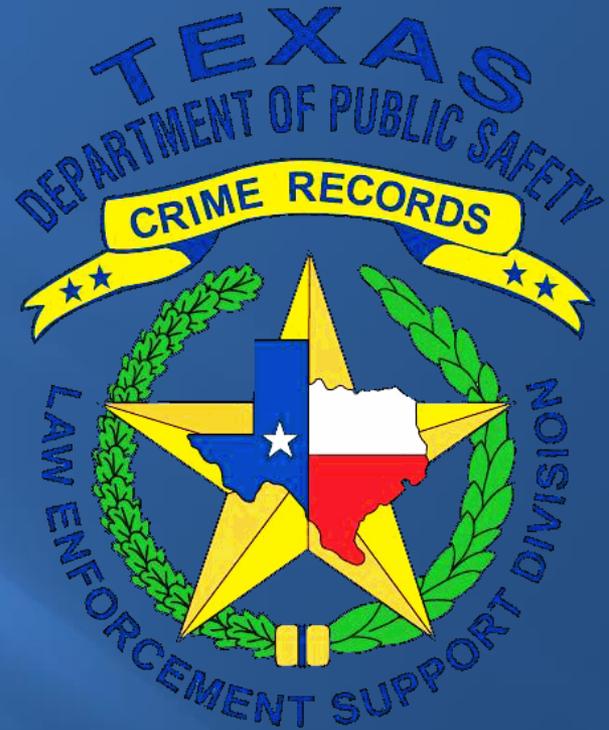


# 2016 CJIS Conference

Adult Arrest  
and  
Juvenile Referral  
Reporting



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

# Overview

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

criminal data law enforcement and other criminal justice agencies as well as contributing to a safer community overall. To that end, we will discuss:

# Brief History

# Brief History

1989 - Chapter 60 is created.

- Outlines and defines:
  - CJIS
  - DPS CCH
  - Texas Department of Criminal Justice Corrections Tracking System (TDCJ CTS)
- 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 is mandatory.**
  - **Electronic Arrest Reporting (EAR) is available for the transmission of arrest data for inclusion in the CCH.**

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:**
  - **License to carry**
  - **Medical licenses**
  - **Educator certification**
- **Thousands of non-criminal justice agencies use the information contained in CCH**

# Purpose

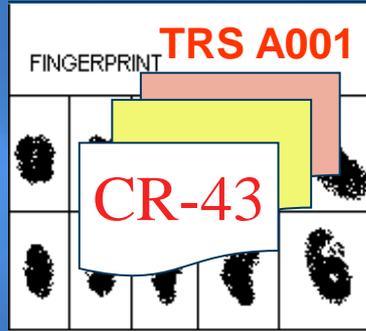
Access to the CCH data is available to these entities based on Government Code 411 guidelines:

- **Local Police Departments**
  - **Sheriff's Offices**
    - **Prosecutors**
    - **Court Clerks**
- **Probation and Parole Departments**
  - **The Public – Adult Only**

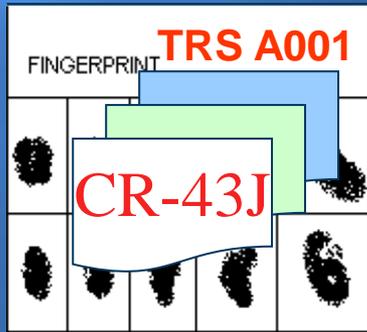
# Assigning a State Identification Number (SID)



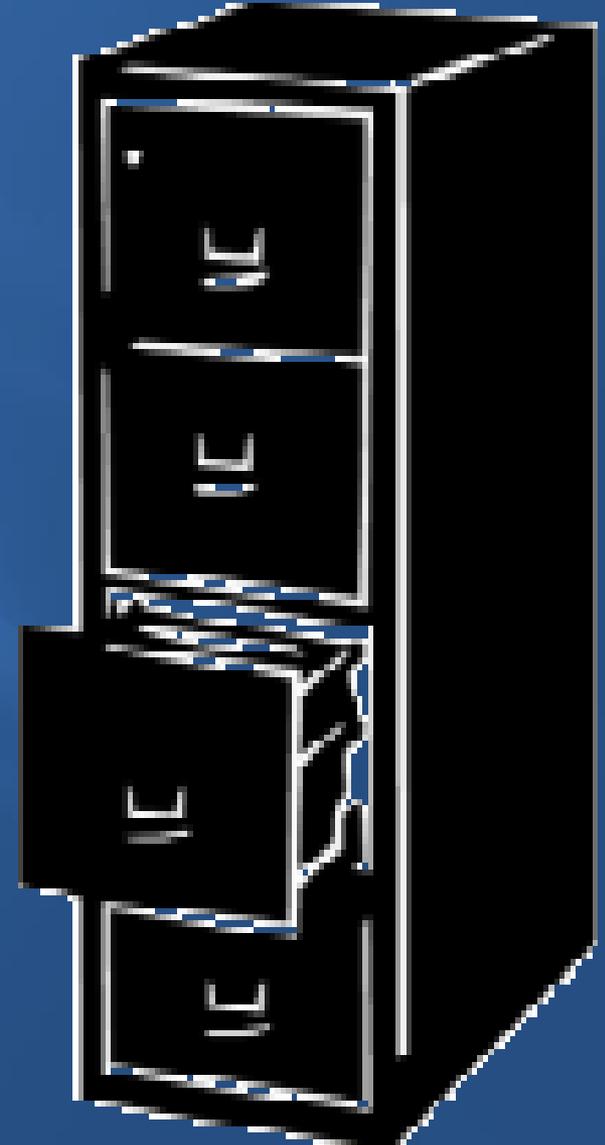
**TRN**



**TRS A002**



**TRS A002**



**Flow**



Return  
messages

7  
DAYS



DPS

# THE FLOW

TEXAS DEPARTMENT OF PUBLIC SAFETY  
CRIMINAL HISTORY REPORTING FORM

PROSECUTOR AND BUREAU NUMBER

ARREST/IDENTIFICATION

PROSECUTOR

CAUSE

IN THE USE OF EQUIPMENT 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 (MAY 2004)

