME(S) (AKA)						ADDRESS						CITY	STATE	ZIP	
	REFERRING AGENCY ORI				REFERRING AGENCY NAME				AGENCY ARREST NO. (AGN)				AGENCY CASE NO. (OCA)		FIREARM CODE	
	TRS	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N		OFFENSE CODE (AON)											
	OFFENSE LITERAL (AOL)				STATUTE CITATION (CIT)				LEVEL	FELONY (X, 1, 2, 3, or S)		MISDEMEANOR (A or B)		DATE OF OFFENSE (DOO)		WARRANT HOLDER ORI
REFERRAL DATE (ADA)				REFERRAL DISPOSITION NUMERIC (ADN)				VICTIM'S AGE (VIC)				REFERRAL AGENCY ORI (REF)				
PARENT/GUARDIAN NAME AND TELEPHONE						NAME OF SCHOOL				LOCATION OF SCHOOL (CITY)				GRADE		
PREPARED BY, PLEASE PRINT								DATE				SCHOOL NOTIFIED? <input type="checkbox"/> Y or N				

AGENCY	TYPE	NAME	REQUIRED PROGRAMS

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 GREEN - PREADJUDICATION REPORTING SHEET BLUE - COURT REPORTING SHEET

CR-43J (Rev. 8/10)

CR-43J Referral/Identification Segment

TRN 123 456 789X		DATE OF FINGERPRINTING (DOA) 01012014			DPS NO. (SID) 12345678			CONTRIBUTOR ORI TX0000000			
AL/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) (NAM) Test, Record Middle Jr						DATE OF BIRTH (DOB) 01012000		PLACE OF BIRTH (POB) TX		
	SEX M	RACE W	ETH. H	HGT. 410	WGT. 098	EYES BLU	HAIR XXX	SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT) BALD; GLASSES; MISS L FT; SC CHEST		LEAVE BLANK	
	SKIN TONE FAR		SOCIAL SECURITY NUMBER (SOC) 123456789			MISC NO. (MNU) AS 123456789			CITZ US		
	DRIVER LICENSE NO. (OLN) 12345678			STATE TX	TYPE C	ID CARD NO. (IDN) 12345678		STATE TX			
	ALIAS NAME(S) (AKA) Rubble, Barney; Bubba,XX					ADDRESS 10999 Imagination Ave			CITY Austin	STATE TX	ZIP 78752
	REFERRING AGENCY ORI			REFERRING AGENCY NAME				AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)	FIREARM CODE <input type="checkbox"/>
	TRS A001	GOC	DOMESTIC VIOLENCE <input type="checkbox"/>		OFFENSE CODE (AON)						

*TRN

*Contributor ORI

*Place of Birth

Ethnicity

*Eyes

*Skin Tone

*Citizenship

Alias Names

*Date of Fingerprinting

*Name

*Sex

*Height

*Hair

Social Security No

Drivers License No/State/Type

Address / City / State / Zip

DOS No. (SID)

*Date of Birth

*Race

*Weight

Scars, Marks, Tattoos, Amputations

Misc No

Id Card No/State

CR-43J Referral/Identification Segment

REFERRAL/IDENT	REFERRING AGENCY ORI TX0000000		REFERRING AGENCY NAME Fake Co SO or Pretend PD		AGENCY ARREST NO. (AGN) 2468		AGENCY CASE NO. (OCA) ABC-123		FIREARM CODE K		
	TRS A001	GOC S	DOMESTIC VIOLENCE OFFENSE? Y or N <input checked="" type="checkbox"/>	OFFENSE CODE (AON) 00000000							
	OFFENSE LITERAL (AOL) Insert offense literal			STATUTE CITATION (CIT) 00.00 (A)(2) PC		LEVEL & DEGREE FELONY (X, 1, 2, 3, or 3) <input checked="" type="checkbox"/> MISDEMEANOR (A or B) <input type="checkbox"/>	DATE OF OFFENSE (DOO) 01012014		WARRANT HOLDER ORI		
	REFERRAL DATE (ADA) 01012014			REFERRAL DISPOSITION NUMERIC (ADN) 225			VICTIM'S AGE (VIC) 02		REFERRAL AGENCY ORI (REF) TX000000G		
	PARENT/GUARDIAN NAME AND TELEPHONE Test, Parent 555-555-1212				NAME OF SCHOOL Any School		LOCATION OF SCHOOL (CITY) Any town			GRADE 09	
	PREPARED BY, PLEASE PRINT Print Full Name Legibly					DATE 01012014		SCHOOL NOTIFIED? <input checked="" type="checkbox"/> Y or N			

*Referring Agency ORI

Referring Agency Name

Agency Arrest No

*Agency Case No

Firearm Code

GOC

Domestic Violence Offense?

*Offense Code

Offense Literal

Statute / Citation

*Level & Degree

Date of Offense

*Referral Date

*Referral Agency ORI

*Referral Disposition Numeric

Victims Age

Parent/Guardian Name and Telephone

Name of School

Location of School/City

Grade

School Notified

Prepared By

Date

CR-43J Referral/Identification Segment

TRN 123 456 789X	DATE OF FINGERPRINTING (DOA) 01012014	DPS NO. (SID) 12345678	CONTRIBUTOR ORI TX0000000				
REFERRAL/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) (NAM) Test, Record Middle Jr			DATE OF BIRTH (DOB) 01012000		PLACE OF BIRTH (POB) TX	
	SEX M	RACE W	ETH. H	HGT. 410	WGT. 098	EYES BLU	
	HAIR XXX	SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT) BALD; GLASSES; MISS L FT; SC CHEST			LEAVE BLANK		
	SKIN TONE FAR		SOCIAL SECURITY NUMBER (SOC) 123456789		MISC NO. (MNU) AS 123456789		CITZ US
	DRIVER LICENSE NO. (OLN) 12345678		STATE TX	TYPE C	ID CARD NO. (IDN) 12345678		STATE TX
	ALIAS NAME(S) (AKA) Rubble, Barney; Bubba,XX			ADDRESS 10999 Imagination Ave		CITY Austin	STATE TX
						ZIP 78752	
	REFERRING AGENCY ORI TX0000000		REFERRING AGENCY NAME Fake Co SO or Pretend PD		AGENCY ARREST NO. (AGN) 2468		AGENCY CASE NO. (OCA) ABC-123
							FIREARM CODE K
	TRS A001	GOC S	DOMESTIC VIOLENCE OFFENSE? Y or N <input checked="" type="checkbox"/> Y	OFFENSE CODE (AON) 00000000			
OFFENSE LITERAL (AOL) Insert offense literal		STATUTE CITATION (CIT) 00.00 (A)(2) PC		LEVEL FELONY (X, 1, 2, 3, or S) & DEGREE <input checked="" type="checkbox"/> 2	MISDEMEANOR (A or B) <input type="checkbox"/>	DATE OF OFFENSE (DOO) 01012014	
REFERRAL DATE (ADA) 01012014		REFERRAL DISPOSITION NUMERIC (ADN) 225		VICTIM'S AGE (VIC) 02		REFERRAL AGENCY ORI (REF) TX000000G	
PARENT/GUARDIAN NAME AND TELEPHONE Test, Parent 555-555-1212			NAME OF SCHOOL Any School		LOCATION OF SCHOOL (CITY) Any town		
					GRADE 09		
PREPARED BY, PLEASE PRINT Print Full Name Legibly				DATE 01012014		SCHOOL NOTIFIED? <input checked="" type="checkbox"/> Y <small>Y or N</small>	

