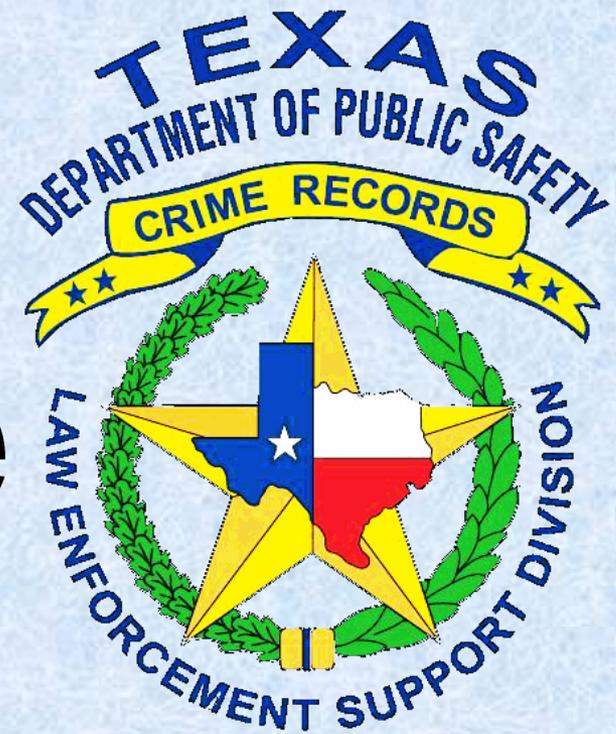


# 2014 CJIS Conference



## Juvenile Basic Reporting

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



# Overview

The purpose of this presentation is to provide information regarding the submission of criminal data elements through the 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 JJIS**
- **Purpose of the JJIS programs**
- **Flow of information from detention through adjudication**
- **Forms - Fields used for JJIS reporting**



# A Brief History...



# 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**

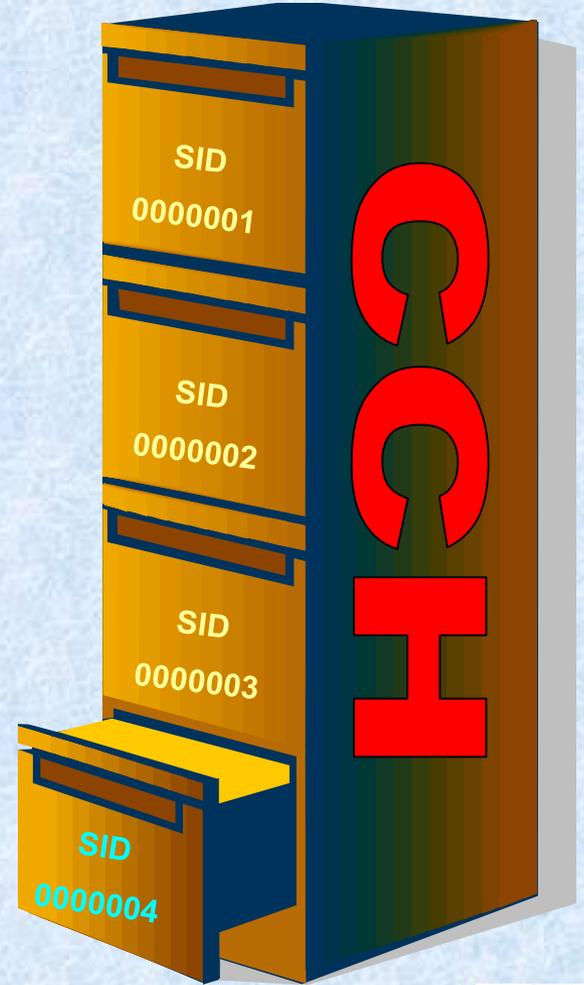
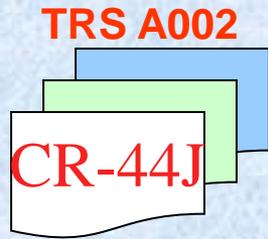
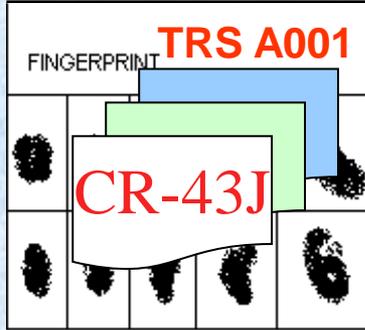


# How a SID number is assigned...





# TRN



# The Flow...



# CUSTODY EVENT



FINGERPRINT

CR-43J

10 DAYS  
INTAKE

CR-43J

FINGERPRINT

CR-43J

7 DAYS  
AFTER  
INTAKE

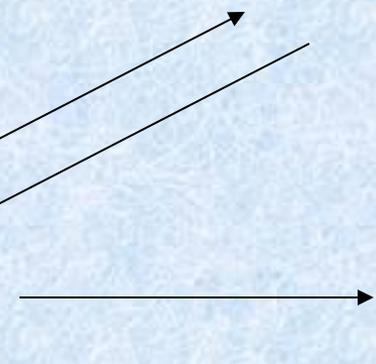
CR-43J

PROSECUTOR

30 DAYS



DPS



CR-43J

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](http://governor.state.tx.us/files/cjd/CJD_Guide_to_Grants_v7.pdf)**



# NON-REPORTABLE OFFENSES BY LAW ENFORCEMENT

- Parole violation or probation violation



# OFFENSES NOT REPORTABLE BY LAW ENFORCEMENT JUVENILES ONLY!!!

- Class C Misdemeanors
- Offenses referred to First Offender Program
- Offenses Referred over 10 Days



# OFFENSES NOT REPORTABLE BY LAW ENFORCEMENT

## JUVENILES ONLY!!!

- Offenses NOT referred to Intake within 10 calendar days of the juvenile being taken into custody

Chapter 51.02 of the Family Code

**(12) "Referral to juvenile court" means the referral of a child or a child's case to the office or official, including an intake officer or probation officer, designated by the juvenile board to process children within the juvenile justice system.**

Chapter 58.001(c) of the Family Code

- **....If the child is not referred to juvenile court within that time, the law enforcement agency shall destroy all information, including photographs and fingerprints, relating to the child unless the child is placed in a first offender program under Section 52.031 or on informal disposition under Section 52.03....**



# 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)



# Pre-Adjudication Segment

- Forms
- Review



# Pre-Adjudication Segment

Add Charge

Add Prosecution

Add Court

Modify Arrest

Arrest	<b>Date of Entry:</b>	09/06/2012	<b>Last Updated:</b>	08/14/2013
	<b>Date of Arrest:</b>	01/01/2006	<b>Sequence:</b>	A
	<b>Status:</b>	A	<b>Juvenile:</b>	J
	<b>Name:</b>	TEST,TEST	<b>Address:</b>	
	<b>State:</b>		<b>Zip:</b>	
	<b>ORI:</b>	TXDPS0000	<b>HAZ Code:</b>	
	<b>License Plate:</b>		<b>License State:</b>	
	<b>Tracking Number:</b>	123456789X		
Charge	<b>Offense Agency (ORI):</b>	TX0010000	<b>Agency ID (AGN):</b>	
	<b>Tracking Suffix (TRS):</b>	A003	<b>General Offense Code (GOC):</b>	
	<b>Domestic Violence (DMV):</b>		<b>Offense Numeric (AON):</b>	54990056
	<b>Offense Literal (AOL):</b>		<b>Statute Citation (CIT):</b>	TRC 521.457
	<b>Date of Offense (DOO):</b>		<b>Disposition Number (ADN):</b>	225
	<b>Disposition Literal (ADD):</b>		<b>Referred Prosecutor (REF):</b>	TX0010000
	<b>Case Number (OCA):</b>	5555		
	<b>Victim's Age (VIC):</b>			
<b>Offense (OFF):</b>	DRIVING WHILE LICENSE INVALID W/PREV CONV			
<b>Level and Degree (LDA):</b>	MB			
<b>Disposition Date (ADA):</b>	01/01/2006			