EDR  
or  
Paper



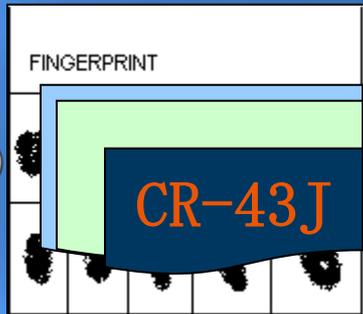
Prosecutor  
30 DAYS

EDR  
or  
Paper

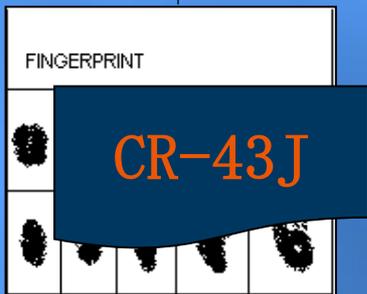
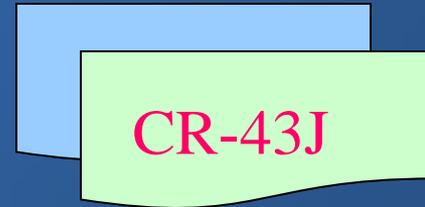


Court  
30 DAYS

**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](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

- 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...*

PRESS HARD-YOU ARE MAKING THREE COPIES!

TEXAS DEPARTMENT OF PUBLIC SAFETY  
CRIMINAL HISTORY REPORTING FORM

TRN		DATE OF ARREST (DOA)	DPS NO. (SID)	FBI NO.	CONTRIBUTOR ORI	OUT OF COUNTY ORI	OUT OF COUNTY ORI
NAME (LAST, FIRST, MIDDLE) (NAM)		DATE OF BIRTH (DOB)	PLACE OF BIRTH (POB)	SEX	RACE	ETH.	HGT. WGT.
EYE HAIR SKIN TONE		SOCIAL SECURITY NO. (SOC)	SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)		LEAVE BLANK		
MISC. NO. (MIN)		CITZ.	DRIVER LICENSE NO. (CLN)	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	
TRF	GOC	DOMESTIC VIOLENCE OFFENSE? Y or N	OFFENSE CODE (ACH)	OFFENSE LITERAL (ACL)			
VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)	LEVEL & DEGREE	FELONY (X,1,2,3 or 5)	MISDEMEANOR (A, B or C)	DATE OF OFFENSE (DOO)	WARRANT HOLDER ORI	
WARRANT HOLDER CASE NO.	ARREST DISPOSITION (ADM)	DISPOSITION DATE (ADA)	PROSECUTOR ORI (REP)	TRANS HAZ MATERIAL? Y or N	OPER COM VEHICLE? Y or N	LICENSE NO.	STATE YEAR
PREPARED BY, PLEASE PRINT		DATE					
PROSECUTOR ORI (ORIP)		PROSECUTOR OFFICE					
PROSECUTOR ACTION CODE USE ONLY ONE CODE REFER TO RPF CODE LIST		PROSECUTOR ACTION LITERAL		PROSECUTOR ACTION DATE (PAD)			
GOC	DOMESTIC VIOLENCE OFFENSE? Y or N	CHANGED OFFENSE CODE (POR)	OFFENSE LITERAL (POL)	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)		
CHARGES FILED IN ( COURT ORI)		COURT NAME		LEVEL & DEGREE	FELONY (X,1,2,3 or 5)	MISDEMEANOR (A,B or C)	
PREPARED BY, PLEASE PRINT		DATE		ADDITIONAL CHARGES BY PROSECUTOR, NOT PRESENT AT ARREST? Y or N			
COURT ORI (ORIC)		COURT NAME		CAUSE NUMBER (CAL)			
GOC	DOMESTIC VIOLENCE OFFENSE? Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)	DEGREE OF DISPOSED OFFENSE	FELONY (X,1,2,3 or 5) MISDEMEANOR (A, B, or C)
FINAL PLEA (FPO)	GUilty	NO CONTEST	NOT GUILTY	COURT DISPOSITION DATE (CDD)	SENTENCE/STATUS DATE (DOS)	COURT DISPOSITION (CDM)	COURT COST (CST)
CONFINEMENT (CMT)	SENTENCE SUSPENDED - TIME (CSB)	PROBATION (CPR)	FINE (CFN)	SENTENCE SUSPENDED-FINE (CSP)			
COURT PROVISION (CPN)		COURT PROVISION LITERAL (CPL)		MULTIPLE SENTENCES (MCS) CONCURRENT <input type="checkbox"/> CONSECUTIVE <input type="checkbox"/>			
AGENCY TO RECEIVE CUSTODY (ARC)		APPEAL DATE (DOA)		OFFENDER STATUS DURING APPEAL (DOA)		RESULT OF APPEAL (PCO)	
CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT	BEGINNING DATE OF SUSPENSION	EDUCATION PROGRAMS	DWI DRUGS	EDUCATION REQUIRED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED	
	ENDING DATE OF SUSPENSION	EDUCATION COMPLETED		INTERLOCK REQUIRED	REPEAT OFFENDER COMPLETED		
PREPARED BY, PLEASE PRINT		DATE					
FOR LOCAL AGENCY USE							

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

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

# CR-43 Arrest Segment

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

PRESS HARD-YOU ARE MAKING THREE COPIES!

TRN	DATE OF ARREST (DOA)	DPS NO. (SID)	FBI NO.	CONTRIBUTOR ORI	OUT OF COUNTY? <input type="checkbox"/> YES	OUT OF COUNTY ORI
-----	----------------------	---------------	---------	-----------------	---	-------------------

ARREST/IDENTIFICATION	TRN <b>123 456 789X</b>		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 <b>A001</b>	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								

COURT	COURT PROVISION (CPN)		COURT PROVISION CHECK (CPC)		MULTIPLE SENTENCES (MOS) <input type="checkbox"/> CONCURRENT <input type="checkbox"/> CONSECUTIVE <input type="checkbox"/>					
	AGENCY TO RECEIVE CUSTODY (ARC)			APPEAL DATE (DCA)		OFFENDER STATUS DURING APPEAL (DCA)		RESULT OF APPEAL (PCD)		
	CHECK BOX TO INDICATE DC-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	REPEAT OFFENDER COMPLETED
	PREPARED BY, PLEASE PRINT								DATE	
FOR LOCAL AGENCY USE										

