

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				
REFERRAL/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE) (NAM)				DATE OF BIRTH (DOB)	PLACE OF BIRTH (POB)	
	SEX	RACE	ETH.	HGT.	WGT.	EYES	
	HAIR	SCARS, MARKS, TATTOOS, AMPUTATIONS (SMT)				LEAVE BLANK	
	SKIN TONE		SOCIAL SECURITY NUMBER (SOC)		MISC NO. (MNU)		CITZ.
	DRIVER LICENSE NO. (OLN)		STATE	TYPE	ID CARD NO. (IDN)	STATE	
	ALIAS NAME(S) (AKA)			ADDRESS		CITY	STATE
	REFERRING AGENCY ORI		REFERRING AGENCY NAME		AGENCY ARREST NO. (AGN)	AGENCY CASE NO. (OCA)	FIREARM CODE <input type="checkbox"/>
	TRS A001	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/>	OFFENSE CODE (AON)			
	OFFENSE LITERAL (AOL)		STATUTE CITATION (CIT)		LEVEL & DEGREE	FELONY (X, 1, 2, 3, or S) <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	
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)						____M ____D
	GOC	DOMESTIC VIOLENCE OFFENSE <input type="checkbox"/>	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (CIT)	LEVEL & DEGREE	FELONY (X, 1, 2, 3, OR S) <input type="checkbox"/>
	MISDEMEANOR (A or 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) (CPR)
						____M ____D	
GOC	DOMESTIC VIOLENCE OFFENSE <input type="checkbox"/>	OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (CIT)	LEVEL & DEGREE	FELONY (X, 1, 2, 3, OR S) <input type="checkbox"/>	
MISDEMEANOR (A or B) <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	
COURT	ADJUDICATION COURT ORI (ORIC)	ADJUDICATION COURT NAME			CAUSE NUMBER (CAU)		
	GOC	DOMESTIC VIOLENCE OFFENSE <input type="checkbox"/>	ADJUDICATED OFFENSE CODE (CON)	OFFENSE LITERAL (COL)	STATUTE CITATION (CIT)	DEGREE OF ADJUDICATED OFFENSE	FELONY (X, 1, 2, 3, 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 (CDD)	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	
			<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		DWI EDUCATION PROGRAMS <input type="checkbox"/>		EDUCATION REQUIRED	EDUCATION WAIVED	
		ENDING DATE OF SUSPENSION		EDUCATION COMPLETED		INTERLOCK REQUIRED	
						REPEAT OFFENDER REQUIRED	
						REPEAT OFFENDER COMPLETED	
PREPARED BY, PLEASE PRINT						DATE	
REQUIRED PROGRAMS							
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 78765 – 4143

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

Perf

TRN		DATE OF FINGERPRINTING (DOA)		DPS NO. (SID)		CONTRIBUTOR ORI					
NAME (LAST, FIRST, MIDDLE) (NAM)					DATE OF BIRTH (DOB)		PLACE OF BIRTH (POB)				
Signature of Person Fingerprinted	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 <input type="checkbox"/>
TRS	GOC	DOMESTIC VIOLENCE OFFENSE? <input type="checkbox"/> Y or N		OFFENSE CODE (AON)			PRINTED BY				
OFFENSE LITERAL (AOL)			STATUTE CITATION (CIT)		LEVEL	FELONY (X, 1, 2, 3, or S)	MISDEMEANOR (A or B)	DATE OF OFFENSE (DOO)	WARRANT HOLDER ORI		
					8 DEGREE <input type="checkbox"/>	<input type="checkbox"/>					

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
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6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
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LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

JUVENILE

PERF

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.