# Intake Segment

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

\* = required field

* Court (ORI):	TX000000G	Cause Number (CAU):		General Offense (GOC):	A
Domestic Violence (DMV):	Y	Victim's Age (VIC):	02	*Offense Code (CON):	00000000
Offense Literal (COL):		*Adjudication Date (CDD):	03/01/2014	*Level & Degree (LDC):	FS
*Final Plea (FPO):	A	Sentence Date (DOS):	03/01/2014	Court Confinement (CMT):	<input type="checkbox"/> Life <input type="checkbox"/> Death
*Pre/Juvenile Provision (PAN/JAN):	612	Court Cost (CST):		Court Fine (CFN):	
Sent. Susp. Time (CSS):	<input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> D	Multiple Se		Court Disposition Provision (JDN):	
Sentence Suspended Fine (CSF):		Agency Re (ARC):		Appeal Date (DCA):	
Provision Literal (CPL):		Result of A			
Status During Appeal (DDA):					

Message from webpage



Court successfully added.

OK

Beginning Date of Suspension:		Ending Date of Suspension:		Drug Education Completed:	
Education Required:		Education Waived:		DWI Education Completed:	
Repeat Offender Required:		Repeat Offender Completed:			

Save Cancel

- \*Court ORI (Intake ORI)
- Victims Age
- \*Final Plea (always "A")
- \*Pre/Juvenile Provision (Intake Action Code)
- GOC
- \*Offense Code
- \*Adjudication and Sentence Date (Intake Action Date)
- Domestic Violence
- \*Level/Degree



# TEXAS DEPARTMENT OF PUBLIC SAFETY JUVENILE JUSTICE REPORTING FORM

PRESS HARD--YOU ARE MAKING THREE COPIES

TRN	DATE OF FINGERPRINTING (DOM)	DPS NO. (SIC)	CONTRIBUTOR ORI							
REFERRAL/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE NAME)			DATE OF BIRTH (DOB)	PLACE OF BIRTH (POB)					
	SEX	RACE	ETH	HGT.	WGT.					
	EYES									
	HAIR									
	SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)									
	LEAVE BLANK									
	BORN TO:		SOCIAL SECURITY NUMBER (SOC)		MISC NO. (MNL)	CITY				
	DRIVER LICENSE NO. (DLN)		STATE	TYPE	ID CARD NO. (IDN)	STATE				
	ALIAS NAME(S) (AKA)		ADDRESS		CITY	STATE ZIP				
	REFERRING AGENCY ORI	REFERRING AGENCY NAME		AGENCY ARREST NO. (P&N)	AGENCY CASE NO. (OCA)	PEL/ASM CODE <input type="checkbox"/>				
TITLE <b>A001</b>	BGC	DOMESTIC VIOLENCE OFFENSE? Y or N	OFFENSE CODE (ACN)							
OFFENSE LITERAL (ACL)		STATUTE CITATION (CIT)	LEVEL: FELONY (C, 1, 2, 3, or 5) & DEGREE	MISDEMEANOR (A or B)	DATE OF OFFENSE (DOO)	WARRANT HOLDER ORI				
REFERRAL DATE (ADA)	REFERRAL DISPOSITION NUMERIC (ACN)		VICTIM/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? Y or N						
PRE ADJUDICATION	INTAKE AGENCY ORI (ORIC)	INTAKE AGENCY NAME	INTAKE ACTION DATE (CID)	INTAKE ACTION NUMERIC (P&N)	VICTIMS AGE (VIC)	DEFERRED PROBATION (AMOUNT OF TIME) (CPR)				
	BGC	DOMESTIC VIOLENCE OFFENSE? Y or N	OFFENSE CODE (DOM)	OFFENSE LITERAL (COL)	STATUTE CITATION (CIT)	LEVEL: FELONY (C, 1, 2, 3, OR 5) & DEGREE	MISDEMEANOR (A or B)			
	PROSECUTOR AGENCY ORI (OPRO)	PROSEC. AGENCY NAME	PROSEC. ACTION DATE (CID)	PROSEC. ACTION NUMERIC (P&N)	VICTIMS AGE (VIC)	DEFERRED PROBATION (AMOUNT OF TIME) (CPR)				
	BGC	DOMESTIC VIOLENCE OFFENSE? Y or N	OFFENSE CODE (DOM)	OFFENSE LITERAL (COL)	STATUTE CITATION (CIT)	LEVEL: FELONY (C, 1, 2, 3, OR 5) & DEGREE	MISDEMEANOR (A or B)			
	INTAKE AGENCY ORI (ORIC)	INTAKE AGENCY NAME	INTAKE ACTION DATE (CID)	INTAKE ACTION NUMERIC (P&N)	DEFERRED PROBATION (AMOUNT OF TIME) (CPR)					
	ADJUDICATION COURT ORI (ORIC)			ADJUDICATION COURT NAME	CAUSE NUMBER (CAL)					
COURT	BGC	DOMESTIC VIOLENCE OFFENSE? Y or N	ADJUDICATED OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (CIT)	DEGREE OF ADJUDICATED OFFENSE	FELONY (C, 1, 2, 3, OR 5) MISDEMEANOR (A or B)			
	FINAL PLEA (FPA)	TRUE	NO CONTEST	NOT TRUE	COURT ADJUDICATION DATE (COD)	DISPOSITION DATE (DOB)	COURT ADJUDICATION NUMERIC (LJM)	VICTIM/AGE (VIC)	COURT COURT (CST)	
	CONFINEMENT (CMT)		<input type="checkbox"/> INDETERMINATE		PROBATION (AMOUNT OF TIME) (CPR)		RESPONSIBLE ADULT			
			<input type="checkbox"/> DETERMINATE		Y M D					
	COURT DISPOSITION NUMERIC (DN)			COURT PROVISION LITERAL (LPL)						
	CHECK BOX TO INDICATE DIO-17 DATA IS PRESENT		BEGINNING DATE OF SUSPENSION		END DATE OF SUSPENSION	EDUCATION PROGRAMS	EDUCATION DELIBS	EDUCATION REQUIRED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED
								EDUCATION COMPLETED	INTERLOCK 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 78756 - 4143

WHITE - ARREST REPORTING SHEET GREEN - PREADJUDICATION REPORTING SHEET BLUE - COURT REPORTING SHEET

CR-43J (Rev. 8/10)



# TEXAS DEPARTMENT OF PUBLIC SAFETY JUVENILE JUSTICE REPORTING FORM

## CR-43J Pre-Adjudication Segment

THIS REPORT IS YOUR PROPERTY. MAKE THREE COPIES.

THE TEXAS DEPARTMENT OF PUBLIC SAFETY IS NOT RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED BY THE REPORTING AGENCY.