# CR-43 Arrest Segment

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

\*TRN

\*Name

\*Sex

\*Weight

\*Skin Tone

\*Date of Arrest

\*Date of Birth

\*Race

\*Eyes

\*Citizenship

\*Contributor ORI

\*Place of Birth

\*Height

\*Hair

# CR-43 Arrest Segment

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

\*Charging Agency ORI

\*Disposition Date

\*Arrest Disposition

\*Offense Code

\*Agency Case No

\*Level & Degree

# Juvenile Referral/Identification

## TEXAS DEPARTMENT OF PUBLIC SAFETY JUVENILE JUSTICE REPORTING FORM

PRESS HARD—YOU ARE MAKING THREE COPIES

TRN		DATE OF FINGERPRINTING (DOA)		DPS NO. (SID)		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. (MNU)			CITZ.											
	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. (AGN)		AGENCY CASE NO. (OCA)		FIREARM CODE										
	TRS	GOC	DOMESTIC VIOLENCE OFFENSE? Y or N		OFFENSE CODE (ACN)															
	OFFENSE LITERAL (AOL)		STATUTE CITATION (CIT)		LEVEL & DEGREE	FELONY (X, 1, 2, 3, or 5)	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? Y or N													
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) (CPR)									
	GOC	DOMESTIC VIOLENCE OFFENSE? Y or N		OFFENSE CODE (CON)		OFFENSE LITERAL (COL)		STATUTE CITATION (CIT)		LEVEL & DEGREE	FELONY (X, 1, 2, 3, OR 5)	MISDEMEANOR (A or B)								
	PROSECUTOR AGENCY ORI (ORIC)		PROSEC. AGENCY NAME		PROSEC. ACTION DATE (CDD)		PROSEC. ACTION NUMERIC (PAN)		VICTIM'S AGE (VIC)		DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR)									
	GOC	DOMESTIC VIOLENCE OFFENSE? Y or N		OFFENSE CODE (CON)		OFFENSE LITERAL (COL)		STATUTE CITATION (CIT)		LEVEL & DEGREE	FELONY (X, 1, 2, 3, OR 5)	MISDEMEANOR (A or B)								
INTAKE AGENCY ORI (ORIC)		INTAKE AGENCY NAME		INTAKE ACTION DATE (CDD)		INTAKE ACTION NUMERIC (PAN)		DEFERRED PROSECUTION (AMOUNT OF TIME) (CPR)												
COURT	ADJUDICATION COURT ORI (ORIC)		ADJUDICATION COURT NAME				CAUSE NUMBER (CAU)													
	GOC	DOMESTIC VIOLENCE OFFENSE? 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)							
	FINAL PLEA (PFC)		TRUE	NO CONTEST	NOT TRUE	COURT ADJUDICATION DATE (CDD)		DISPOSITION DATE (DOS)		COURT ADJUDICATION NUMERIC (JAN)		VICTIM'S AGE (VIC)		COURT COST (CST)						
	CONFINEMENT (CMT)		Y		M		D		INDETERMINATE		PROBATION (AMOUNT OF TIME) (CPR)		RESPONSIBLE ADULT							
	COURT DISPOSITION NUMERIC (JDN)		COURT PROVISION LITERAL (JDL)																	
	CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT		BEGINNING DATE OF SUSPENSION		EDUCATION PROGRAMS		DUI/DWI PROGRAMS		EDUCATION REQUIRED		EDUCATION COMPLETED		EDUCATION WAIVED		INTERLOCK REQUIRED		REPEAT OFFENDER REQUIRED		REPEAT OFFENDER COMPLETED	
	PREPARED BY, PLEASE PRINT		DATE																	
AGENCY	TYPE	NAME																		
<b>REQUIRED PROGRAMS</b>																				
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 Referral/Identification

## TEXAS DEPARTMENT OF PUBLIC SAFETY JUVENILE JUSTICE REPORTING FORM

PRESS HARD—YOU ARE MAKING THREE COPIES

TRN	DATE OF FINGERPRINTING (DOA)	DPS NO. (SID)	CONTRIBUTOR ORI
NAME (LAST, FIRST, MIDDLE) (NAM)	DATE OF BIRTH (DOB)	PLACE OF BIRTH (POB)	

<b>REFERRAL/IDENTIFICATION</b>	TRN <b>123 456 789X</b>		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)
	SKIN TONE		SOCIAL SECURITY NUMBER (SOC)			MISC NO. (MNU)		CITIZ.
	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 <input type="checkbox"/>
	TRS <b>A001</b>	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) & DEGREE <input type="checkbox"/>	MISDEMEANOR (A or B) <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 NAME AND TELEPHONE				NAME OF SCHOOL			LOCATION OF SCHOOL (CITY) GRADE	
PREPARED BY, PLEASE PRINT					DATE		SCHOOL NOTIFIED? <input type="checkbox"/> Y or N	

PREPARED BY, PLEASE PRINT		DATE
AGENCY	TYPE	NAME
<b>REQUIRED PROGRAMS</b>		
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 Referral/Identification Segment

TRN <b>123 456 789X</b>		DATE OF FINGERPRINTING (DOA) <b>01012014</b>		DPS NO. (SID) <b>12345678</b>		CONTRIBUTOR ORI <b>TX000000</b>			
<b>TIFICATION</b>	NAME (LAST, FIRST, MIDDLE) (NAM) <b>Test, Record Middle</b>					DATE OF BIRTH (DOB) <b>01012000</b>		PLACE OF BIRTH (POB) <b>TX</b>	
	SEX <b>M</b>	RACE <b>W</b>	ETH. <b>H</b>	HGT. <b>410</b>	WGT. <b>098</b>	EYES <b>BLU</b>	HAIR <b>XXX</b>	SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT) <b>BALD; GLASSES; MISS L FT; SC CHEST</b>	
	SKIN TONE <b>FAR</b>		SOCIAL SECURITY NUMBER (SOC) <b>123456789</b>			MISC NO. (MNU) <b>AS 123456789</b>		CITZ <b>US</b>	
	DRIVER LICENSE NO. (OLN) <b>12345678</b>			STATE <b>TX</b>	TYPE <b>C</b>	ID CARD NO. (IDN) <b>12345678</b>		STATE <b>TX</b>	
	ALIAS NAME(S) (AKA) <b>Rubble, Barney; Bubba,XX</b>					ADDRESS <b>10999 Imagination Ave</b>		CITY <b>Austin</b>	STATE <b>TX</b>

- \*TRN
- \*Date of Birth
- \*Race
- \*Eyes
- \*Citizenship
- \*Date of Fingerprinting (DOA)
- \*Place of Birth
- \*Height
- \*Hair
- \*Name
- \*Sex
- \*Weight
- \*Skin Tone