CR-44/CR-44J Reporting Multiple Charges

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

TRN	DATE OF ARREST (DOA)	OPR NO. (OP)	DATE OF BIRTH (DOB)	SEX	RACE	OUT OF COUNTY? <input type="checkbox"/> YES	OUT OF COUNTY ORI		
ARREST/IDENTIFICATION	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)		
FIREARM CODE <input type="checkbox"/>									
TRF	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (ACH)	OFFENSE LITERAL (ACL)					
VICTIM'S AGE (VIC)		STATUTE CITATION (CIT)		LEVEL: FELONY (X, L, S or B)	MISDEMEANOR (A, B or C)	DATE OF OFFENSE (DOO)		WARRANT HOLDER ORI	
WARRANT HOLDER CASE NO.		ARREST DISPOSITION (ADR)	DISPOSITION DATE (ADA)	PROSECUTOR ORI (PRO)	TRANS HAZ MATERIAL? <input type="checkbox"/> Y or N	OPER COM VEHICLE? <input type="checkbox"/> Y or N	LICENSE NO.	STATE	
PREPARED BY, PLEASE PRINT								DATE	
PROSECUTOR	PROSECUTOR ORI (PRO)		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	CHARGED 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, L, S or B)	MISDEMEANOR (A, B, or C)	
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			
COURT	COURT ORI (CRO)		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, L, S or B)	
	FINAL PLSA (FPC): <input type="checkbox"/> GUILTY <input type="checkbox"/> NO CONFESSION <input type="checkbox"/> NOT GUILTY		COURT DISPOSITION DATE (CDD)		SENTENCE/STATUS DATE (DSR)	COURT DISPOSITION (CDM)	COURT COST (CFT)		
	CONFINEMENT (CMT)		SENTENCE SUSPENDED - TIME (OSS)	PROBATION (CPR)	FINE (CFR)	SENTENCE SUSPENDED-FINE (CSF)			
	COURT PROVISION (CPN)		COURT PROVISION LITERAL (CPL)				MULTIPLE SENTENCES (MSC) <input type="checkbox"/>		
	AGENCY TO RECEIVE CUSTODY (ARC)		APPEAL DATE (DCA)		OFFENDER STATUS DURING APPEAL (DCA)		CONCURRENT <input type="checkbox"/> CONSECUTIVE <input type="checkbox"/>		
	RESULT OF APPEAL (FCD)								
	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	INTERLOCK REQUIRED	REPEAT OFFENDER REQUIRED
	ENDING DATE OF SUSPENSION							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

TEXAS DEPARTMENT OF PUBLIC SAFETY
JUVENILE SUPPLEMENTAL CRIMINAL HISTORY REPORTING

PLEASE HARD-YOU ARE MAKING THREE COPIES

TRN	DATE OF ARREST	DPS NO.	DATE OF BIRTH	SEX	RACE							
REFERRAL/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE)						LEAVE BLANK					
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS											
	ADDITIONAL ALIAS INFORMATION											
	REFERRING AGENCY ORI		REFERRING AGENCY NAME		AGENCY ARREST NO.		AGENCY CASE NO.		FIRE ARM CODE <input type="checkbox"/>			
	TRS	GOC	DOMESTIC VIOLENCE OFFENSE	OFFENSE CODE								
OFFENSE			STATUTE CITATION		LEVEL	FELONY (1,2,3 or 9)	MISDEMEANOR (A or B)	DATE OF OFFENSE	WARRANT HOLDER ORI			
TRANS HAZ MATERIAL? <input type="checkbox"/>		OPER DOM VEHICLE? <input type="checkbox"/>		LICENSE NO.	STATE	YEAR	REFERRAL DATE	REFERRAL AGENCY ORI	PARENT/GUARDIAN NAMES AND TELEPHONE			
NAME OF SCHOOL				LOCATION OF SCHOOL/CITY				GRADE	SCHOOL NOTIFIED? <input type="checkbox"/>			
PREPARED BY:						DATE						
PREADJUDICATION	INTAKE AGENCY ORI		INTAKE AGENCY NAME		INTAKE ACTION DATE		INTAKE ACTION PROVISION (PWA)		DEFERRED PROSECUTION (AMOUNT OF TIME)			
	GOC	DOMESTIC VIOLENCE OFFENSE?	OFFENSE CODE		OFFENSE		STATUTE CITATION		LEVEL	FELONY (X,1,2,3 or 9)		
	PROSECUTOR AGENCY ORI			PROSECUTOR AGENCY NAME		PROSECUTION ACTION DATE		PROSECUTION ACTION PROVISION (PWA)		DEFERRED PROSECUTION (AMOUNT OF TIME)		
	TRS FOR ADDED CHARGE	GOC	DOMESTIC VIOLENCE OFFENSE	OFFENSE CODE			OFFENSE		STATUTE CITATION		LEVEL	FELONY X,1,2,3 OR 9
	INTAKE AGENCY ORI		INTAKE AGENCY NAME		INTAKE ACTION DATE		INTAKE ACTION PROVISION (PWA)		DEFERRED PROSECUTION (AMOUNT OF TIME)			
ADJUDICATION COURT ORI			ADJUDICATION COURT NAME				CASE NUMBER					
GOC	DOMESTIC VIOLENCE OFFENSE?	ADJUDICATED OFFENSE CODE		OFFENSE		STATUTE CITATION		DEGREE OF ADJUDICATED OFFENSE				
FINAL PLEA	TRUE	NO CONTEST	NOT TRUE	COURT ADJUDICATION DATE		COURT DISPOSITION DATE		COURT ADJUDICATION PROVISION (JAW)		COURT COURT		
CONFINEMENT		INDETERMINATE		PROBATION (AMOUNT OF TIME)		RESPONSIBLE ADULT						
COURT DISPOSITION PROVISION (JDA)		COURT PROVISION LITERAL (JLX)										
CHECK BOX TO INDICATE DC-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION		EDUCATION PROGRAMS	EDUCATION COMPLETED	EDUCATION REQUIRED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED					
	ENDING DATE OF SUSPENSION		PROGRAMS	DELTGS	EDUCATION COMPLETED	INTERLOCK REQUIRED	REPEAT OFFENDERS COMPLETED					
PREPARED BY:						DATE						
AGENCY	TYPE	NAME	REQUIRED PROGRAMS									
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 GREEN - PREADJUDICATION REPORTING SHEET BLUE - COURT REPORTING SHEET CR-44J (Rev. 4/09)

Select Enter Online



Upload 
Download
Online

Inbox All Reports

[Mark All Reports Read](#)
[Archive All Reports](#)

View: [Read](#) [Unread](#) **All** | [Current](#) [Archived](#) [All](#)

There is no data to display in the current view.

