

TEXAS DEPARTMENT OF PUBLIC SAFETY

PRESS HARD-YOU ARE MAKING THREE COPIES!

JUVENILE SUPPLEMENTAL CRIMINAL HISTORY REPORTING

TRN	DATE OF FINGERPRINTING (DOA)	DPS NO. (SID)	DATE OF BIRTH (DOB)	SEX	RACE					
REFERRAL/IDENTIFICATION	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"/>		
	TRS	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						DATE			
	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) & 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					
COURT	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) <input type="checkbox"/> <input type="checkbox"/>			
	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) _____ Y _____ M _____ D		<input type="checkbox"/> INDETERMINATE	PROBATION (AMOUNT OF TIME) (CPR) _____ Y _____ M _____ D		RESPONSIBLE ADULT				
	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 <input type="checkbox"/>	DWI DRUGS <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION COMPLETED	EDUCATION WAIVED	INTERLOCK REQUIRED	REPEAT OFFENDER REQUIRED
		ENDING DATE OF SUSPENSION		EDUCATION PROGRAMS <input type="checkbox"/>	DWI DRUGS <input type="checkbox"/>	EDUCATION REQUIRED	EDUCATION COMPLETED	EDUCATION WAIVED	INTERLOCK REQUIRED	REPEAT OFFENDERS COMPLETED
PREPARED BY, PLEASE PRINT						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