# Important Dates to be aware of:

1) Date of Fingerprinting

2) Date of Referral

*The juvenile must be referred within ten calendar days after fingerprinting. The day after the juvenile is fingerprinted is day one. If the case is not referred within ten calendar days after fingerprinting the CR-43J, CR-44J, fingerprints and all records relating to the detainment must be destroyed, per Chapter 58.001 (c) of the Family Code.*

3) Date of Birth

*These are the 3 most common errors  
on the Juvenile CR-43J*

# CR-43J Referral/Identification Segment

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

\*Referring Agency ORI

\*Offense Code

\*Referral Date

\*Referral Disposition Numeric

\*Agency Case No

\*Level & Degree

\*Referral Agency ORI

# CR-43J Referral/Identification Segment

TRN <b>123 456 789X</b>		DATE OF FINGERPRINTING (DOA) <b>01012014</b>		DPS NO. (SID) <b>12345678</b>		CONTRIBUTOR ORI <b>TX000000</b>					
<b>REFERRAL/IDENTIFICATION</b>	NAME (LAST, FIRST, MIDDLE) (NAM) <b>Test, Record Middle</b>					DATE OF BIRTH (DOB) <b>01012000</b>		PLACE OF BIRTH (POB) <b>TX</b>			
	SEX <b>M</b>	RACE <b>W</b>	ETH. <b>H</b>	HGT. <b>410</b>	WGT. <b>098</b>	EYES <b>BLU</b>	HAIR <b>XXX</b>	SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT) <b>BALD; GLASSES; MISS L FT; SC CHEST</b>		LEAVE BLANK	
	SKIN TONE <b>FAR</b>		SOCIAL SECURITY NUMBER (SOC) <b>123456789</b>			MISC NO. (MNU) <b>AS 123456789</b>			CITY <b>Us</b>		
	DRIVER LICENSE NO. (OLN) <b>12345678</b>			STATE <b>TX</b>	TYPE <b>C</b>	ID CARD NO. (IDN) <b>12345678</b>		STATE <b>TX</b>			
	ALIAS NAME(S) (AKA) <b>Rubble, Barney; Bubba,XX</b>					ADDRESS <b>10999 Imagination Ave</b>			CITY <b>Austin</b>	STATE <b>TX</b>	ZIP <b>78752</b>
	REFERRING AGENCY ORI <b>TX000000</b>			REFERRING AGENCY NAME <b>Fake Co SO or Pretend PD</b>			AGENCY ARREST NO. (AGN) <b>2468</b>		AGENCY CASE NO. (OCA) <b>ABC-123</b>	FIREARM CODE <b>K</b>	
	TRS <b>A001</b>	GOC <b>S</b>	DOMESTIC VIOLENCE OFFENSE? Y or N <input checked="" type="checkbox"/>	OFFENSE CODE (AON) <b>00000000</b>							
	OFFENSE LITERAL (AOL) <b>Insert offense literal</b>			STATUTE CITATION (CIT) <b>00.00 (A)(2) PC</b>		LEVEL FELONY (X, 1, 2, 3, or S) & DEGREE <b>2</b>	MISDEMEANOR (A or B) <input type="checkbox"/>	DATE OF OFFENSE (DOO) <b>01012014</b>		WARRANT HOLDER ORI	
	REFERRAL DATE (ADA) <b>01012014</b>			REFERRAL DISPOSITION NUMERIC (ADN) <b>225</b>			VICTIM'S AGE (VIC) <b>02</b>		REFERRAL AGENCY ORI (REF) <b>TX000000G</b>		
	PARENT/GUARDIAN NAME AND TELEPHONE <b>Parent 555-555-1212</b>					NAME OF SCHOOL <b>Any School</b>			LOCATION OF SCHOOL (CITY) <b>Any town</b>		GRADE <b>09</b>
PREPARED BY, PLEASE PRINT <b>Print Full Name Legibly</b>						DATE <b>01012014</b>		SCHOOL NOTIFIED? <input checked="" type="checkbox"/> Y or N			

# CR-44/CR-44J Reporting Multiple Charges

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

PRESS HARD-YOU ARE MAKING THREE COPIES!

TRN	DATE OF ARREST (DOA)	DPS NO. (SID)	DATE OF BIRTH (DOB)	SEX	RACE	OUT OF COUNTY? <input type="checkbox"/> YES	OUT OF COUNTY ORI	
<b>ARREST/IDENTIFICATION</b>	NAME (LAST, FIRST, MIDDLE) (NAM)						OUT OF COUNTY WARRANT NO.	
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (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"/>								
TRB	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (ACN)	OFFENSE LITERAL (ACL)				
VICTIM'S AGE (VIC)		STATUTE CITATION (CIT)	LEVEL	FELONY (X,1,2,3 or S)	MISDEMEANOR (A, B or C)	DATE OF OFFENSE (DOO)	WARRANT HOLDER ORI	
WARRANT HOLDER CASE NO.		ARREST DISPOSITION (ADM)	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		
<b>PROSECUTOR</b>	PROSECUTOR ORI (ORIP)		PROSECUTOR OFFICE					
	<input type="checkbox"/> PROSECUTOR ACTION CODE USE ONLY ONE CODE. REFER TO PAF CODE LIST.		PROSECUTOR ACTION LITERAL			PROSECUTOR ACTION DATE (PAD)		
	TRB FOR ADDED CHARGE	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	CHANGED OR ADDED OFFENSE CODE (PON)	OFFENSE LITERAL (POL)	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)	
	CHARGES FILED IN (COURT ORI)		COURT NAME			LEVEL & DEGREE FELONY (X,1,2,3 or S)	MISDEMEANOR (A, B, or C)	<input type="checkbox"/>
PREPARED BY, PLEASE PRINT				DATE	ADDITIONAL CHARGES BY PROSECUTOR OR NOT PRESENT AT ARREST? <input type="checkbox"/> Y or N			
				IF YES, FILL OUT SUPPLEMENTAL FORM				
<b>COURT</b>	COURT ORI (ORIC)		COURT NAME			CAUSE NUMBER (CAL)		
	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)	DEGREE OF DISPOSED OFFENSE FELONY (X,1,2,3 or S)	MISDEMEANOR (A, B, or C) <input type="checkbox"/>
	FINAL PLEA (FPO)	GUILTY <input type="checkbox"/>	NO CONTEST <input type="checkbox"/>	NOT GUILTY <input type="checkbox"/>	COURT DISPOSITION DATE (CDD)	SENTENCE/STATUS DATE (DOS)	COURT DISPOSITION (CDN)	COURT COST (CST)
	CONFINEMENT (CMT)	SENTENCE SUSPENDED - TIME (CSS)		PROBATION (CPR)	FINE (CFN)	SENTENCE SUSPENDED-FINE (CSF)		
	COURT PROVISION (CPN)		COURT PROVISION LITERAL (CPL)			MULTIPLE SENTENCES (MCS)		
	AGENCY TO RECEIVE CUSTODY (ARC)		APPEAL DATE (DCA)		OFFENDER STATUS DURING APPEAL (DDA)		RESULT OF APPEAL (PCD)	
	CONCURRENT <input type="checkbox"/>	CONSECUTIVE <input type="checkbox"/>						
	CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION	EDUCATION PROGRAMS <input type="checkbox"/>	DWI DRUGS <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED	
		ENDING DATE OF SUSPENSION	EDUCATION COMPLETED	INTERLOCK REQUIRED	REPEAT OFFENDERS COMPLETED			
	PREPARED BY, PLEASE PRINT						DATE	
FOR LOCAL AGENCY USE								