Show Report Type

- All
- County Combined Completeness Percentage
- County Completeness Report
- County ER3/ER4 submissions
- Court Transaction Error Report
- Court Transaction Monthly Pass/Fail Report
- CJIS EDR Statistics
- EDR Return File History
- EDR Upload File Text
- EDR Upload History
- Full County Open and Closed Offense Report
- Juvenile Restricted/Unrestricted Report
- Line Up
- Mug Book Search
- Offense Code Listing
- Open Offense Report
- ORI Listing Report

Select TRN or SID

CJIS Inbox Reports EDR ▾ NICS ▾ Services ▾ Admin ▾ Logout (MORSE,JOHN)



Texas Department of Public Safety

Online EDR

SID Number:

TRN Number:

TRS Code:



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

Select TRN or SID

CJIS Inbox Reports EDR ▾ NICS ▾ Services ▾ Admin ▾ Logout (MORSE,JOHN)



Texas Department of Public Safety

Online EDR



SID Number: 07777777	Name: DOE,JANE
TRN Number: 3039800020	Sex: F
TRS Code:	Race: B
Search Reset	DOB: 01/01/1950
JUV:	

If you are having

SELECT A TRN		
5555555555	- 2001-04-21	- TX0430100
0000000000	- 2003-07-06	- TX003021J
0000000027	- 2004-04-04	- TX1250000 - J
3039000020	- 2004-05-05	- TX2270100
3039000039	- 2004-05-05	- TX2270100
9071653668	- 2004-05-05	- TX1260000
0000000019	- 2007-07-12	- TX2270000
1234567776	- 2007-07-17	- TX1550000
0000000000	- 2007-12-10	- TX2270000

Adding Charges on CJIS Site

CJIS Inbox Reports EDR ▾ NICS ▾ Services ▾ Admin ▾ Logout (MORSE,JOHN)



Texas Department of Public Safety

Online EDR

SID Number:	07777777	Name:	DOE,JANE
TRN Number:	3039000020	Sex:	F
TRS Code:	Select TRS... ▾	Race:	B
		DOB:	01/01/1950
		JUV:	

Search **Reset** **Add TRS**

Add Charge **Add Prosecution** **Add Court** **Modify Arrest**

TRS code A003 will be created when a charge, prosecution or court record is added.

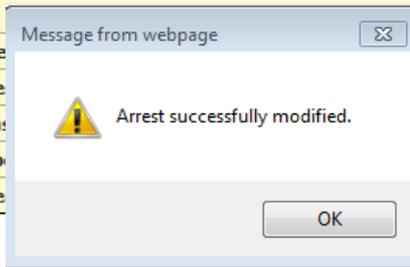
Add **Cancel**

Adding Charges on CJIS Site

Please correct the following errors before continuing:
ORI - REJECT - COU/ NOT FOUND IN DATABASE

* = required field

*Tracking Suffix (TRS):	A003				
Arrest Number (AGN):	123456	*Case		*Arresting Agency(ORI)	TX000000
*Offense Numeric (AON):	10000000	Dome		Victim's Age (VIC):	2
General Offense Code (GOC):	A	Offen		*Level and Degree (LDA):	MA No select... ↓
Date of Offense (DOO):	01/12/2009	*Disp		*Disposition Date (ADA):	01/12/2009
Disposition Literal (ADD):		*Refe			



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

© 2012 Texas Department of Public Safety - CJIS (Build: 18605b6d6c5c6870)



Adding Charges on CJIS Site



Inbox	Reports	EDR ▾	Admin ▾
--------------	----------------	--------------	----------------

Reset

SID:	07777777	Tracking Number:	5555555555	JUV:	J		
Name:	TEST,RECORD	Sex:	M	Race:	W	DOB:	06/29/1980
TRS:	<input type="text" value="Select TRS..."/>	<input type="button" value="↓"/>					
	OR	<input type="button" value="Add TRS"/>					

SUBMIT

**If there is no “J” in the JUV field, then
the arrest was submitted as an Adult**

Fax a correction to 512-424-2476

CR-44 Arrest Segment for reporting multiple charges

TRN 123 456 789X		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			
ARREST/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) (NAM) Test, Record Middle Jr							OUT OF COUNTY WARRANT NO.			
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)							LEAVE BLANK			
	ADDITIONAL ALIAS INFORMATION										
	CHARGING AGENCY ORI TX0000000			CHARGING AGENCY NAME Fake Co SO or Pretend PD			AGENCY ARREST NO. (AGN) 2468		AGENCY CASE NO. (OCA) ABC-123		FIREARM CODE K
	TRS A002	GOC S	DOMESTIC VIOLENCE OFFENSE? <input checked="" type="checkbox"/> Y or N	OFFENSE CODE (AON) 00000000	OFFENSE LITERAL (AOL) Insert offense literal						
	VICTIM'S AGE (VIC) 2 yrs	STATUTE CITATION (CIT) 00.00 (B) TRC		LEVEL FELONY (X, 1, 2, 3 or S) & DEGREE <input type="checkbox"/>	MISDEMEANOR (A, B or C) <input checked="" type="checkbox"/> A	DATE OF OFFENSE (DOO) 01012005		WARRANT HOLDER ORI TX0000100			
	WARRANT HOLDER CASE NO. 321-CAB	ARREST DISPOSITION (ADN) 215	DISPOSITION DATE (ADA) 01012005	PROSECUTOR ORI (REF) TX000015A	TRANS HAZ MATERIAL? <input checked="" type="checkbox"/> Y or N	OPER COM VEHICLE? <input checked="" type="checkbox"/> Y or N	LICENSE NO. ZXY99A	STATE ME	YEAR 06		
PREPARED BY, PLEASE PRINT Print Full Name Legibly							DATE 01012005				

