

**TEXAS DEPARTMENT OF PUBLIC SAFETY
SUPERVISION REPORTING FORM**

TRN	DPS NO. (SID)	FBI NO.	CONTRIBUTOR ORI	LEAVE BLANK						
ARREST/IDENTIFICATION	NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	PLACE OF BIRTH						
	SEX	RACE	ETH.	HGT.	WGT.	EYES	HAIR	SCARS, MARKS, TATTOOS, AMPUTATIONS		
	SKIN TONE	SOCIAL SECURITY NO.		MISC NO.	CITZ.					
	DRIVER LICENSE NO.		STATE	TYPE	ID CARD NO.	STATE				
	ALIAS NAME(S)			ADDRESS	CITY	STATE	ZIP			
	ORI:	ARRESTING AGENCY		TRANS. HAZ. MATERIAL? Y OR N <input type="checkbox"/>	OPER. COM VEHICLE? Y OR N <input type="checkbox"/>	LIC. PLATE NO.	STATE	YEAR	DATE OF ARREST	AGENCY ARREST NO.
	NAME:	AGENCY CASE NO.		FIREARM CODE <input type="checkbox"/>						
	TRS A001	OFFENSE CODE	GOC	OFFENSE	STATUTE CITATION		LEVEL & DEGREE	FELONY <input type="checkbox"/>	MISDEMEANOR <input type="checkbox"/>	
	DATE OF OFFENSE		ARREST DISPOSITION			DISPOSITION DATE	PROSECUTOR ORI			
	IS CHARGE A RESULT OF ANOTHER AGENCY'S WARRANT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST WARRANT HOLDER AND WARRANT NUMBER IN THE "FOR LOCAL AGENCY USE" BOX, AND SEND ENTIRE FORM TO WARRANT HOLDER				PREPARED BY:			DATE		
PROSECUTOR	PROSECUTOR ORI		PROSECUTOR OFFICE							
	PROSECUTION ACTION CODE <input type="checkbox"/> USE ONLY ONE CODE REFER TO PAF CODE LIST		PROSECUTOR ACTION LITERAL					DATE OF REJECTION		
	CHANGED OFFENSE CODE	GOC	OFFENSE	STATUTE CITATION						
	DEGREE OF CHANGED OFFENSE	FELONY <input type="checkbox"/>	MISDEMEANOR <input type="checkbox"/>	CHARGES FILED IN: (COURT ORI)						
	COURT NAME		ADDITIONAL CHARGES BY PROSECUTOR, NOT PRESENT AT ARREST?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, FILL OUT SUPPLEMENTAL FORM			
	PREPARED BY:						DATE:			
COURT	COURT ORI		COURT NAME			STATUTE CITATION				
	OFFENSE CODE	GOC	OFFENSE	CAUSE NUMBER						
	DEGREE OF DISPOSED OFFENSE	FELONY <input type="checkbox"/>	MISDEMEANOR <input type="checkbox"/>	FINAL PLEA						
	FINAL PLEA		GUILTY <input type="checkbox"/>	NO CONTEST <input type="checkbox"/>	NOT GUILTY <input type="checkbox"/>	COURT DISPOSITION DATE	SENTENCE DATE	COURT DISPOSITION		
	CONFINEMENT	SENTENCE SUSPENDED - TIME		PROBATION	FINE	SENTENCE SUSPENDED-FINE				
	COURT COST	COURT PROVISION								
	MULTIPLE SENTENCES	CONCURRENT <input type="checkbox"/>	CONSECUTIVE <input type="checkbox"/>	AGENCY TO RECEIVE CUSTODY						
	APPEAL DATE	OFFENDER STATUS DURING APPEAL				RESULT OF APPEAL				
	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"/>	EDUCATION EXTENDED	REPEAT OFFENDERS COMPLETED				
PREPARED BY						DATE				
FOR LOCAL AGENCY USE										

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

TRN	DPS NO. (SID)	FBI NO.	CONTRIBUTOR ORI	LEAVE BLANK						
SIGNATURE OF PERSON FINGERPRINTED	NAME (LAST, FIRST, MIDDLE)			DATE OF BIRTH	PLACE OF BIRTH					
	SEX	RACE	ETH.	HGT.	WGT.	EYES	HAIR	SCARS, MARKS, TATTOOS, AMPUTATIONS	FPC	
	SKIN TONE	SOCIAL SECURITY NO.		MISC NO.		CITZ.				
	DRIVER LICENSE NO.		STATE	TYPE	ID CARD NO.	STATE				
	ALIAS NAME(S)			ADDRESS		CITY	STATE	ZIP		
	ORI:	ARRESTING AGENCY		TRANS. HAZ. MATERIAL? Y OR N <input type="checkbox"/>	OPER. COM VEHICLE? Y OR N <input type="checkbox"/>	LIC. PLATE NO.	STATE	YEAR	DATE OF ARREST	AGENCY ARREST NO.
	NAME:	AGENCY CASE NO.		FIREARM CODE <input type="checkbox"/>	PRINTED BY:		DATE			
	TRS A001	OFFENSE CODE	GOC	OFFENSE	STATUTE CITATION		LEVEL & DEGREE	FELONY <input type="checkbox"/> CAPITAL, 1, 2, OR 3	MISDEMEANOR <input type="checkbox"/> A, OR B	

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE

1. L. THUMB	2. L. INDEX	3. L. MIDDLE	4. L. RING	5. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

TEXAS DEPARTMENT OF PUBLIC SAFETY

CRIME RECORDS SERVICE

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.