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

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

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

PRESS HARD-YOU ARE MAKING THREE COPIES!

TRN	DATE OF ARREST	DPS NO.	DATE OF BIRTH	SEX	RACE			
<b>REFERRAL/IDENTIFICATION</b>	NAME (LAST, FIRST, MIDDLE)							
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS					LEAVE BLANK		
	ADDITIONAL ALIAS INFORMATION							
	REFERRING AGENCY ORI		REFERRING AGENCY NAME		AGENCY ARREST NO.	AGENCY CASE NO.	FIRE ARM CODE <input type="checkbox"/>	
TRS <input type="checkbox"/>	GOC <input type="checkbox"/>	DOMESTIC VIOLENCE OFFENSE <input type="checkbox"/>	OFFENSE CODE					
OFFENSE		STATUTE CITATION		LEVEL & DEGREE	FELONY (1,2,3 or 5) <input type="checkbox"/>	MISDEMEANOR (A or B) <input type="checkbox"/>	DATE OF OFFENSE	
WARRANT HOLDER ORI	TRANS HAZ MATERIAL? <input type="checkbox"/>		OPER COM VEHICLE? <input type="checkbox"/>	LICENSE NO.	STATE	YEAR	REFERRAL DATE	
NAME OF SCHOOL		LOCATION OF SCHOOL/CITY			GRADE	SCHOOL NOTIFIED? <input type="checkbox"/>		
PREPARED BY:						DATE		
<b>PREADJUDICATION</b>	INTAKE AGENCY ORI		INTAKE AGENCY NAME		INTAKE ACTION DATE	INTAKE ACTIN PROVISION (PAN)		
	DEFERRED PROSECUTION (AMOUNT OF TIME)		_____ M _____ D					
	GOC <input type="checkbox"/>	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/>	OFFENSE CODE	OFFENSE		STATUTE CITATION		LEVEL & DEGREE
	FELONY (X,1,2,3 or 5) <input type="checkbox"/>	MISDEMEANOR (A or B) <input type="checkbox"/>						
PROSECUTOR AGENCY ORI		PROSECUTOR AGENCY NAME		PROSECUTION ACTION DATE	PROSECUTION ACTION PROVISION (PAN)		DEFERRED PROSECUTION (AMOUNT OF TIME)	
_____ M _____ D								
TRS FOR ADDED CHARGE <input type="checkbox"/>	GOC <input type="checkbox"/>	DOMESTIC VIOLENCE OFFENSE <input type="checkbox"/>	OFFENSE CODE	OFFENSE		STATUTE CITATION		
FELONY X,1,2,3 OR 5 <input type="checkbox"/>	MISDEMEANOR A or B <input type="checkbox"/>							
INTAKE AGENCY ORI		INTAKE AGENCY NAME		INTAKE ACTION DATE	INTAKE ACTION PROVISION (PAN)		DEFERRED PROSECUTION (AMOUNT OF TIME)	
_____ M _____ D								
ADJUDICATION COURT ORI		ADJUDICATION COURT NAME				CAUSE NUMBER		
GOC <input type="checkbox"/>	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/>	ADJUDICATED OFFENSE CODE	OFFENSE		STATUTE CITATION		DEGREE OF ADJUDICATED OFFENSE	
FELONY (X,1,2,3 or 5) <input type="checkbox"/>	MISDEMEANOR (A or B) <input type="checkbox"/>							
FINAL PLEA	TRUE <input type="checkbox"/>	NO CONTEST <input type="checkbox"/>	NOT TRUE <input type="checkbox"/>	COURT ADJUDICATION DATE	COURT DISPOSITION DATE	COURT ADJUDICATION PROVISION (JAN)	COURT COST	
CONFINEMENT		INDETERMINATE <input type="checkbox"/>	PROBATION (AMOUNT OF TIME)	RESPONSIBLE ADULT				
_____ Y _____ M _____ D		DETERMINE <input type="checkbox"/>	_____ Y _____ M _____ D					
COURT DISPOSITION PROVISION (JDN)		COURT PROVISION LITERAL (JDL)						
CHECK BOX TO INDICATE DIC-17 DATA IS PRESENT <input type="checkbox"/>	BEGINNING DATE OF SUSPENSION	EDUCATION PROGRAMS <input type="checkbox"/>	DWI <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION WAIVED	REPEAT OFFENDER REQUIRED		
	ENDING DATE OF SUSPENSION	EDUCATION COMPLETED	DRUGS <input type="checkbox"/>	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. 4/06)

# Select Enter Online

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

 **Department of Public Safety**

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



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

If you are having

5555555555 - 2001-04-21 - TX0430100
0000000000 - 2003-07-06 - TX003021J
0000000027 - 2004-04-04 - TX1250000 - J
3039000020 - 2007-05-05 - 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:	<input type="text" value="Select TRS..."/>	Race:	B
		DOB:	01/01/1950
		JUV:	

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

# 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	*Cas
*Offense Numeric (AON):	10000000	Dom
General Offense Code (GOC):	A	Offe
Date of Offense (DOO):	01/12/2009	*Dis
Disposition Literal (ADD):		*Rel
<input type="button" value="Save"/> <input type="button" value="Cancel"/>		

Message from webpage

 Arrest successfully modified.