Completed CR-44 used for reporting multiple charges

CR-44J Reporting Multiple Charges

TRN 123 456 789X		DATE OF FINGERPRINTING (DOA) 01012014		DPS NO. (SID) 12345678		DATE OF BIRTH (DOB) 01012000		SEX M	RACE W		
REFERRAL/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) (NAM) Test, Record Middle Jr										
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)										
	ADDITIONAL ALIAS INFORMATION										
	REFERRING AGENCY ORI TX0000000			REFERRING AGENCY NAME Fake Co SO or Pretend PD			AGENCY ARREST NO. (AGN) 2468		AGENCY CASE NO. (OCA) ABC-123		FIRE ARM CODE K
	TRS A002	GOC S	DOMESTIC VIOLENCE OFFENSE? <input checked="" type="checkbox"/> Y Y or N	OFFENSE CODE (AON) 00000000							
	OFFENSE LITERAL (AOL) Insert offense literal			STATUTE CITATION (CIT) 00.00 (A)(2) PC			LEVEL FELONY (X,1,2,3 or S) MISDEMEANOR (A or B) & DEGREE <input type="checkbox"/> <input checked="" type="checkbox"/> A		DATE OF OFFENSE (DOO) 01012014		WARRANT HOLDER ORI
	REFERRAL DATE (ADA) 01012014		REFERRAL DISPOSITION NUMERIC (ADN) 225			VICTIM'S AGE (VIC) 02		REFERRAL AGENCY ORI (REF) TX000000G		PARENT/GUARDIAN NAMES AND TELEPHONE Test, TJJJ 555-555-1212	
	NAME OF SCHOOL Any School			LOCATION OF SCHOOL/CITY Any town					GRADE 09	SCHOOL NOTIFIED? <input checked="" type="checkbox"/> Y Y or N	
PREPARED BY, PLEASE PRINT Print Full Name Legibly								DATE 01012014			

Completed Referral/Identification Segment of the CR-44J
used for reporting multiple charges

**CR-44/CR-44J for
Additional Identifiers Only**

CR-44 Arrest Segment For Additional Identifiers Only

TRN 123 456 789X		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		
ARREST/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) (NAM) Test, Record Middle Jr									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"/>		
	TRS	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (AON)		OFFENSE LITERAL (AOL)							
	VICTIM'S AGE (VIC)		STATUTE CITATION (CIT)			LEVEL FELONY (X,1,2,3 or S) MISDEMEANOR (A, B or C) & DEGREE <input type="checkbox"/>		DATE OF OFFENSE (DOO)		WARRANT HOLDER ORI			
	WARRANT HOLDER CASE NO.		ARREST DISPOSITION (ADN)		DISPOSITION DATE (ADA)		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			

* TRN

* Date of Arrest

DPS No.

* Date of Birth

* Sex

* Race

* Name

CR-44 Arrest Segment For Additional Identifiers Only

TRN 123 456 789X		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				
ARREST/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) (NAM) Test, Record Middle Jr							OUT OF COUNTY WARRANT NO.				
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT) NM L ARM; TAT FLBODY; SC CHEST							LEAVE BLANK				
	ADDITIONAL ALIAS INFORMATION Test, Bogus Name; DOB 10101900											
	CHARGING AGENCY ORI			CHARGING AGENCY NAME			AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)		FIREARM CODE <input type="checkbox"/>	
	TRS	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (AON)		OFFENSE LITERAL (AOL)						
	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)			LEVEL & DEGREE <input type="checkbox"/>	FELONY (X,1,2,3 or S) <input type="checkbox"/>	MISDEMEANOR (A, B or C) <input type="checkbox"/>	DATE OF OFFENSE (DOO)		WARRANT HOLDER ORI		
	WARRANT HOLDER CASE NO.		ARREST DISPOSITION (ADN)		DISPOSITION DATE (ADA)	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				

**Additional Scars, Marks, Tattoos, Amputations
Additional Alias Information**

CR-44 Arrest Segment For Additional Identifiers Only

TRN 123 456 789X	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	
ARREST/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) (NAM) Test, Record Middle Jr						OUT OF COUNTY WARRANT NO.	
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT) NM L ARM; TAT FLBODY; SC CHEST						LEAVE BLANK	
	ADDITIONAL ALIAS INFORMATION Test, Bogus Name; DOB 10101900							
	CHARGING AGENCY ORI		CHARGING AGENCY NAME		AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)	FIREARM CODE <input type="checkbox"/>
	TRS A001	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (AON)	OFFENSE LITERAL (AOL)			
	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)		LEVEL & DEGREE	FELONY (X, 1, 2, 3 or S) <input type="checkbox"/>	MISDEMEANOR (A, B or C) <input type="checkbox"/>	DATE OF OFFENSE (DOO)	WARRANT HOLDER ORI
	WARRANT HOLDER CASE NO.	ARREST DISPOSITION (ADN)	DISPOSITION DATE (ADA)	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		

* TRS

CR-44 Arrest Segment For Additional Identifiers Only

TRN 123 456 789X		DATE OF ARREST (DOA) 01012005		DPS NO. (SID) 12345678		DATE OF BIRTH (DOB) 01011900		SEX M	RACE W	OUT OF COUNTY? <input type="checkbox"/>	OUT OF COUNTY ORI		
ARREST/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) (NAM) Test, Record Middle Jr									OUT OF COUNTY WARRANT NO.			
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT) NM L ARM; TAT FLBODY; SC CHEST									LEAVE BLANK			
	ADDITIONAL ALIAS INFORMATION Test, Bogus Name; DOB 10101900												
	CHARGING AGENCY ORI			CHARGING AGENCY NAME			AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)		FIREARM CODE <input type="checkbox"/>		
	TRS A001	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (AON)		OFFENSE LITERAL (AOL)							
	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)			LEVEL FELONY (X,1,2,3 or S) MISDEMEANOR (A, B or C) & DEGREE <input type="checkbox"/>		DATE OF OFFENSE (DOO)		WARRANT HOLDER ORI				
	WARRANT HOLDER CASE NO.		ARREST DISPOSITION (ADN)		DISPOSITION DATE (ADA)		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 Print Full Name Legibly									DATE 01012005			

**Completed CR44
For Additional Identifiers Only**

CR-44J for Additional Identifiers Only

TRN	123 456 789X	DATE OF FINGERPRINTING (DOA)	01012014	DPS NO. (SID)	12345678	DATE OF BIRTH (DOB)	01012000	SEX	M	RACE	W	
REFERRAL/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) (NAM) Test, Record Middle Jr											
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT) NM L ARM; TAT FLBODY; SC CHEST											
	ADDITIONAL ALIAS INFORMATION Test, Bogus Name; DOB 10102001											
	REFERRING AGENCY ORI			REFERRING AGENCY NAME			AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)		FIRE ARM CODE <input type="checkbox"/>	
	TRS	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/>	OFFENSE CODE (AON)								
	A001		Y or N									
	OFFENSE LITERAL (AOL)			STATUTE CITATION (CIT)			LEVEL FELONY (X,1,2,3 or S) MISDEMEANOR (A or B) & DEGREE <input type="checkbox"/> <input type="checkbox"/>		DATE OF OFFENSE (DOO)		WARRANT HOLDER ORI	
	REFERRAL DATE (ADA)		REFERRAL DISPOSITION NUMERIC (ADN)			VICTIM'S AGE (VIC)		REFERRAL AGENCY ORI (REF)		PARENT/GUARDIAN NAMES AND TELEPHONE		
NAME OF SCHOOL				LOCATION OF SCHOOL/CITY						GRADE	SCHOOL NOTIFIED? <input type="checkbox"/>	
PREPARED BY, PLEASE PRINT Print Full Name Legibly										DATE 01012014		