NAME (LAST, FIRST, MIDDLE, INITIAL)		DATE OF BIRTH (DOB)	PLACE OF BIRTH (POB)
SEX	RACE	ETH.	HGT.
WGT.	EYES	HAIR	SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)
LEAVE BLANK			LEAVE BLANK
BORN TO:	SOCIAL SECURITY NUMBER (SSN)	MIRN NO. (MILN)	CITY
DRIVER LICENSE NO. (DLN)	STATE	TYPE	ID CARD NO. (IDN)
ADDRESS	CITY	STATE	ZIP
ALIAS NAME(S) (AKA)	ADDRESS		CITY STATE ZIP

PRE ADJUDICATION	INTAKE AGENCY ORI (ORIC)	INTAKE AGENCY NAME	INTAKE ACTION DATE (CDD)	INTAKE ACTION NUMERIC (PAN)	VICTIM'S AGE (VIC)	DEFERRED PROSECUTION (AMOUNT OF TIME) (GPR) ____M ____D
	GOC	DOMESTIC VIOLENCE OFFENSE <input type="checkbox"/> Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (CIT)	LEVEL FELONY (X, 1, 2, 3, OR 5) MISDEMEANOR (A or B) & DEGREE <input type="checkbox"/> <input type="checkbox"/>
	PROSECUTOR AGENCY ORI (ORIC)	PROSEC. AGENCY NAME	PROSEC. ACTION DATE (CDD)	PROSEC. ACTION NUMERIC (PAN)	VICTIM'S AGE (VIC)	DEFERRED PROSECUTION (AMOUNT OF TIME) (GPR) ____M ____D
	GOC	DOMESTIC VIOLENCE OFFENSE <input type="checkbox"/> Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (CIT)	LEVEL FELONY (X, 1, 2, 3, OR 5) MISDEMEANOR (A or B) & DEGREE <input type="checkbox"/> <input type="checkbox"/>
	INTAKE AGENCY ORI (ORIC)	INTAKE AGENCY NAME	INTAKE ACTION DATE (CDD)	INTAKE ACTION NUMERIC (PAN)	DEFERRED PROSECUTION (AMOUNT OF TIME) (GPR) ____M ____D	

COURT	VIOLENCE OFFENSE <input type="checkbox"/> Y or N	ADULTERATED OFFENSE <input type="checkbox"/>	COURT ADJUDICATION DATE (CDD)	DISPOSITION DATE (DOB)	COURT ADJUDICATION NUMERIC (LJM)	VICTIM'S AGE (VIC)	COURT COST (CCT)	
	FINAL PLEA (FPA) <input type="checkbox"/> TRUE <input type="checkbox"/> NO CONTEST <input type="checkbox"/> NOT TRUE	INDETERMINATE <input type="checkbox"/>		PROBATION (AMOUNT OF TIME) (GPR) ____Y ____M ____D		RESPONSIBLE ADULT <input type="checkbox"/>		
	CONFIRMED (CMT) ____Y ____M ____D		DETERMINATE <input type="checkbox"/>		____Y ____M ____D			
	COURT DISPOSITION NUMERIC (JDN)			COURT PROVISION LITERAL (JDL)				
	CHECK BOXES TO INDICATE DIS-17 DATA IS PRESENT: <input type="checkbox"/>		BEGINNING DATE OF SUSPENSION	EDUCATION PROGRAMS <input type="checkbox"/> DELIBS <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED	REPEAT OFFENDER COMPLETED

AGENCY	TYPE	NAME

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 78766 - 4143

WHITE - ARREST REPORTING SHEET    GREEN - PREADJUDICATION REPORTING SHEET    BLUE - COURT REPORTING SHEET

CR-43J (Rev. 8/10)



# CR-43J Pre-Adjudication Segment

<b>PRE ADJUDICATION</b>	INTAKE AGENCY ORI (ORIC) <b>TX000000G</b>	INTAKE AGENCY NAME <b>Fake County JPO</b>		INTAKE ACTION DATE (CDD) <b>02012014</b>	INTAKE ACTION NUMERIC (PAN) <b>612</b>	VICTIM'S AGE (VIC) <b>02</b>	DEFERRED PROSECUTION (AMOUNT OF TIME) (GPR) ____M ____D		
	GOC <b>A</b>	DOMESTIC VIOLENCE OFFENSE Y or N <input checked="" type="checkbox"/>	OFFENSE CODE (CON) <b>00000000</b>	OFFENSE LITERAL (COL) <b>Insert Offense Literal</b>		STATUTE CITATION (CIT) <b>00.00 (A)(2) PC</b>		LEVEL FELONY (X, 1, 2, 3, OR S) MISDEMEANOR (A or B) & DEGREE <b>S</b> <input type="checkbox"/>	
	PROSECUTOR AGENCY ORI (ORIC)		PROSEC. AGENCY NAME		PROSEC. ACTION DATE (CDD)	PROSEC. ACTION NUMERIC (PAN)	VICTIM'S AGE (VIC)	DEFERRED PROSECUTION (AMOUNT OF TIME) (GPR) ____M ____D	
	GOC	DOMESTIC VIOLENCE OFFENSE Y or N <input type="checkbox"/>	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)		STATUTE CITATION (CIT)		LEVEL FELONY (X, 1, 2, 3, OR S) MISDEMEANOR (A or B) & DEGREE <input type="checkbox"/> <input type="checkbox"/>	
	INTAKE AGENCY ORI (ORIC)	INTAKE AGENCY NAME		INTAKE ACTION DATE (CDD)	INTAKE ACTION NUMERIC (PAN)		DEFERRED PROSECUTION (AMOUNT OF TIME) (GPR) ____M ____D		



# Prosecutor Segment

Add Charge

Add Prosecution

Add Court

Modify Arrest

<b>Date of Entry:</b>	09/06/2012	<b>Last Updated:</b>	08/14/2013
<b>Date of Arrest:</b>	01/01/2006	<b>Sequence:</b>	A
<b>Status:</b>	A	<b>Juvenile:</b>	J
<b>Name:</b>	TEST,TEST	<b>Address:</b>	
<b>State:</b>		<b>Zip:</b>	
<b>ORI:</b>	TXDPS0000	<b>HAZ Code:</b>	
<b>License Plate:</b>		<b>License State:</b>	



<b>Offense Agency (ORI):</b>	TX0010000	<b>Agency ID (AGN):</b>	
<b>Tracking Suffix (TRS):</b>	A003	<b>General Offense Code (GOC):</b>	
<b>Domestic Violence (DMV):</b>		<b>Offense Numeric (AON):</b>	54990056
<b>Offense Literal (AOL):</b>		<b>Statute Citation (CIT):</b>	TRC 521.457
<b>Date of Offense (DOO):</b>		<b>Disposition Number (ADN):</b>	225
<b>Disposition Literal (ADD):</b>		<b>Referred Prosecutor (REF):</b>	TX0010000

**Case Number (OCA):** 5555

**Victim's Age (VIC):**

**Offense (OFF):** DRIVING WHILE LICENSE INVALID W/PREV CONV

**Level and Degree (LDA):** MB

**Disposition Date (ADA):** 01/01/2006



# Prosecutor Segment

\* = required field

* Court (ORI):	TX000000A	Cause Number (CAU):		General Offense (GOC):	A
Domestic Violence (DMV):	Y	Victim's Age (VIC):	02	*Offense Code (CON):	00000000
Offense Literal (COL):		*Adjudication Date (CDD):	02/15/2014	*Level & Degree (LDC):	FS
*Final Plea (FPO):	A	Sentence Date (DOS):	02/15/2014	Court Confinement (CMT):	<input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> Life <input type="checkbox"/> Death
*Pre/Juvenile Provision (PAN/JAN):	622	Court Cost (CST):		Court Fine (CFN):	
Sent. Susp. Time (CSS):	<input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> D	Multiple Se		Court Disposition Provision (JDN):	
Sentence Suspended Fine (CSF):		Agency Re (ARC):		Appeal Date (DCA):	
Provision Literal (CPL):		Result of A			
Status During Appeal (DDA):					

Message from webpage

Court successfully added.