*Arresting Agency(ORI):	TX0000000
Victim's Age (VIC):	2
*Level and Degree (LDA):	MA
*Disposition Date (ADA):	01/12/2009

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

## Online EDR

<b>SID Number:</b>	07777777	<b>Name:</b>	DOE,JANE
<b>TRN Number:</b>	0000000027	<b>Sex:</b>	F
<b>TRS Code:</b>	Select TRS... ▾	<b>Race:</b>	B
		<b>DOB:</b>	01/01/1950
		<b>JUV:</b>	J

Search

Reset

Add TRS

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 <b>123 456 789X</b>	DATE OF ARREST (DOA) <b>01012005</b>	DPS NO. (SID) <b>12345678</b>	DATE OF BIRTH (DOB) <b>01011900</b>	SEX <b>M</b>	RACE <b>W</b>	OUT OF COUNTY? <input type="checkbox"/> YES	OUT OF COUNTY ORI	
<b>ARREST/IDENTIFICATION</b>	NAME (LAST, FIRST, MIDDLE) (NAM) <b>Test, Record Middle Jr</b>						OUT OF COUNTY WARRANT NO.	
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)						LEAVE BLANK	
	ADDITIONAL ALIAS INFORMATION							
	CHARGING AGENCY ORI <b>TX000000</b>		CHARGING AGENCY NAME <b>Fake Co SO or Pretend PD</b>		AGENCY ARREST NO. (AGN) <b>2468</b>		AGENCY CASE NO. (OCA) <b>ABC-123</b>	
	FIREARM CODE <b>K</b>							
	TRS <b>A002</b>	GOC	DOMESTIC VIOLENCE OFFENSE? <input checked="" type="checkbox"/> Y or N	OFFENSE CODE (AON) <b>0000000</b>	OFFENSE LITERAL (AOL) <b>Insert offense literal</b>			
	VICTIM'S AGE (VIC) <b>2 yrs</b>	STATUTE CITATION (CIT) <b>00.00 (B) TRC</b>		LEVEL FELONY (X,1,2,3 or S) & DEGREE <input type="checkbox"/>	MISDEMEANOR (A, B or C) <input checked="" type="checkbox"/> <b>A</b>	DATE OF OFFENSE (DOO) <b>01012005</b>	WARRANT HOLDER ORI <b>TX0000100</b>	
	WARRANT HOLDER CASE NO. <b>321-CAB</b>	ARREST DISPOSITION (ADN) <b>215</b>	DISPOSITION DATE (ADA) <b>01012005</b>	PROSECUTOR ORI (REF) <b>TX000015A</b>	TRANS HAZ MATERIAL? <input checked="" type="checkbox"/> Y or N	OPER COM VEHICLE? <input checked="" type="checkbox"/> Y or N	LICENSE NO. <b>ZXY99A</b>	STATE <b>ME</b>
	PREPARED BY, PLEASE PRINT						YEAR <b>06</b>	
							DATE	

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)												LEAVE BLANK	
	ADDITIONAL ALIAS INFORMATION													
	REFERRING AGENCY ORI				REFERRING AGENCY NAME				AGENCY ARREST NO. (AGN)		AGENCY CASE NO. (OCA)		FIRE ARM CODE	
	TX0000000				Fake Co SO or Pretend PD				2468		ABC-123		K	
	TRS	GOC	DOMESTIC VIOLENCE OFFENSE?	OFFENSE CODE (AON)										
	A002	S	<input checked="" type="checkbox"/> Y Y or N	00000000										
	OFFENSE LITERAL (AOL)			STATUTE CITATION (CIT)			LEVEL FELONY (X,1,2,3 or S) MISDEMEANOR (A or B) & DEGREE		DATE OF OFFENSE (DOO)		WARRANT HOLDER ORI			
	Insert offense literal			00.00 (A)(2) PC			<input type="checkbox"/> <input checked="" type="checkbox"/> A		01012014					
	REFERRAL DATE (ADA)		REFERRAL DISPOSITION NUMERIC (ADN)				VICTIM'S AGE (VIC)		REFERRAL AGENCY ORI (REF)		PARENT/GUARDIAN NAMES AND TELEPHONE			
01012014		225				02		TX000000G		Test, TJJJ 555-555-1212				
NAME OF SCHOOL					LOCATION OF SCHOOL/CITY					GRADE		SCHOOL NOTIFIED?		
Any School					Any town					09		<input checked="" type="checkbox"/> Y Y or N		
PREPARED BY, PLEASE PRINT										DATE				
Print Full Name Legibly										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 <b>123 456 789X</b>		DATE OF ARREST (DOA)		DPS NO. (SID) <b>12345678</b>		DATE OF BIRTH (DOB) <b>01011900</b>		SEX <b>M</b>		RACE <b>W</b>		OUT OF COUNTY? <input type="checkbox"/> YES		OUT OF COUNTY ORI				
<b>ARREST/IDENTIFICATION</b>	NAME (LAST, FIRST, MIDDLE) (NAM) <b>Test, Record Middle Jr</b>											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 & 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						

\*TRN      \*Date of Arrest      \*Date of Birth  
 \*Sex      \*Race                      \*Name

