

PRESS HARD-YOU ARE MAKING THREE COPIES!

TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIMINAL HISTORY REPORTING FORM

Form with sections: TRN, ARREST/IDENTIFICATION, PROSECUTOR, COURT, and FOR LOCAL AGENCY USE. Includes fields for personal info, arrest details, charges, and court proceedings.

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

TRN	DATE OF ARREST (DOA)	DPS NO. (SID)	FBI NO.	CONTRIBUTOR ORI	OUT OF COUNTY? <input type="checkbox"/>	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. (DLN)	STATE	TYPE	ID CARD NO. (IDN)	STATE			
LICENSE CERTIFICATION AND ISSUING AUTHORITY					LICENSE NO.				
ALIAS NAME(S) (AKA)				ADDRESS			CITY	STATE	ZIP
CHARGING AGENCY ORI			CHARGING AGENCY NAME			AGENCY ARREST NO. (AGN)	AGENCY CASE NO. (OCA)	FIREARM CODE <input type="checkbox"/>	
TRS	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/>	OFFENSE CODE (ACN)	OFFENSE LITERAL (AOL)	PRINTED BY:				
VICTIM'S AGE (VIC)	STATUTE CITATION (CIT)		LEVEL & DEGREE	FELONY (X, 1, 2, 3 or S) <input type="checkbox"/>	MISDEMEANOR (A, B or C) <input type="checkbox"/>	DATE OF OFFENSE (DOO)		WARRANT HOLDER ORI	

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY L. THUMB R. THUMB RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

TEXAS DEPARTMENT OF PUBLIC SAFETY

CRIME RECORDS DIVISION
PO BOX 4143
AUSTIN TX 78765-4143
PHONE 512-424-2367

OFFENSES

THE COMPLETION OF THIS SECTION OF THE FINGERPRINT CARD IS NOT A REQUIREMENT FOR SUBMISSION TO THE DEPARTMENT OF PUBLIC SAFETY.

AOO1 _____

AOO2 _____

AOO3 _____

DISPOSITION _____

EMPLOYER _____

OCCUPATION _____

NAME AND ADDRESS OF NEAREST RELATIVE

INSTRUCTIONS

1. TYPE OR PRINT ALL INFORMATION.
2. NOTE AMPUTATIONS IN PROPER FINGERPRINT BLOCKS.
3. MAKE CERTAIN ALL IMPRESSIONS ARE LEGIBLE, FULLY ROLLED AND CLASSIFIABLE.
4. THE PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
5. THE SIGNATURES OF THE PERSON PRINTED AND THE PERSON PRINTING THAT INDIVIDUAL MUST BE PRESENT ON THE FINGERPRINT CARD.