OK

Beginning Date of Suspension:		Ending Date of Suspension:		Drug Education Completed:	
Education Required:		Education Waived:		DWI Education Completed:	
Repeat Offender Required:		Repeat Offender Completed:			

\*Court ORI (Prosecutor ORI)

GOC

Domestic Violence

Victims Age

\*Offense Code

\*Level/Degree

\*Final Plea (always "A")

\*Adjudication and Sentence Date (Prosecutor Action Date)

\*Pre/Juvenile Provision (Prosecutor Action Code)



# CR-43J Pre-Adjudication Segment

<b>PRE ADJUDICATION</b>	INTAKE AGENCY ORI (ORIC) <b>TX000000G</b>	INTAKE AGENCY NAME <b>Fake County JPO</b>		INTAKE ACTION DATE (CDD) <b>02012014</b>	INTAKE ACTION NUMERIC (PAN) <b>612</b>	VICTIM'S AGE (VIC) <b>02</b>	DEFERRED PROSECUTION (AMOUNT OF TIME) (GPR) ____M ____D	
	GOC <b>A</b>	DOMESTIC VIOLENCE OFFENSE Y or N <input checked="" type="checkbox"/>	OFFENSE CODE (CON) <b>00000000</b>	OFFENSE LITERAL (COL) <b>Insert Offense Literal</b>		STATUTE CITATION (CIT) <b>00.00 (A)(2) PC</b>		LEVEL FELONY (X, 1, 2, 3, OR S) MISDEMEANOR (A or B) & DEGREE <b>S</b> <input type="checkbox"/>
	PROSECUTOR AGENCY ORI (ORIC) <b>TX000000A</b>	PROSEC. AGENCY NAME <b>Fake District Atty</b>		PROSEC. ACTION DATE (CDD) <b>02152014</b>	PROSEC. ACTION NUMERIC (PAN) <b>620</b>	VICTIM'S AGE (VIC) <b>02</b>	DEFERRED PROSECUTION (AMOUNT OF TIME) (GPR) ____M ____D	
	GOC <b>A</b>	DOMESTIC VIOLENCE OFFENSE Y or N <input checked="" type="checkbox"/>	OFFENSE CODE (CON) <b>00000000</b>	OFFENSE LITERAL (COL) <b>Insert Offense Literal</b>		STATUTE CITATION (CIT) <b>00.00 (A)(2) PC</b>		LEVEL FELONY (X, 1, 2, 3, OR S) MISDEMEANOR (A or B) & DEGREE <b>S</b> <input type="checkbox"/>
	INTAKE AGENCY ORI (ORIC) <b>TX000000G</b>	INTAKE AGENCY NAME <b>Fake County JPO</b>		INTAKE ACTION DATE (CDD) <b>02252014</b>	INTAKE ACTION NUMERIC (PAN) <b>619</b>		DEFERRED PROSECUTION (AMOUNT OF TIME) (GPR) <b>6</b> ____M ____D	



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

PRESS HARD- YOU ARE MAKING THREE COPIES

<b>TRN</b>	DATE OF FINGERPRINTING (DOA)	DPS NO. (SBD)	DATE OF BIRTH (DOB)	SEX	RACE				
<b>REFERRAL/IDENTIFICATION</b>	NAME (LAST, FIRST, MIDDLE) (NAM)					LEAVE BLANK			
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (BMT)								
	ADDITIONAL ALIAS INFORMATION								
	REFERRING AGENCY ORI		REFERRING AGENCY NAME		AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)	FIRE ARM CODE <input type="checkbox"/>	
TRIS	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (ACN)						
OFFENSE LITERAL (AOL)		STATUTE CITATION (ST)		LEVEL FELONY (X, 1, 2, 3 or 5) 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"/> Y or N		
PREPARED BY, PLEASE PRINT						DATE			
<b>PREADJUDICATION</b>	INTAKE AGENCY ORI (CRIC)	INTAKE AGENCY NAME	INTAKE ACTION DATE (CDD)	INTAKE ACTION NUMERIC (PAN)	VICTIM'S AGE (VIC)	DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR) _____ M _____ D			
	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (ST)	LEVEL FELONY (X, 1, 2, 3 or 5) MISDEMEANOR (A or B) & DEGREE <input type="checkbox"/> <input type="checkbox"/>			
	PROSECUTOR AGENCY ORI (CRIC)	PROSECUTOR AGENCY NAME	PROSECUTION ACTION DATE (CDD)	PROSECUTION ACTION NUMERIC (PAN)	VICTIM'S AGE (VIC)	DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR) _____ M _____ D			
	TRIS FOR ADDED CHARGE	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (ST)	LEVEL FELONY (X, 1, 2, 3 OR 5) MISDEMEANOR (A or B) & DEGREE <input type="checkbox"/> <input type="checkbox"/>		
INTAKE AGENCY ORI (CRIC)	INTAKE AGENCY NAME	INTAKE ACTION DATE (CDD)	INTAKE ACTION NUMERIC (PAN)	DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR) _____ M _____ D					
<b>COURT</b>	ADJUDICATION COURT ORI (CRIC)		ADJUDICATION COURT NAME			CAUSE NUMBER (CAN)			
	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	ADJUDICATED OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (ST)	DEGREE OF ADJUDICATED OFFENSE FELONY (X, 1, 2, 3 or 5) MISDEMEANOR (A or B) <input type="checkbox"/> <input type="checkbox"/>			
	FINAL PLEA (TRU) <input type="checkbox"/>	TRUE <input type="checkbox"/>	NO CONTEST <input type="checkbox"/>	NOT TRUE <input type="checkbox"/>	COURT ADJUDICATION DATE (CDD)	COURT DISPOSITION DATE (CDD)	COURT ADJUDICATION NUMERIC (CAN)	VICTIM'S AGE (VIC)	COURT COST (CST)
	CONFINEMENT (CMT) _____ Y _____ M _____ D		<input type="checkbox"/> INDETERMINATE	PROBATION (AMOUNT OF TIME) (CPR) _____ Y _____ M _____ D	RESPONSIBLE ADULT				
	COURT DISPOSITION NUMERIC (ADN)		COURT PROVISION LITERAL (ADL)						
	CHECK BOX TO INDICATE DDC-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION	EDUCATION PROGRAMS <input type="checkbox"/>	DUI/DRUGS <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION COMPLETED	EDUCATION WAIVED	INTERLOCK REQUIRED	REPEAT OFFENDER REQUIRED
PREPARED BY, PLEASE PRINT						DATE			
<b>AGENCY TYPE NAME</b>		<b>REQUIRED PROGRAMS</b>							
<b>FOR LOCAL AGENCY USE</b>									

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 78785-4143  
 WHITE - ARREST REPORTING SHEET GREEN - PREADJUDICATION REPORTING SHEET BLUE - COURT REPORTING SHEET

CR-44J (Rev. 8/10)



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

# CR-44J Pre-Adjudication Segment

NAME (LAST, FIRST, MIDDLE) (NAM)	
ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (BMT)	

TRN	DATE OF FINGERPRINTING (DOA)	DPS NO. (SID)	DATE OF BIRTH (DOB)	SEX	RACE	
NAME (LAST, FIRST, MIDDLE) (NAM)						

**PREADJUDICATION**

INTAKE AGENCY ORI (ORIC)		INTAKE AGENCY NAME		INTAKE ACTION DATE (CDD)	INTAKE ACTION NUMERIC (PAN)	VICTIM'S AGE (VIC)	DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR) _____ M _____ D
GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)		STATUTE CITATION (CIT)	LEVEL FELONY (X,1,2,3 or S)	MISDEMEANOR (A or B) <input type="checkbox"/> <input type="checkbox"/>
PROSECUTOR AGENCY ORI (ORIC)		PROSECUTOR AGENCY NAME		PROSECUTION ACTION DATE (CDD)	PROSECUTION ACTION NUMERIC (PAN)	VICTIM'S AGE (VIC)	DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR) _____ M _____ D
TRS FOR ADDED CHARGE	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (CIT)	LEVEL FELONY (X,1,2,3 OR S)	MISDEMEANOR (A or B) <input type="checkbox"/> <input type="checkbox"/>
INTAKE AGENCY ORI (ORIC)		INTAKE AGENCY NAME		INTAKE ACTION DATE (CDD)	INTAKE ACTION NUMERIC (PAN)	DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR) _____ M _____ D	