# CR-44 Arrest Segment For Additional Identifiers Only

TRN <b>123 456 789X</b>		DATE OF ARREST (DOA)		DPS NO. (SID) <b>12345678</b>		DATE OF BIRTH (DOB) <b>01011900</b>		SEX <b>M</b>		RACE <b>W</b>		OUT OF COUNTY? <input type="checkbox"/> YES		OUT OF COUNTY ORI			
<b>ARREST/IDENTIFICATION</b>	NAME (LAST, FIRST, MIDDLE) (NAM) <b>Test, Record Middle Jr</b>											OUT OF COUNTY WARRANT NO.					
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)  <b>NM L ARM; TAT FLBODY; SC CHEST</b>											LEAVE BLANK					
	ADDITIONAL ALIAS INFORMATION <b>Test, Bogus Name; DOB 10101900</b>																
	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) & DEGREE <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 <b>123 456 789X</b>		DATE OF ARREST (DOA)		DPS NO. (SID) <b>12345678</b>		DATE OF BIRTH (DOB) <b>01011900</b>		SEX <b>M</b>		RACE <b>W</b>		OUT OF COUNTY? <input type="checkbox"/> YES		OUT OF COUNTY ORI			
<b>ARREST/IDENTIFICATION</b>	NAME (LAST, FIRST, MIDDLE) (NAM) <b>Test, Record Middle Jr</b>											OUT OF COUNTY WARRANT NO.					
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)  <b>NM L ARM; TAT FLBODY; SC CHEST</b>											LEAVE BLANK					
	ADDITIONAL ALIAS INFORMATION  <b>Test, Bogus Name; DOB 10101900</b>																
	CHARGING AGENCY ORI			CHARGING AGENCY NAME				AGENCY ARREST NO. (AGN)			AGENCY CASE NO. (OCA)			FIREARM CODE <input type="checkbox"/>			
	TRS <b>A001</b>	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) & DEGREE <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 <b>123 456 789X</b>		DATE OF ARREST (DOA)		DPS NO. (SID) <b>12345678</b>		DATE OF BIRTH (DOB) <b>01011900</b>		SEX <b>M</b>		RACE <b>W</b>		OUT OF COUNTY? <input type="checkbox"/> YES		OUT OF COUNTY ORI		
<b>ARREST/IDENTIFICATION</b>	NAME (LAST, FIRST, MIDDLE) (NAM) <b>Test, Record Middle Jr</b>											OUT OF COUNTY WARRANT NO.				
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)  <b>NM L ARM; TAT FLBODY; SC CHEST</b>											LEAVE BLANK				
	ADDITIONAL ALIAS INFORMATION <b>Test, Bogus Name; DOB 10101900</b>															
	CHARGING AGENCY ORI				CHARGING AGENCY NAME				AGENCY ARREST NO. (AGN)				AGENCY CASE NO. (OCA)		FIREARM CODE <input type="checkbox"/>	
	TRS <b>A001</b>	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"/>		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 <b>Print Full Name Legibly</b>											DATE <b>01012005</b>				

**Completed CR44  
For Additional Identifiers Only**

# CR-44J Referral/Identification Segment For Additional Identifiers Only

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>		
<b>REFERRAL/IDENTIFICATION</b>	NAME (LAST, FIRST, MIDDLE) (NAM) <b>Test, Record Middle Jr</b>											
	ADDITIONAL SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT) <b>NM L ARM; TAT FLBODY; SC CHEST</b>											
	ADDITIONAL ALIAS INFORMATION <b>Test, Bogus Name; DOB 10102001</b>											
	REFERRING AGENCY ORI			REFERRING AGENCY NAME			AGENCY ARREST NO. (AGN)			AGENCY CASE NO. (OCA)		FIRE ARM CODE <input type="checkbox"/>
	TRS <b>A001</b>	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) & 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 <b>Print Full Name Legibly</b>									DATE <b>01012014</b>			

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

# CR-43 Out Of County Warrant (Arresting Agency)

TRN <b>123 456 789X</b>		DATE OF ARREST (DOA) <b>01012005</b>		DPS NO. (SID)		FBI NO.		CONTRIBUTOR ORI		OUT OF COUNTY? <input checked="" type="checkbox"/> YES		OUT OF COUNTY ORI <b>TX9870100</b>		
NOTIFICATION	NAME (LAST, FIRST, MIDDLE) (NAM) <b>Test, Record Middle Jr</b>				DATE OF BIRTH (DOB) <b>01011900</b>		PLACE OF BIRTH (POB) <b>TX</b>		SEX <b>M</b>	RACE <b>W</b>	ETH. <b>N</b>	HGT. <b>601</b>	WGT. <b>195</b>	OUT OF COUNTY WARRANT NO. <b>05-1234ABC</b>
	EYE <b>BRO</b>	HAIR <b>XXX</b>	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		

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

Out-of-County ORI  
Warrant No.

Out-of-County

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

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 <b>123 456 789X</b>		DATE OF ARREST <b>01012005</b>		DPS NO.		FBI NO.		CONTRIBUTOR ORI		OUT OF COUNTY? <input type="checkbox"/> YES		OUTOF COUNTYORI				
<b>ARREST/IDENTIFICATION</b>	NAME (LAST, FIRST, MIDDLE) <b>Test, Record Middle Jr</b>				DATE OF BIRTH <b>01011900</b>		PLACE OF BIRTH <b>TX</b>		SEX <b>M</b>	RACE <b>W</b>	ETH. <b>N</b>	HGT. <b>601</b>	WGT. <b>195</b>	OUTOF COUNTY WARRANTNO.		
	EYE <b>BRO</b>	HAIR <b>XXX</b>	SKIN TONE <b>FAR</b>	SOCIAL SECURITY NO. <b>12345678</b>		SCARS, MARKS, TATTOOS, AMPUTATIONS <b>BALD</b>								LEAVE BLANK		
	MISC. NO.		CITZ.	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 <b>TX0000000</b>				ARRESTING AGENCY NAME <b>Warrant Co SO or Warrant PD</b>				AGENCY ARREST NO. <b>2468</b>		AGENCY CASE NO. <b>ABC-123</b>		FIREARM CODE <input type="checkbox"/>			
	TRS <b>A001</b>	GOC <b>S</b>	DOMESTIC VIOLENCE OFFENSE? <input checked="" type="checkbox"/> Y or N	OFFENSE CODE <b>00000000</b>		OFFENSE <b>Insert offense literal</b>										
	STATUTE CITATION <b>00.00 (A)(2) PC</b>				LEVEL FELONY (X, 1, 2, 3 or S) & DEGREE <input checked="" type="checkbox"/> 2		MISDEMEANOR (A or B) <input type="checkbox"/>		DATE OF OFFENSE <b>01012005</b>		WARRANT HOLDER ORI <b>TX0000100</b>					
	WARRANT HOLDER CASE NO. <b>321-CAB</b>			ARREST DISPOSITION <b>228</b>		DISPOSITION DATE <b>01012005</b>		PROSECUTOR ORI <b>TX000015A</b>		TRANS HAZ MATERIAL? <input type="checkbox"/> Y or N	OPER COM VEHICLE? <input type="checkbox"/> Y or N	LICENSE NO.	STATE	YEAR		
	PREPARED BY <b>Print Full Name Legibly</b>										DATE <b>01012005</b>					

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.

# 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	
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					
Charge	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					
	Charge	Arresting Agency (ORI):	TX1080000	Arrest Number (AGN):			Case Number (OCA):
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			

Message from webpage



Arrest successfully modified.