**Completed Referral/Identification Segment of the CR-44J
used for additional identifiers only**

CR-43 Out Of County Warrant (Arresting Agency)

TRN 123 456 789X		DATE OF ARREST (DOA) 01012005		DPS NO. (SID)		FBI NO.		CONTRIBUTOR ORI TX4560000		OUT OF COUNTY? <input checked="" type="checkbox"/> YES		OUT OF COUNTY ORI TX9870100						
NAME (LAST, FIRST, MIDDLE) (NAM) Test, Record Middle Jr				DATE OF BIRTH (DOB) 01011900		PLACE OF BIRTH (POB) TX		SEX M	RACE W	ETH. N	HGT. 601	WGT. 195	OUT OF COUNTY WARRANT NO. 05-1234ABC					
ARREST/IDENTIFICATION	EYE BRO	HAIR XXX	SKIN TONE FAR	SOCIAL SECURITY NO. (SOC)		SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT) BALD						LEAVE BLANK						
	MISC. NO. (MNU)		CITZ US	DRIVER LICENSE NO. (OLN)		STATE	TYPE	ID CARD NO. (IDN)		STATE								
	LICENSE CERTIFICATION AND ISSUING AUTHORITY						LICENSE NO.											
	ALIAS NAME(S) (AKA)						ADDRESS						CITY		STATE		ZIP	
	CHARGING AGENCY ORI				CHARGING AGENCY NAME				AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)		FIREARM CODE		<input type="checkbox"/>			
	TRS A001	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/>	Y or N	OFFENSE CODE (AON)		OFFENSE LITERAL (AOL)											
	VICTIM'S AGE (VIC)		STATUTE CITATION (CIT)		LEVEL & DEGREE	FELONY (X,1,2,3 or S)	MISDEMEANOR (A, B or C)	DATE OF OFFENSE (DOO)		WARRANT HOLDER ORI								
	WARRANT HOLDER CASE NO.		ARREST DISPOSITION (ADN)		DISPOSITION DATE (ADA)		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								

Out-of-County Warrant? If yes, provide:

Out-of-County ORI

Out-of-County Warrant No.

Enter your ORI in the (Contributor ORI) field. Complete the first four lines of the CR-43. Forward the entire form, with quality fingerprints attached, to the warrant-holding agency.

Do not submit to DPS

CR-43 Out Of County Warrant (Warrant Agency)

TRN 123 456 789X		DATE OF ARREST 01012005		DPS NO.		FBI NO.		CONTRIBUTOR ORI TX4560000		OUT OF COUNTY? <input checked="" type="checkbox"/> YES		OUTOF COUNTYORI TX9870100						
ARREST/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) Test, Record Middle Jr				DATE OF BIRTH 01011900		PLACE OF BIRTH TX		SEX M	RACE W	ETH. N	HGT. 601	WGT. 195	OUTOF COUNTY WARRANTNO. 05-1234ABC				
	EYE BRO	HAIR XXX	SKIN TONE FAR	SOCIAL SECURITY NO.		SCARS, MARKS, TATTOOS, AMPUTATIONS BALD								LEAVE BLANK				
	MISC. NO.		CITZ. US	DRIVER LICENSE NO.		STATE	TYPE	ID CARD NO.		STATE								
	LICENSE CERTIFICATION AND ISSUING AUTHORITY						LICENSE NO.											
	ALIAS NAME(S)						ADDRESS						CITY		STATE		ZIP	
	ARRESTING AGENCY ORI TX0000000				ARRESTING AGENCY NAME Warrant Co SO or Warrant PD				AGENCY ARREST NO. 2468		AGENCY CASE NO. ABC-123		FIREARM CODE K					
	TRS A001	GOC S	DOMESTIC VIOLENCE OFFENSE? <input checked="" type="checkbox"/> Y or N	OFFENSE CODE 00000000		OFFENSE Insert offense literal												
	STATUTE CITATION 00.00 (A)(2) PC				LEVEL & DEGREE 2		FELONY (X, 1, 2, 3 or S) <input type="checkbox"/>		MISDEMEANOR (A or B) <input type="checkbox"/>		DATE OF OFFENSE 01012005		WARRANT HOLDER ORI TX0000100					
	WARRANT HOLDER CASE NO. 321-CAB		ARREST DISPOSITION 205		DISPOSITION DATE 01012005		PROSECUTOR ORI TX000015A		TRANS HAZ MATERIAL? <input type="checkbox"/> Y or N	OPER COM VEHICLE? <input type="checkbox"/> Y or N	LICENSE NO.	STATE	YEAR					
	PREPARED BY Print Full Name Legibly										DATE 01012005							

Correct any information completed by arresting agency

Complete rest of form

NOTE: Use Warrant Agency ORI in the Arresting Agency ORI field

Mail in completed CR-43 with Fingerprints to DPS

Transferred For Civil Prosecution Adults

TRN 123 456 789X		DATE OF ARREST 01012005	DPS NO. 12345678	FBI NO.	CONTRIBUTOR ORI TX0000000	OUT OF COUNTY? <input type="checkbox"/> YES	OUTOF COUNTYORI					
ARREST/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) Test, Record Middle Jr			DATE OF BIRTH 01011900	PLACE OF BIRTH TX	SEX M	RACE W	ETH. N	HGT. 601	WGT. 195	OUTOF COUNTY WARRANTNO.	
	EYE BRO	HAIR XXX	SKIN TONE FAR	SOCIAL SECURITY NO. 123456789	SCARS, MARKS, TATTOOS, AMPUTATIONS BALD; GLASSES; MISS L FT; SC CHEST; TAT FHD			LEAVE BLANK				
	MISC. NO. AS 123456789	CITZ. US	DRIVER LICENSE NO. 12345678	STATE TX	TYPE C	ID CARD NO. 12345678	STATE TX					
	LICENSE CERTIFICATION AND ISSUING AUTHORITY Realtor - Tx Real Estate Commission				LICENSE NO. Real-99999							
	ALIAS NAME(S) Rubble, Barney; Bubba, XX				ADDRESS 10999 Imagination Ave			CITY Austin	STATE TX	ZIP 78752		
	ARRESTING AGENCY ORI TX0000000			ARRESTING AGENCY NAME Fake Co SO or Pretend PD			AGENCY ARREST NO. 2468	AGENCY CASE NO. ABC-123	FIREARM CODE K			
	TRS A001	GOC S	DOMESTIC VIOLENCE OFFENSE? <input checked="" type="checkbox"/> N Y or N	OFFENSE CODE 00000000	OFFENSE Insert offense literal							
	STATUTE CITATION 00.00 (A)(2) PC			LEVEL & DEGREE 2	FELONY (X, 1, 2, 3 or S)	MISDEMEANOR (A or B) <input type="checkbox"/>	DATE OF OFFENSE 01012005	WARRANTHOLDER ORI TX0000100				
	WARRANTHOLDER CASE NO. 321-CAB	ARREST DISPOSITION 228	DISPOSITION DATE 01012005	PROSECUTOR ORI TX000015A	TRANS HAZ MATERIAL? <input checked="" type="checkbox"/> Y or N	OPER COM VEHICLE? <input checked="" type="checkbox"/> Y or N	LICENSE NO. ZXY99A	STATE ME	YEAR 06			
	PREPARED BY Print Full Name Legibly							DATE 01012005				