_____ Y _____ M _____ D		<input type="checkbox"/> DETERMINE	_____ Y _____ M _____ D																			
COURT DISPOSITION NUMERIC (ADN)		COURT PROVISION LITERAL (ADL)																				
CHECK BOX TO INDICATE DDC-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 OFFENDERS COMPLETED																
PREPARED BY, PLEASE PRINT						DATE																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>AGENCY</th> <th>TYPE</th> <th>NAME</th> <th>REQUIRED PROGRAMS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							AGENCY	TYPE	NAME	REQUIRED PROGRAMS												
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 78785-4143  
 WHITE - ARREST REPORTING SHEET    GREEN - PREADJUDICATION REPORTING SHEET    BLUE - COURT REPORTING SHEET



# CR-44J Pre-Adjudication Segment

TRN <b>123 456 789X</b>	DATE OF FINGERPRINTING (DOA) <b>01012014</b>	DPS NO. (SID) <b>12345678</b>	DATE OF BIRTH (DOB) <b>01012000</b>	SEX <b>M</b>	RACE <b>W</b>
NAME (LAST, FIRST, MIDDLE) (NAM) <b>Test, Record Middle Jr</b>					

<b>PREADJUDICATION</b>	INTAKE AGENCY ORI (ORIC)		INTAKE AGENCY NAME		INTAKE ACTION DATE (CDD)	INTAKE ACTION NUMERIC (PAN)	VICTIM'S AGE (VIC)	DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR) _____ M _____ D
	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)		STATUTE CITATION (CIT)	LEVEL FELONY ( X,1,2,3 or S) MISDEMEANOR (A or B) & DEGREE <input type="checkbox"/> <input type="checkbox"/>	
	PROSECUTOR AGENCY ORI (ORIC)	PROSECUTOR AGENCY NAME		PROSECUTION ACTION DATE (CDD)	PROSECUTION ACTION NUMERIC (PAN)		VICTIM'S AGE (VIC)	DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR) _____ M _____ D
	TRS FOR ADDED CHARGE	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)		STATUTE CITATION (CIT)	LEVEL FELONY (X,1,2,3 OR S) MISDEMEANOR (A or B) & DEGREE <input type="checkbox"/> <input type="checkbox"/>
	INTAKE AGENCY ORI (ORIC)		INTAKE AGENCY NAME		INTAKE ACTION DATE (CDD)	INTAKE ACTION NUMERIC (PAN)		DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR) _____ M _____ D

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



# CR-44J Pre-Adjudication Segment

TRN <b>123 456 789X</b>	DATE OF FINGERPRINTING (DOA) <b>01012014</b>	DPS NO. (SID) <b>12345678</b>	DATE OF BIRTH (DOB) <b>01012000</b>	SEX <b>M</b>	RACE <b>W</b>
NAME (LAST, FIRST, MIDDLE) (NAM) <b>Test, Record Middle Jr</b>					

<b>PREADJUDICATION</b>	INTAKE AGENCY ORI (ORIC) <b>TX000000G</b>	INTAKE AGENCY NAME <b>Fake JPO</b>	INTAKE ACTION DATE (CDD) <b>02012014</b>	INTAKE ACTION NUMERIC (PAN) <b>612</b>	VICTIM'S AGE (VIC) <b>02</b>	DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR) _____ M _____ D
	GOC <b>A</b>	DOMESTIC VIOLENCE OFFENSE? <input checked="" type="checkbox"/> Y or N	OFFENSE CODE (CON) <b>00000000</b>	OFFENSE LITERAL (COL) <b>Insert Offense Literal</b>	STATUTE CITATION (CIT) <b>00.00 (A)(2) PC</b>	LEVEL FELONY (X,1,2,3 or S) MISDEMEANOR (A or B) & DEGREE <input checked="" type="checkbox"/> S <input type="checkbox"/>
	PROSECUTOR AGENCY ORI (ORIC) <b>TX000000A</b>	PROSECUTOR AGENCY NAME <b>Fake District Atty</b>	PROSECUTION ACTION DATE (CDD) <b>02152014</b>	PROSECUTION ACTION NUMERIC (PAN) <b>620</b>	VICTIM'S AGE (VIC) <b>02</b>	DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR) _____ M _____ D
	TRS FOR ADDED CHARGE	GOC <b>A</b>	DOMESTIC VIOLENCE OFFENSE? <input checked="" type="checkbox"/> Y or N	OFFENSE CODE (CON) <b>00000000</b>	OFFENSE LITERAL (COL) <b>Insert Offense Literal</b>	STATUTE CITATION (CIT) <b>00.00 (A)(2) PC</b>
INTAKE AGENCY ORI (ORIC) <b>TX000000G</b>	INTAKE AGENCY NAME <b>Fake JPO</b>	INTAKE ACTION DATE (CDD) <b>02252014</b>	INTAKE ACTION NUMERIC (PAN) <b>619</b>	DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR) <b>6</b> _____ M _____ D		



# Pre-Adjudication 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.



# Pre-Adjudication Segment Review

**Can a CR-43J be entered in the DPS CCH with an intake or prosecutor action date prior to the referral date?**

- **No**
- **Verify that the referral date is on or before the intake and prosecutor action date.**



# Court Segment

- Forms
- Review



# Court

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

\* = required field

* Court (ORI):	TX000000J	Cause Number (CAU):	01-2014	General Offense (GOC):	A
Domestic Violence (DMV):	Y	Victim's Age (VIC):	02	*Offense Code (CON):	00000000
Offense Literal (COL):		*Adjudication Date (CDD):	03/01/2014	*Level & Degree (LDC):	FS
*Final Plea (FPO):	T	Sentence Date (DOS):	03/01/2014	Court Confinement (CMT):	1 Y 2 M 3 D <input type="checkbox"/> Life <input type="checkbox"/> Death
*Pre/Juvenile Provision (PAN/JAN):	610	Court Cost (CST):	25	Court Fine (CFN):	
Sent. Susp. Time (CSS):	<input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> D	Multiple S		Court Disposition Provision (JDN):	640
Sentence Suspended Fine (CSF):		Agency R (ARC):		Appeal Date (DCA):	
Provision Literal (CPL):	Other Information	Result of			
Status During Appeal (DDA):					
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



Court successfully added.