OK

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

# Released without Prosecution

TRN <b>123 456 789X</b>		DATE OF ARREST <b>01012005</b>		DPS NO.	FBI NO.	CONTRIBUTOR ORI		OUT OF COUNTY? <input type="checkbox"/> YES	OUT OF COUNTY ORI			
NAME (LAST, FIRST, MIDDLE) <b>Test, Record Middle Jr</b>				DATE OF BIRTH <b>01011900</b>	PLACE OF BIRTH <b>TX</b>	SEX <b>M</b>	RACE <b>W</b>	ETH. <b>N</b>	HGT. <b>601</b>	WGT. <b>195</b>	OUT OF COUNTY WARRANT NO.	
EYE <b>BRO</b>	HAIR <b>XXX</b>	SKIN TONE <b>FAR</b>	SOCIAL SECURITY NO.	SCARS, MARKS, TATTOOS, AMPUTATIONS <b>BALD</b>				LEAVE BLANK				
MISC. NO. <b>AS 123456789</b>		CITZ. <b>US</b>	DRIVER LICENSE NO. <b>12345678</b>	STATE <b>TX</b>	TYPE <b>C</b>	ID CARD NO. <b>12345678</b>		STATE <b>TX</b>				
LICENSE CERTIFICATION AND ISSUING AUTHORITY <b>Realtor - Tx Real Estate Commission</b>					LICENSE NO. <b>Real-99999</b>							
ALIAS NAME(S) <b>Rubble, Barney; Bubba, XX</b>					ADDRESS <b>10999 Imagination Ave</b>			CITY <b>Austin</b>	STATE <b>TX</b>	ZIP <b>78752</b>		
ARRESTING AGENCY ORI <b>TX0000000</b>			ARRESTING AGENCY NAME <b>Warrant Co SO or Warrant PD</b>			AGENCY ARREST NO. <b>2468</b>		AGENCY CASE NO. <b>ABC-123</b>		FIREARM CODE <input type="checkbox"/>		
TRS <b>A001</b>	GOC <b>S</b>	DOMESTIC VIOLENCE OFFENSE? <input checked="" type="checkbox"/> Y or N	OFFENSE CODE <b>00000000</b>	OFFENSE <b>Insert offense literal</b>								
STATUTE CITATION <b>00.00 (A)(2) PC</b>				LEVEL & DEGREE <b>2</b>	FELONY (X, 1, 2, 3 or 5) <input type="checkbox"/>	MISDEMEANOR (A or B) <input type="checkbox"/>	DATE OF OFFENSE <b>01012005</b>		WARRANTHOLDER ORI <b>TX0000100</b>			
WARRANTHOLDER CASE NO. <b>321-CAB</b>		ARREST DISPOSITION <b>207</b>		DISPOSITION DATE <b>01012005</b>		PROSECUTOR ORI <b>TX000015A</b>		TRANS HAZ MATERIAL? <input type="checkbox"/> Y or N	OPER COM VEHICLE? <input type="checkbox"/> Y or N	LICENSE NO.	STATE	YEAR
PREPARED BY <b>Print Full Name Legibly</b>								DATE <b>01012005</b>				

Arrest Disposition - 207

If an Arrest Disposition has already been submitted to DPS:

Follow the Corrections Example

# Misdemeanor Class “C” Arrests Adult

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

Enter the appropriate Class “C” general offense code and literal.

Enter “C”

Prosecutor ORI that handles Class “C”

**Enter 233 – Misdemeanor Class “C” Arrest \*\*VERY IMPORTANT\*\***

# Corrections

TRN <b>123 456 789X</b>	DATE OF ARREST <b>01012005</b>	DPS NO.	FBI NO.	CONTRIBUTOR ORI	OUT OF COUNTY? <input type="checkbox"/>	OUTOF COUNTYORI			
NAME (LAST, FIRST, MIDDLE) <b>Test, Record Middle Jr</b>		DATE OF BIRTH <b>01011900</b>	PLACE OF BIRTH <b>TX</b>	SEX <b>M</b>	RACE <b>W</b>	ETH. <b>N</b>	HGT. <b>601</b>	WGT. <b>195</b>	OUTOF COUNTY WARRANTNO.
EYE <b>BRO</b>	HAIR <b>XXX</b>	SKIN TONE <b>FAR</b>	SOCIAL SECURITY NO.	SCARS, MARKS, TATTOOS, AMPUTATIONS <b>BALD</b>			LEAVE BLANK		
MISC. NO. <b>AS 123456789</b>	CITZ. <b>US</b>	DRIVER LICENSE NO. <b>12345678</b>	STATE <b>TX</b>	TYPE <b>C</b>	ID CARD NO. <b>12345678</b>	STATE <b>TX</b>			
LICENSE CERTIFICATION AND ISSUING AUTHORITY <b>Realtor - Tx Real Estate Commission</b>				LICENSE NO. <b>Real-99999</b>					
ALIAS NAME(S) <b>Rubble, Barney; Bubba, XX</b>			ADDRESS <b>10999 Imagination Ave</b>			CITY <b>Austin</b>	STATE <b>TX</b>	ZIP <b>78752</b>	
ARRESTING AGENCY ORI <b>TX0000000</b>		ARRESTING AGENCY NAME <b>Fake Co SO or Pretend PD</b>		AGENCY ARREST NO. <b>2468</b>		AGENCY CASE NO. <b>ABC-123</b>		FIREARM CODE <input type="checkbox"/>	
TRS <b>A001</b>	GOC <b>S</b>	DOMESTIC VIOLENCE OFFENSE? <input checked="" type="checkbox"/> Y or N	OFFENSE CODE <b>00000000</b>	OFFENSE <b>Insert offense literal</b>					
STATUTE CITATION <b>00.00 (A)(2) PC</b>			LEVEL & DEGREE <b>2</b>	FELONY (X, 1, 2, 3 or S) <input type="checkbox"/>	MISDEMEANOR (A or B) <input type="checkbox"/>	DATE OF OFFENSE <b>01012005</b>		WARRANTHOLDER ORI <b>TX0000100</b>	
WARRANTHOLDER CASE NO. <b>321-CAB</b>		ARREST DISPOSITION <b>215 207</b>		DISPOSITION DATE <b>01012005</b>		PROSECUTOR ORI <b>TX000015A</b>		TRANS HAZ MATERIAL? <input type="checkbox"/> Y or N	OPER COM VEHICLE? <input type="checkbox"/> Y or N
PREPARED BY <b>Print Full Name Legibly</b>							DATE <b>01012005</b>		
FOR LOCAL AGENCY USE <b>DUPLICATE TO</b> <b>Name of Person Correcting</b>									
<b>TRN 234 567 890X</b> <b>/Phone#/Date Of Correction</b>									

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”

# 2016 CJIS Conference

Adult Arrest  
and  
Juvenile Referral  
Reporting



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