Enter 228 - Transferred for Civil Prosecution
Completed Example of Transferred For Civil Prosecution

***note – If you have already submitted the CR-43 to DPS with another Arrest Disposition then follow the Correction Example.**

Released without Prosecution

TRN	123 456 789X			DATE OF ARREST	01012005	DPS NO.	12345678	FBI NO.	CONTRIBUTOR ORI			TX0000000	OUT OF COUNTY? YES <input type="checkbox"/>	OUTOF COUNTYORI							
ARREST/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE)				DATE OF BIRTH	01011900		PLACE OF BIRTH	TX	SEX	M	RACE	W	ETH.	N	HGT.	601	WGT.	195	OUTOF COUNTY WARRANTNO.	
	EYE BRO	HAIR	SKIN TONE	SOCIAL SECURITY NO.	SCARS, MARKS, TATTOOS, AMPUTATIONS					LEAVE BLANK											
	XXX	FAR	FAR	123456789	BALD; GLASSES; MISS L FT; SC CHEST; TAT FHD																
	MISC. NO.		CITZ.	DRIVER LICENSE NO.		STATE	TYPE	ID CARD NO.		STATE											
	AS 123456789		US	12345678		TX	C	12345678		TX											
	LICENSE CERTIFICATION AND ISSUING AUTHORITY							LICENSE NO.													
	Realtor - Tx Real Estate Commission							Real-99999													
	ALIAS NAME(S)								ADDRESS			CITY	STATE	ZIP							
	Rubble, Barney; Bubba, XX								10999 Imagination Ave			Austin	TX	78752							
	ARRESTING AGENCY ORI				ARRESTING AGENCY NAME				AGENCY ARREST NO.		AGENCY CASE NO.		FIREARM CODE								
TX0000000				Fake Co SO or Pretend PD				2468		ABC-123		K									
TRS	GOC	DOMESTIC VIOLENCE OFFENSE?	<input checked="" type="checkbox"/> N Y or N	OFFENSE CODE	OFFENSE																
A001	S			00000000	Insert offense literal																
STATUTE CITATION				LEVEL & DEGREE	FELONY (X, 1, 2, 3 or S)	MISDEMEANOR (A or B)	DATE OF OFFENSE		WARRANTHOLDER ORI												
00.00 (A)(2) PC				2			01012005		TX0000100												
WARRANTHOLDER CASE NO.			ARREST DISPOSITION	DISPOSITION DATE	PROSECUTOR ORI		TRANS HAZ MATERIAL? Y or N	OPER COM VEHICLE? Y or N	LICENSE NO.	STATE	YEAR										
321-CAB			207	01012005	TX000015A		<input checked="" type="checkbox"/> Y Y or N	<input checked="" type="checkbox"/> Y Y or N	ZXY99A	ME	06										
PREPARED BY											DATE										
Print Full Name Legibly											01012005										

Arrest Disposition - 207

If an Arrest Disposition has already been submitted to DPS:

Follow the Corrections Example

Misdemeanor Class "C" Arrests Adult

TRN 123 456 789X		DATE OF ARREST 01012005		DPS NO. 12345678		FBI NO.		CONTRIBUTOR ORI TX0000000			OUT OF COUNTY? <input type="checkbox"/> YES		OUTOF COUNTYORI			
ARREST/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) Test, Record Middle Jr				DATE OF BIRTH 01011900		PLACE OF BIRTH TX		SEX M	RACE W	ETH. N	HGT. 601	WGT. 195	OUTOF COUNTY WARRANTNO.		
	EYE BRO	HAIR XXX	SKIN TONE FAR	SOCIAL SECURITY NO. 123456789		SCARS, MARKS, TATTOOS, AMPUTATIONS BALD; GLASSES; MISS L FT; SC CHEST; TAT FHD						LEAVE BLANK				
	MISC. NO. AS 123456789		CITZ. US	DRIVER LICENSE NO. 12345678		STATE TX	TYPE C	ID CARD NO. 12345678		STATE TX						
	LICENSE CERTIFICATION AND ISSUING AUTHORITY Realtor - Tx Real Estate Commission						LICENSE NO. Real-99999									
	ALIAS NAME(S) Rubble, Barney; Bubba, XX						ADDRESS 10999 Imagination Ave			CITY Austin		STATE TX		ZIP 78752		
	ARRESTING AGENCY ORI TX0000000				ARRESTING AGENCY NAME Fake Co SO or Pretend PD				AGENCY ARREST NO. 2468		AGENCY CASE NO. ABC-123		FIREARM CODE K			
	TRS A001	GOC S	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE 00000000	OFFENSE Insert offense literal											
	STATUTE CITATION 00.00 (A)(2) PC				LEVEL & DEGREE <input type="checkbox"/>	FELONY (X, 1, 2, 3 or S)	MISDEMEANOR (A or B) <input checked="" type="checkbox"/> C	DATE OF OFFENSE 01012005		WARRANTHOLDER ORI TX0000100						
	WARRANTHOLDER CASE NO. 321-CAB		ARREST DISPOSITION 233		DISPOSITION DATE 01012005		PROSECUTOR ORI TX000015A		TRANS HAZ MATERIAL? <input checked="" type="checkbox"/> Y or N	OPER COM VEHICLE? <input checked="" type="checkbox"/> Y or N	LICENSE NO. ZXY99A	STATE ME	YEAR 06			
	PREPARED BY Print Full Name Legibly										DATE 01012005					

Enter the appropriate Class "C" general offense code and literal.