OK

Save Cancel



# TEXAS DEPARTMENT OF PUBLIC SAFETY JUVENILE JUSTICE REPORTING FORM

PRESS HARD—YOU ARE MAKING THREE COPIES

TRM	DATE OF FINGERPRINTING (DOF)	DPI NO. (DPI)	CONTRIBUTOR ORI				
REFERRAL/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE (NAME))		DATE OF BIRTH (DOB)				
	SEX RACE ETH. HST. WGT. EYES HAIR SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)		PLACE OF BIRTH (POB)				
	SKIN TONE SOCIAL SECURITY NUMBER (SOC)		MISC NO. (MNU)	OTZ			
	DRIVER LICENSE NO. (DLN)		STATE TYPE ID OR ID 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 <input type="checkbox"/>			
	TIR <b>A001</b>	GOC DOMESTIC VIOLENCE OFFENSE? Y or N <input type="checkbox"/>	OFFENSE CODE (ACN)				
	OFFENSE LITERAL (ACL)	SEXUITE CITATION (ST)	LEVEL FELONY (X, 1, 2, 3, or 4) MISDEMEANOR (A or B) & DEGREE <input type="checkbox"/>	DATE OF OFFENSE (DOC) WARRANT HOLDER ORI			
	REFERRAL DATE (ADA)	REFERRAL DISPOSITION NUMBER (ADN)	VICTIM'S AGE (VIC)	REFERRAL AGENCY ORI (RFP)			
	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 (ORI)	INTAKE AGENCY NAME	INTAKE ACTION DATE (IOD)	INTAKE ACTION NUMERIC (PAN)	VICTIM'S AGE (VIC)	DEFERRED PROSECUTION (AMOUNT OF TIME) (DPR) _____ M _____ D	
	GOC DOMESTIC VIOLENCE OFFENSE? Y or N <input type="checkbox"/>	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (ST)	LEVEL FELONY (X, 1, 2, 3, OR 4) MISDEMEANOR (A or B) & DEGREE <input type="checkbox"/>		
	PROSECUTOR AGENCY ORI (PRO)	PROSEC. AGENCY NAME	PROSEC. ACTION DATE (POD)	PROSEC. ACTION NUMERIC (PAN)	VICTIM'S AGE (VIC)	DEFERRED PROSECUTION (AMOUNT OF TIME) (DPR) _____ M _____ D	
	GOC DOMESTIC VIOLENCE OFFENSE? Y or N <input type="checkbox"/>	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (ST)	LEVEL FELONY (X, 1, 2, 3, OR 4) MISDEMEANOR (A or B) & DEGREE <input type="checkbox"/>		
	INTAKE AGENCY ORI (ORI)	INTAKE AGENCY NAME	INTAKE ACTION DATE (IOD)	INTAKE ACTION NUMERIC (PAN)		DEFERRED PROSECUTION (AMOUNT OF TIME) (DPR) _____ M _____ D	
COURT	ADJUDICATION COURT ORI (CRO)	ADJUDICATION COURT NAME	CASE NUMBER (CAL)				
	GOC DOMESTIC VIOLENCE OFFENSE? Y or N <input type="checkbox"/>	ADJUDICATED OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (ST)	DEGREE OF ADJUDICATED OFFENSE FELONY (X, 1, 2, 3, OR 4) MISDEMEANOR (A or B) <input type="checkbox"/>		
	FINAL PLEA (FPA) <input type="checkbox"/>	TRIAL <input type="checkbox"/>	NO CONTEST <input type="checkbox"/>	NOT TRIED <input type="checkbox"/>	COURT ADJUDICATION DATE (COD)	DISPOSITION DATE (DCD)	COURT ADJUDICATION NUMERIC (CAN)
	VICTIM'S AGE (VIC)		COURT COST (CST)		CONFINEMENT (CMT) _____ Y _____ M _____ D		INDETERMINATE <input type="checkbox"/>
	PROBATION (AMOUNT OF TIME) (DPR) _____ Y _____ M _____ D		RESPONSIBLE ADULT		COURT DISPOSITION NUMBER (CON)		COURT PROVISION LITERAL (COL)
	CHECK BOX TO INDICATE D-C-17 DATA IS PRESENT <input type="checkbox"/>		BEGINNING DATE OF SUSPENSION	ENDS DATE OF SUSPENSION	EDUCATION PROGRAMS <input type="checkbox"/>	DRUGS <input type="checkbox"/>	EDUCATION REQUIRED <input type="checkbox"/>
	EDUCATION COMPLETED		INTERLOCK REQUIRED	REPEAT OFFENDER REQUIRED	REPEAT OFFENDER COMPLETED	DATE	
PREPARED BY, PLEASE PRINT							
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 78756 – 4143

WHITE – ARREST REPORTING SHEET GREEN – PREADJUDICATION REPORTING SHEET BLUE – COURT REPORTING SHEET

CFR-43J (Rev. 8/10)



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

PRESS HARD—YOU ARE PRINTING TWO COPIES

# CR-43J Court Segment

TTN		DATE OF REPORTING (MM/YY)	OFFENSE (ICD)	CONTINUITOR OF
NAME (LAST, FIRST, MIDDLE NAME)		DATE OF BIRTH (DOB)	PLACE OF BIRTH (POB)	
SEX	RACE	ETH	HGT.	WGT.
EYES	HAIR	SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)		
LEAVE BLANK				
BOB TONE	SOCIAL SECURITY NUMBER (SOC)	MISC NO. (MIL)	CITY	

ADJUDICATION COURT ORI (ORIC)		ADJUDICATION COURT NAME			CAUSE NUMBER (CAU)			
GOC	DOMESTIC VIOLENCE OFFENSE <input type="checkbox"/> Y or N	ADJUDICATED OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (CIT)	DEGREE OF ADJUDICATED OFFENSE <input type="checkbox"/>	FELONY (X, 1, 2, a, OR S) <input type="checkbox"/>	MISDEMEANOR (A or B) <input type="checkbox"/>	
FINAL PLEA (FPO)	TRUE <input type="checkbox"/>	NO CONTEST <input type="checkbox"/>	NOT TRUE <input type="checkbox"/>	COURT ADJUDICATION DATE (GDD)	DISPOSITION DATE (DOS)	COURT ADJUDICATION NUMERIC (JAN)	VICTIM'S AGE (VIC)	COURT COST (CST)
CONFINEMENT (CMT)		<input type="checkbox"/> INDETERMINATE	PROBATION (AMOUNT OF TIME) (CPR)		RESPONSIBLE ADULT			
_____ Y _____ M _____ D		<input type="checkbox"/> DETERMINATE	_____ Y _____ M _____ D					
COURT DISPOSITION NUMERIC (JDN)			COURT PROVISION LITERAL (JDL)					
CHECK BOX TO INDICATE DIG-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION		EDUCATION PROGRAMS	DWI <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED	
	ENDING DATE OF SUSPENSION		EDUCATION PROGRAMS	DRUGS <input type="checkbox"/>	EDUCATION COMPLETED	INTERLOCK REQUIRED	REPEAT OFFENDER COMPLETED	
PREPARED BY, PLEASE PRINT							DATE	

COURT

_____ Y _____ M _____ D		<input type="checkbox"/> DETERMINATE	_____ Y _____ M _____ D				
COURT DISPOSITION NUMERIC (JDN)		COURT PROVISION LITERAL (JDL)					
CHECK BOX TO INDICATE DIG-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION		EDUCATION PROGRAMS	DWI <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED
	ENDING DATE OF SUSPENSION		EDUCATION PROGRAMS	DRUGS <input type="checkbox"/>	EDUCATION COMPLETED	INTERLOCK 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 78756 - 4143

WHITE - ARREST REPORTING SHEET    GREEN - PREADJUDICATION REPORTING SHEET    BLUE - COURT REPORTING SHEET

CR-43J (Rev. 8/10)