Completed Example of Misdemeanor Class "C" Arrests

Prosecutor ORI that handles Class "C"

Enter 233 – Misdemeanor Class "C" Arrest **VERY IMPORTANT**

Release without Prosecution or Modifications on CJIS Site

(you can't modify if Prosecutor or Court data are present)

	Add Charge	Add Prosecution	Add Court	Modify Arrest		
Arrest	Date of Entry:	12/07/2008	Last Updated:	03/22/2012		
	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:			
	License Plate:	3WJM01	License State:	TX		
					Tracking Number:	3039000020
				Weapon:	P	
				City:	AUSTIN	
				County:		
				Comm. Veh. Code:		
				License Year:	2004	
Charge	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 Numeric (AON):	13990031	Offense (OFF):	ASSAULT CAUSES BODILY INJURY FAMILY MEMBER
	Offense Literal (AOL):		Statute Citation (CIT):	PC 22.01(a)(1)	Level and Degree (LDA):	MA
	Date of Offense (DOO):		Disposition Number (ADN):	215	Disposition Date (ADA):	08/01/2014
	Disposition Literal (ADD):		Referred Prosecutor (REF):	TX9999999		



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

Release without Prosecution on CJIS Site

(you can't modify if Prosecutor or Court data are present)

Add Charge		Add Prosecution		Add Court		Modify Arrest	
Date of Entry:	12/07/2008	Last Updated:	03/22/2012				
Date of Arrest:	05/05/2004	Sequence:	B	Tracking Number:	3039000020		
Status:	A	Juvenile:		Weapon:	P		
Name:	ROBINSON,JOHN WAYNE	Address:	503 WOLVERTON DR	City:	AUSTIN		
State:	TX	Zip:	78745	County:			
ORI:	TX0681200	HAZ Code:		Comm. Veh. Code:			
License Plate:	3WJM01	License State:	TX	License Year:	2004		
TRS:	A006						
AGN:		OCA:		AGO:	TX1080000		
AON:	13990031	DMV:		VIC:			
GOC:		AOL:		CIT:	22.01(a)(1)		
LDA:	MA	DOO:		ADN:	207		
ADA:	08/01/2014	ADD:		REF:	TX9999999		
Save Cancel							
Arresting Agency (ORI):	TX1080000	Arrest		Case Number (OCA):	12345		
Tracking Suffix (TRS):	A006	Gener		Victim's Age (VIC):			
Domestic Violence (DMV):		Offense Numeric (AON):	13990031	Offense (OFF):	ASSAULT CAUSES BODILY INJURY FAMILY MEMBER		
Offense Literal (AOL):		Statute Citation (CIT):	PC 22.01(a)(1)	Level and Degree (LDA):	MA		
Date of Offense (DOO):		Disposition Number (ADN):	215	Disposition Date (ADA):	08/01/2014		
Disposition Literal (ADD):		Referred Prosecutor (REF):	TX9999999				

Message from webpage



Arrest successfully modified.

OK

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

Release without Prosecution or Modifications on CJIS Site

(you can't modify if Prosecutor or Court data are present)

	Add Charge	Add Prosecution	Add Court	Modify Arrest	
Arrest	Date of Entry:	12/07/2008	Last Updated:	03/22/2012	
	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:		
	License Plate:	3WJM01	License State:	TX	
				Tracking Number:	3039000020
Charge			Weapon:	P	
			City:	AUSTIN	
			County:		
			Comm. Veh. Code:		
			License Year:	2004	
	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 Numeric (AON):	13990031	Offense (OFF):
Offense Literal (AOL):		Statute Citation (CIT):	PC 22.01(a)(1)	Level and Degree (LDA):	MA
Date of Offense (DOO):		Disposition Number (ADN):	215	Disposition Date (ADA):	08/01/2014
Disposition Literal (ADD):		Referred Prosecutor (REF):	TX9999999		

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

© 2012 Texas Department of Public Safety - CJIS (Build: 18605b6d6c5c6870)

If juvenile record make sure J is present

Making Corrections

TRN	123 456 789X			DATE OF ARREST	01012005	DPS NO.	12345678	FBI NO.	CONTRIBUTOR ORI			TX0000000	OUT OF COUNTY? YES <input type="checkbox"/>	OUTOF COUNTYORI						
ARREST/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE)				DATE OF BIRTH	01011900	PLACE OF BIRTH	TX	SEX	M	RACE	W	ETH.	N	HGT.	601	WGT.	195	OUTOF COUNTY WARRANTNO.	
	EYE	HAIR	SKIN TONE	SOCIAL SECURITY NO.	SCARS, MARKS, TATTOOS, AMPUTATIONS				LEAVE BLANK											
	BRO	XXX	FAR	123456789	BALD; GLASSES; MISS L FT; SC CHEST; TAT FHD															
	MISC. NO.	AS 123456789	CITZ.	US	DRIVER LICENSE NO.	12345678	STATE	TX	TYPE	C	ID CARD NO.	12345678	STATE	TX						
	LICENSE CERTIFICATION AND ISSUING AUTHORITY							LICENSE NO.												
	Realtor - Tx Real Estate Commission							Real-99999												
	ALIAS NAME(S)							ADDRESS			CITY	STATE	ZIP							
	Rubble, Barney; Bubba, XX							10999 Imagination Ave			Austin	TX	78752							
	ARRESTING AGENCY ORI				ARRESTING AGENCY NAME				AGENCY ARREST NO.		AGENCY CASE NO.		FIREARM CODE							
	TX0000000				Fake Co SO or Pretend PD				2468		ABC-123		K							
TRS	GOC	DOMESTIC VIOLENCE OFFENSE?	<input checked="" type="checkbox"/> N	OFFENSE CODE	OFFENSE															
A001	S		N	00000000	Corrected															
				11111111	Insert offense literal		Offense Literal													
STATUTE CITATION					LEVEL & DEGREE	FELONY (X, 1, 2, 3 or S)	MISDEMEANOR (A or B)	DATE OF OFFENSE		WARRANTHOLDER ORI										
00.00 (A)(2) PC					2			01012005		TX0000100										
WARRANTHOLDER CASE NO.			ARREST DISPOSITION		DISPOSITION DATE		PROSECUTOR ORI		TRANS HAZ MATERIAL?	OPER COM VEHICLE?	LICENSE NO.	STATE	YEAR							
321-CAB			215		01012005		TX000015A		<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	ZXY99A	ME	06							
PREPARED BY											DATE									
Print Full Name Legibly											01012005									

FOR LOCAL AGENCY USE	<h1>CORRECTION</h1>	Name of Person Correcting
		/Phone #/Date Of Correction

Make copy of original CR-43 or CR-44J

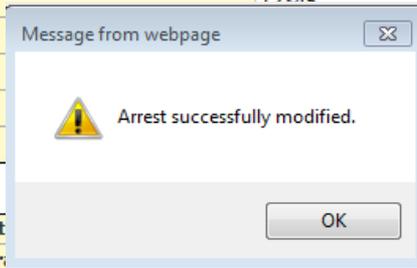
Make necessary corrections (Please use Blue or Black ink only)

Write Correction in "For Local Agency Use"

Duplicate TRN on CJIS Site

(you can't modify if Prosecutor or Court data are present)

Add Charge		Add Prosecution		Add Court		Modify Arrest	
Date of Entry:	12/07/2008	Last Updated:	03/22/2012	Tracking Number:	3039000020		
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				
TRS:	A006						
AGN:		OCA:	12345	AGO:	TX1080000		
AON:	13990031	DMV:		VIC:			
GOC:		AOL:		CIT:	22.01(a)(1)		
LDA:	MA	DOO:		ADN:	207		
ADA:	08/01/2014	ADD:		REF:	TX9999999		
Save	Cancel						
Arresting Agency (ORI):	TX1080000	Arrest		Case Number (OCA):	12345		
Tracking Suffix (TRS):	A006	Gener		Victim's Age (VIC):			
Domestic Violence (DMV):		(GOC):		Offense (OFF):	ASSAULT CAUSES BODILY INJURY FAMILY MEMBER		
Offense Literal (AOL):		Offense Numeric (AON):	13990031	Level and Degree (LDA):	MA		
Date of Offense (DOO):		Statute Citation (CIT):	PC 22.01(a)(1)	Disposition Number (ADN):	215		
Disposition Literal (ADD):		Disposition Date (ADA):	08/01/2014	Disposition Date (ADA):	08/01/2014		
		Referred Prosecutor (REF):	TX9999999				



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

Duplicate TRN

TRN 123 456 789X		DATE OF ARREST (DOA) 01012005	DPS NO. (SID) 12345678	FBI NO.	CONTRIBUTOR ORI TX0000000	OUT OF COUNTY? <input type="checkbox"/> YES	OUT OF COUNTY ORI						
ARREST/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) (NAM) Test, Record Middle Jr		DATE OF BIRTH (DOB) 01011900	PLACE OF BIRTH (POB) TX	SEX M	RACE W	ETH. N	HGT. 601	WGT. 195	OUT OF COUNTY WARRANT NO.			
	EYE BRO	HAIR XXX	SKIN TONE FAR	SOCIAL SECURITY NO. (SOC) 123456789		SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT) BALD; GLASSES; MISS L FT; SC CHEST; TAT FHD			LEAVE BLANK				
	MISC. NO. (MNU) AS 123456789		CITZ US	DRIVER LICENSE NO. (OLN) 12345678	STATE TX	TYPE C	ID CARD NO. (IDN) 12345678		STATE TX				
	LICENSE CERTIFICATION AND ISSUING AUTHORITY Realtor - Tx Real Estate Commission				LICENSE NO. Real-99999								
	ALIAS NAME(S) (AKA) Rubble, Barney; XX,Bubba				ADDRESS 10999 Imagination Ave		CITY Austin	STATE TX	ZIP 78752				
	CHARGING AGENCY ORI TX0000000			CHARGING AGENCY NAME Fake Co SO or Pretend PD			AGENCY ARREST NO. (AGN) 2468		AGENCY CASE NO. (OCA) ABC-123		FIREARM CODE K		
	TRS A001	GOC S	DOMESTIC VIOLENCE OFFENSE? <input checked="" type="checkbox"/> Y or N	OFFENSE CODE (AOM) 00000000	OFFENSE LITERAL (AOL) Insert offense literal								
	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT) 00.00 (A)(2) PC		LEVEL & DEGREE 2	FELONY (X,1,2,3 or S)	MISDEMEANOR (A, B or C)	DATE OF OFFENSE (DOO) 01012005		WARRANT HOLDER ORI TX0000100				
	WARRANT HOLDER CASE NO. 321-CAB		ARREST DISPOSITION (ADN) 215 207		DISPOSITION DATE (ADA) 01012005		PROSECUTOR ORI (REF) TX000015A		TRANS HAZ MATERIAL? <input type="checkbox"/> Y or N	OPER COM VEHICLE? <input type="checkbox"/> Y or N	LICENSE NO. ZXY99A	STATE ME	YEAR 06
	PREPARED BY, PLEASE PRINT Print Full Name Legibly							DATE 01012005					

FOR LOCAL AGENCY USE	DUPLICATE TO	Name of Person Correcting
	TRN 234 567 890X	/Phone #/Date Of Correction

Make copy of original CR-43

Change Arrest Disposition to 207 – Released Without Prosecution (Please use Blue or Black ink only)

Write “Duplicate To (Duplicated TRN#)” in “For Local Agency Use”

Arrest Segment Review

Should a CR-43 be generated for an out of county warrant?

▣ **YES**

- **The arresting agency should complete a CR-43 and fingerprint the offender. Forward the paperwork (prints included) to the warrant holding agency.**
- **DO NOT SUBMIT TO DPS!**

****Prosecutor ORI determines completeness percentage****

Arrest/Referral Segment Review

Can modifications to demographic information be made on the CJIS site?

- ▣ **No**
 - **Modifications must be sent in by faxed or mail**

Arrest/Referral Segment Review

**Should a CR-43 or Cr-43J be sent to
DPS without fingerprints?**

- ▣ **NO**
 - **DO NOT** send the CR-43/ CR-45 to DPS without fingerprints, or the CR-43 will be returned.

Arrest/Referral 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.**

Referral/Identification Review

- ❑ How do you determine the 10 days for referring a juvenile to Intake?
- ❑ Day 1 is the day after the juvenile is fingerprinted, then count 9 more days including weekends and holidays.

Referral/Identification Review

- ❑ **What do I do if I do not refer the juvenile within 10 days?**
- ❑ **The CR-43J and prints must be destroyed. (Family Code Section 58.001(c)) The juveniles name must be blacked out of any offense report pertaining to that offense.**

Referral/Identification Review

- ❑ Do you fill out an arrest form if you are only interviewing the juvenile and not detaining them?
- ❑ NO
- ❑ If you decide to file charges at a later date, then you can do a paper referral or you can detain him/her and complete an arrest report at that time.

Arrest/Referral Segment Review

Can an offender be arrested BEFORE they commit a crime?

- ▣ **NO**
 - **When filling out the CR-43 or Cr-43J, make sure the offense date is ON or BEFORE the arrest date.**

Arrest/Referral Segment Review

What should be done if an offense code cannot be found?

- ❑ **1. Call the arresting officer/agency and ask for the statute/citation.**
- ❑ **2. Call the CJIS office and we will help with an offense code using the statute/citation.**

2014 CJIS Conference

Adult Arrest
and

Juvenile Referral
Reporting



CJIS/JJIS Field Support
Office – 512.424.2478
Fax – 512.424.7789
afis.cjis@dps.texas.gov