# CR-43J Court Segment

<b>COURT</b>	ADJUDICATION COURT ORI (ORIG) <b>TX000000J</b>		ADJUDICATION COURT NAME <b>Fake County Court</b>				CAUSE NUMBER (GAU) <b>01-2014</b>		
	GOC <b>A</b>	DOMESTIC VIOLENCE OFFENSE <input checked="" type="checkbox"/> Y or N	ADJUDICATED OFFENSE CODE (CON) <b>00000000</b>	OFFENSE LITERAL (COL) <b>Insert Offense Literal</b>	STATUTE CITATION (CIT) <b>00.00 (A)(2) PC</b>	DEGREE OF ADJUDICATED OFFENSE <input checked="" type="checkbox"/> S	FELONY (X, 1, 2, 3, OR S)	MISDEMEANOR (A or B) <input type="checkbox"/>	
	FINAL PLEA (FPO) <input checked="" type="checkbox"/> TRUE	<input type="checkbox"/> NO CONTEST	<input type="checkbox"/> NOT TRUE	COURT ADJUDICATION DATE (GDD) <b>03012014</b>	DISPOSITION DATE (DOS) <b>03012014</b>	COURT ADJUDICATION NUMERIC (JAN) <b>610</b>	VICTIM'S AGE (VIC) <b>02</b>	COURT COST (GST) <b>\$25</b>	
	CONFINEMENT (CMT) <b>1</b> Y <b>2</b> M <b>3</b> D		<input type="checkbox"/> INDETERMINATE	<input checked="" type="checkbox"/> DETERMINATE	PROBATION (AMOUNT OF TIME) (CPR) <b>4</b> Y ____ M ____ D		RESPONSIBLE ADULT <b>TJJD</b>		
	COURT DISPOSITION NUMERIC (JDN) <b>640</b>			COURT PROVISION LITERAL (JDL) <b>Other Provision Information</b>					
	CHECK BOX TO INDICATE DIG-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION	ENDING DATE OF SUSPENSION	EDUCATION PROGRAMS <input type="checkbox"/>	DWI <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED	
				EDUCATION COMPLETED	INTERLOCK REQUIRED	REPEAT OFFENDER COMPLETED			
PREPARED BY, PLEASE PRINT <b>Print Full Name Legibly</b>							DATE <b>03012014</b>		

See Court 16



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

PRESS HARD- YOU ARE MAKING THREE COPIES

<b>TRN</b>	DATE OF FINGERPRINTING (DOA)	DPS NO. (SND)	DATE OF BIRTH (DOB)	SEX	RACE								
<b>REFERRAL/IDENTIFICATION</b>	NAME (LAST, FIRST, MIDDLE) (NAM)					LEAVE BLANK							
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)												
	ADDITIONAL ALIAS INFORMATION												
	REFERRING AGENCY ORI		REFERRING AGENCY NAME		AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)	FIRE ARM CODE <input type="checkbox"/>					
TRB	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)										
OFFENSE LITERAL (COL)		STATUTE CITATION (CIT)		LEVEL: FELONY (X, 1, 2, 3 or 5) 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"/> Y or N						
PREPARED BY, PLEASE PRINT						DATE							
<b>PREADJUDICATION</b>	INTAKE AGENCY ORI (CRIC)		INTAKE AGENCY NAME		INTAKE ACTION DATE (CDD)		INTAKE ACTION NUMERIC (PAN)		VICTIM'S AGE (VIC)	DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR): _____ M _____ D			
	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)		OFFENSE LITERAL (COL)		STATUTE CITATION (CIT)		LEVEL: FELONY (X, 1, 2, 3 or 5) MISDEMEANOR (A or B) & DEGREE <input type="checkbox"/> <input type="checkbox"/>				
	PROSECUTOR AGENCY ORI (CRIC)		PROSECUTOR AGENCY NAME		PROSECUTION ACTION DATE (CDD)		PROSECUTION ACTION NUMERIC (PAN)		VICTIM'S AGE (VIC)	DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR): _____ M _____ D			
	TRB FOR ADDED CHARGE	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)		OFFENSE LITERAL (COL)		STATUTE CITATION (CIT)		LEVEL: FELONY (X, 1, 2, 3 OR 5) MISDEMEANOR (A or B) & DEGREE <input type="checkbox"/> <input type="checkbox"/>			
INTAKE AGENCY ORI (CRIC)		INTAKE AGENCY NAME		INTAKE ACTION DATE (CDD)		INTAKE ACTION NUMERIC (PAN)		DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR): _____ M _____ D					
<b>COURT</b>	ADJUDICATION COURT ORI (CRIC)		ADJUDICATION COURT NAME				CAUSE NUMBER (CAN)						
	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	ADJUDICATED OFFENSE CODE (CON)		OFFENSE LITERAL (COL)		STATUTE CITATION (CIT)		DEGREE OF ADJUDICATED OFFENSE: FELONY (X, 1, 2, 3 or 5) MISDEMEANOR (A or B) <input type="checkbox"/> <input type="checkbox"/>				
	FINAL PLEA (TRP)		TRUE <input type="checkbox"/>	NO CONTEST <input type="checkbox"/>	NOT TRUE <input type="checkbox"/>	COURT ADJUDICATION DATE (CDD)		COURT DISPOSITION DATE (CDD)		COURT ADJUDICATION NUMERIC (CAN)		VICTIM'S AGE (VIC)	COURT COST (CST)
	CONFINEMENT (CMT): _____ Y _____ M _____ D		<input type="checkbox"/> INDETERMINATE		PROBATION (AMOUNT OF TIME) (CPR): _____ Y _____ M _____ D		RESPONSIBLE ADULT						
	COURT DISPOSITION NUMERIC (ADN)		COURT PROVISION LITERAL (ADL)										
	CHECK BOX TO INDICATE DDC-17 DATA IS PRESENT <input type="checkbox"/>		BEGINNING DATE OF SUSPENSION		EDUCATION PROGRAMS <input type="checkbox"/> DRUGS <input type="checkbox"/>		EDUCATION REQUIRED		EDUCATION COMPLETED		EDUCATION WAIVED		INTERLOCK REQUIRED
		ENDING DATE OF SUSPENSION											REPEAT OFFENDERS COMPLETED
PREPARED BY, PLEASE PRINT						DATE							
AGENCY		TYPE		NAME		<b>REQUIRED PROGRAMS</b>							
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 78785-4143  
 WHITE - ARREST REPORTING SHEET GREEN - PREADJUDICATION REPORTING SHEET BLUE - COURT REPORTING SHEET

CR-44J (Rev. 8/10)



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

# CR-44J Court Segment

TRN	DATE OF FINGERPRINTING (DOA)	DPS NO. (SID)	DATE OF BIRTH (DOB)	SEX	RACE	
NAME (LAST, FIRST, MIDDLE) (NAM)						

ADJUDICATION COURT ORI (ORIC)	ADJUDICATION COURT NAME	CAUSE NUMBER (CAU)						
GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	ADJUDICATED OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (CIT)	DEGREE OF ADJUDICATED OFFENSE	FELONY (X, 1, 2, 3 or S)	MISDEMEANOR (A or B)	
FINAL PLEA (FPO)	TRUE <input type="checkbox"/>	NO CONTEST <input type="checkbox"/>	NOT TRUE <input type="checkbox"/>	COURT ADJUDICATION DATE (CDD)	COURT DISPOSITION DATE (DOS)	COURT ADJUDICATION NUMERIC (JAN)	VICTIM'S AGE (VIC)	COURT COST (CST)
CONFINEMENT (CMT)	<input type="checkbox"/> INDETERMINATE Y ___ M ___ D	<input type="checkbox"/> DETERMINATE	PROBATION (AMOUNT OF TIME) (CPR)	RESPONSIBLE ADULT				Y ___ M ___ D
COURT DISPOSITION NUMERIC (JDN)	COURT PROVISION LITERAL (JDL)							
CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION	EDUCATION PROGRAMS	DWI <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED		
	ENDING DATE OF SUSPENSION	DRUGS <input type="checkbox"/>		EDUCATION COMPLETED	INTERLOCK REQUIRED	REPEAT OFFENDERS COMPLETED		
PREPARED BY, PLEASE PRINT							DATE	

**COURT**

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 78785-4143

WHITE - ARREST REPORTING SHEET    GREEN - PREADJUDICATION REPORTING SHEET    BLUE - COURT REPORTING SHEET

CR-44J (Rev. 8/10)



# CR-44J Court Segment

TRN <b>123 456 789X</b>	DATE OF FINGERPRINTING (DOA) <b>01012014</b>	DPS NO. (SID) <b>12345678</b>	DATE OF BIRTH (DOB) <b>01012000</b>	SEX <b>M</b>	RACE <b>W</b>
NAME (LAST, FIRST, MIDDLE) (NAM) <b>Test, Record Middle Jr</b>					

<b>COURT</b>	ADJUDICATION COURT ORI (ORIC)		ADJUDICATION COURT NAME			CAUSE NUMBER (CAU)			
	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	ADJUDICATED OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (CIT)	DEGREE OF ADJUDICATED OFFENSE <input type="checkbox"/> FELONY ( X,1,2,3 or S) <input type="checkbox"/> MISDEMEANOR (A or B)			
	FINAL PLEA (FPO)	TRUE <input type="checkbox"/>	NO CONTEST <input type="checkbox"/>	NOT TRUE <input type="checkbox"/>	COURT ADJUDICATION DATE (CDD)	COURT DISPOSITION DATE (DOS)	COURT ADJUDICATION NUMERIC (JAN)	VICTIM'S AGE (VIC)	COURT COST (CST)
	CONFINEMENT (CMT)		<input type="checkbox"/> INDETERMINATE	PROBATION (AMOUNT OF TIME) (CPR)	RESPONSIBLE ADULT				
	_____ Y _____ M _____ D		<input type="checkbox"/> DETERMINATE	_____ Y _____ M _____ D					
	COURT DISPOSITION NUMERIC (JDN)			COURT PROVISION LITERAL (JDL)					
	CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION	EDUCATION PROGRAMS	DWI <input type="checkbox"/> DRUGS <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED		
	ENDING DATE OF SUSPENSION			EDUCATION COMPLETED	INTERLOCK REQUIRED	REPEAT OFFENDERS COMPLETED			
PREPARED BY, PLEASE PRINT							DATE		

- \* TRN
- \* Date Of Arrest
- \* Sex
- \* Race
- \* Date Of Birth
- \* Name
- TRS (not shown)



# CR-44J Court Segment

TRN <b>123 456 789X</b>	DATE OF FINGERPRINTING (DOA) <b>01012014</b>	DPS NO. (SID) <b>12345678</b>	DATE OF BIRTH (DOB) <b>01012000</b>	SEX <b>M</b>	RACE <b>W</b>
NAME (LAST, FIRST, MIDDLE) (NAM) <b>Test, Record Middle Jr</b>					

<b>COURT</b>	ADJUDICATION COURT ORI (ORIC) <b>TX000000J</b>		ADJUDICATION COURT NAME <b>Fake County Court</b>			CAUSE NUMBER (CAU) <b>01-2014</b>	
	GOC <b>A</b>	DOMESTIC VIOLENCE OFFENSE? <input checked="" type="checkbox"/> Y or N	ADJUDICATED OFFENSE CODE (CON) <b>00000000</b>	OFFENSE LITERAL (COL) <b>Insert Offense Literal</b>	STATUTE CITATION (CIT) <b>00.00 (A)(2) PC</b>	DEGREE OF ADJUDICATED OFFENSE <input checked="" type="checkbox"/> FELONY ( X,1,2,3 or S) <input type="checkbox"/> MISDEMEANOR (A or B)	
	FINAL PLEA (FPO)	TRUE <input checked="" type="checkbox"/> NO CONTEST <input type="checkbox"/> NOT TRUE <input type="checkbox"/>	COURT ADJUDICATION DATE (CDD) <b>03012014</b>	COURT DISPOSITION DATE (DOS) <b>03012014</b>	COURT ADJUDICATION NUMERIC (JAN) <b>610</b>	VICTIM'S AGE (VIC) <b>02</b>	COURT COST (CST) <b>\$25</b>
	CONFINEMENT (CMT) <b>1</b> Y <b>2</b> M <b>3</b> D		<input type="checkbox"/> INDETERMINATE	PROBATION (AMOUNT OF TIME) (CPR) <b>4</b> Y _____ M _____ D	RESPONSIBLE ADULT <b>TJJD</b>		
	COURT DISPOSITION NUMERIC (JDN) <b>640</b>		COURT PROVISION LITERAL (JDL) <b>Other Provision Information</b>				
	CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION	EDUCATION PROGRAMS	DWI <input type="checkbox"/> DRUGS <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED
		ENDING DATE OF SUSPENSION			EDUCATION COMPLETED	INTERLOCK REQUIRED	REPEAT OFFENDERS COMPLETED
PREPARED BY, PLEASE PRINT <b>Print Full Name Legibly</b>						DATE <b>03012014</b>	

Completed CR-44J Court Segment



# CROSS REFERENCE TABLE



# CROSS REFERENCE TABLE

PAN-	JDN	618	619	637	638	639
JAN						
601		x	x	x	x	x
602		x	x	x	x	x
603		x	x	x	x	x
604		x	⊙	x	x	x
605		x	x	x	x	x
606		x	x	x	x	x
607		⊙	x	⊙	⊙	⊙
608		⊙	⊙	⊙	⊙	⊙
609		x	x	x	x	x
610		⊙	x	x	⊙	⊙
611		⊙	⊙	x	⊙	⊙
612		x	x	x	x	x
613		x	x	x	x	x
614		x	x	x	x	x
615		x	x	x	x	x
616		x	x	x	x	x
617		x	x	x	x	x
618		x	x	x	x	x
619		x	x	x	x	x
620		x	x	x	x	x
621		x	x	x	x	x
622		x	x	x	x	x
623		x	x	x	x	x
624		x	x	x	x	x
625		x	x	x	x	x
626		x	x	x	x	x
627		x	x	x	x	x
628		x	x	x	x	x
630		x	x	x	x	x
631		x	x	x	x	x
632		x	x	x	x	x
633		x	x	x	x	x
634		x	x	x	x	x
635		x	⊙	x	x	x
634		x	x	x	x	x



# 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.



# 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 Review

**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

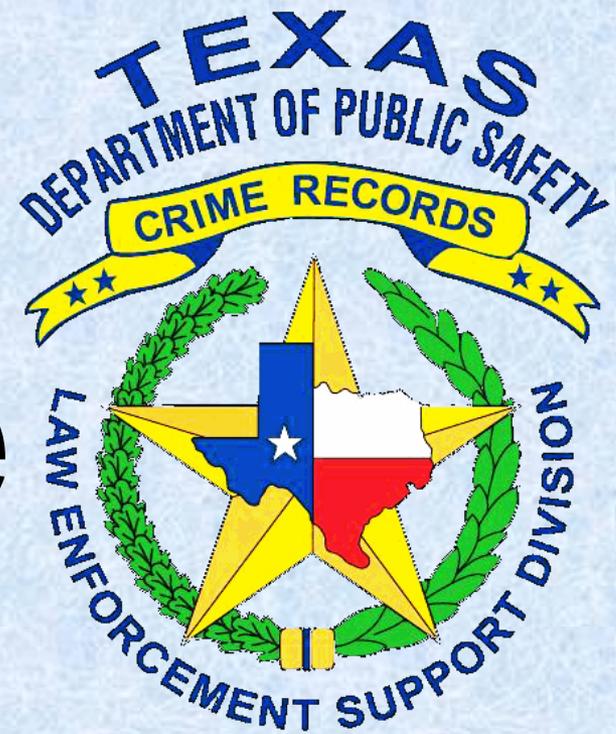
**Information about NICS reporting and how to access to the CJIS Site will be covered in the breakout session:**

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

- **Juvenile NICS do not need to be reported unless/until the juvenile becomes an adult and/or reaches the age to lawfully purchase firearms and their case still meets the criteria for reporting**



# 2014 CJIS Conference



## Juvenile Basic Reporting

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

