

ALL INFORMATION IS ESSENTIAL



SIGNATURE OF PERSON FINGERPRINTED _____

THIS DATA MAY BE COMPUTERIZED IN LOCAL, STATE & NATIONAL FILES

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS _____

DATE / / ARRESTEE SOCIAL SECURITY NO _____

CHARGE AND CODE NUMBER CHECK IF FELONY/MISDEMEANOR

1. FEL MIS

2. FEL MIS

3. FEL MIS

TYPE OR PRINT WITH BLACK BALL POINT PEN

LAST NAME FIRST NAME MIDDLE NAME ARREST TRACKING NO
1309265

PLACE ALIASES ON BACK OF FINGERPRINT CARD DATE OF BIRTH PLACE OF BIRTH (CITY, STATE)

ARRESTING AGENCY ORI NO SEX RACE HGT WGT EYES HAIR

DATE ARRESTED AGENCY CASE NO ARRESTING OFFICER

SID NO FBI NO ARRESTING AGENCY

COUNTRY OF CITIZENSHIP DRIVER LICENSE NO. AND STATE

CAUTION DOMESTIC VIOLENCE RELATED OFFENSE RELATIONSHIP OF VICTIM _____

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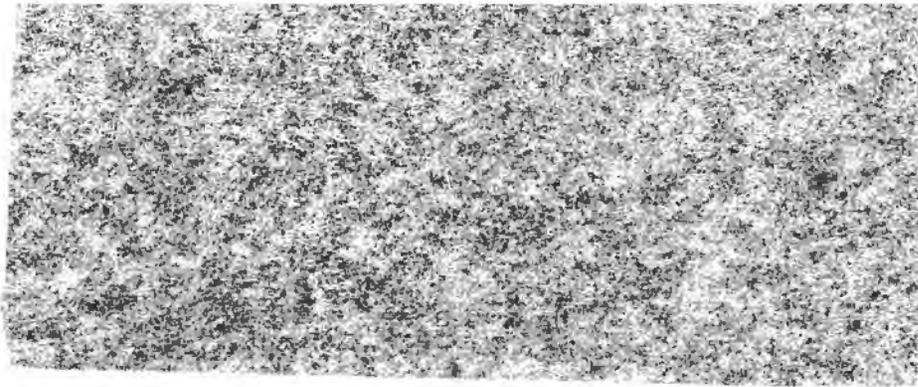
1 RIGHT THUMB 2 RIGHT INDEX 3 RIGHT MIDDLE 4 RIGHT RING 5 RIGHT LITTLE

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6 LEFT THUMB 7 LEFT INDEX 8 LEFT MIDDLE 9 LEFT RING 10 LEFT LITTLE

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PART ONE
FRONT



CARBON BEHIND
PART ONE



**FINAL DISPOSITION
OF CHARGE REPORT**

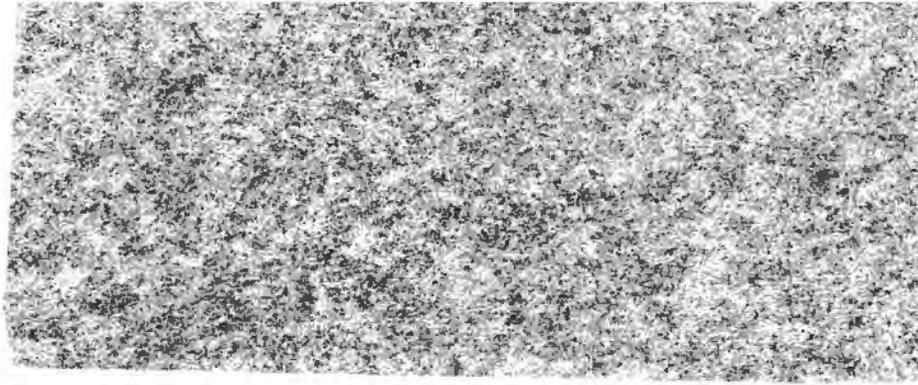
NO. 1 CHARGE AT ARREST

FILED CHARGE	DOCKET NO
FINAL CHARGE	<input type="checkbox"/> DOMESTIC VIOLENCE RELATED Relationship to Victim _____ MCDV Statute _____ MCDV Sub-section _____
ACTION TAKEN	<input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY <input type="checkbox"/> DISMISSED <input type="checkbox"/> PUA/DEFERRED <input type="checkbox"/> NOT FILED <input type="checkbox"/> USE ACT 346
EXPLAIN OTHER	
FINE	SUSPENDED
COST	SUSPENDED
FORM COMPLETED BY AND DATE _____	

LAST NAME	FIRST NAME	MIDDLE NAME	ARREST TRACKING NO. 1309265			
PLACE ALIASES ON BACK OF FINGERPRINT CARD		DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE)			
ARRESTING AGENCY ORI NO.	SEX	RACE	HGT	WGT	EYES	HAIR
DATE ARRESTED	AGENCY CASE NO	ARRESTING OFFICER				
SID NO	FBI NO	ARRESTING AGENCY				
SENTENCING COURT			<input type="checkbox"/> DOMESTIC VIOLENCE RELATED OFFENSE RELATIONSHIP OF VICTIM _____			
JAIL TIME	SUSPENDED	PROBATION	SUSPENDED	RESTITUTION		
COURT DATE	INSTITUTION CONFINED	PLEA: <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> NOLO CONTENDERE				

PART TWO

District Court complete form upon final disposition of case in District Court. Return to : Arkansas Crime Information Center; 322 Main St Ste 615; Little Rock AR 72201. If case transferred to Circuit Court forward form to Prosecuting Attorney.



CARBON BEHIND
PART TWO



**FINAL DISPOSITION
OF CHARGE REPORT**

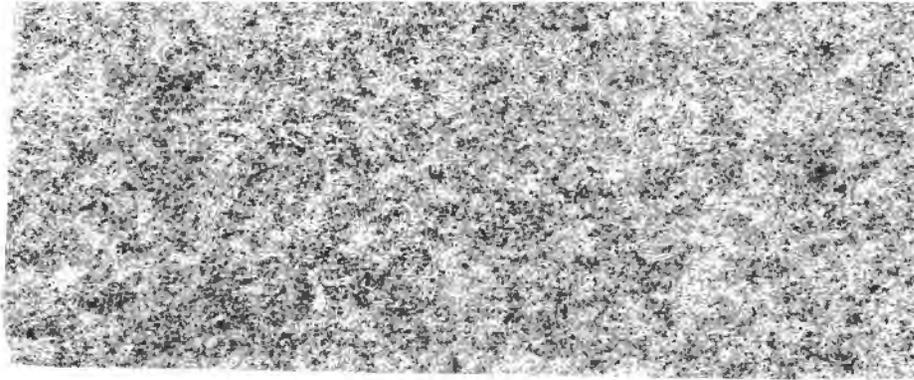
NO. 1 CHARGE AT ARREST

FILED CHARGE	DOCKET NO.
FINAL CHARGE	<input type="checkbox"/> DOMESTIC VIOLENCE RELATED Relationship to Victim _____ MCDV Statute _____ MCDV Sub-section _____
ACTION TAKEN	<input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY <input type="checkbox"/> DISMISSED
	<input type="checkbox"/> NOLLE PROS. <input type="checkbox"/> PUA/DEFERRED <input type="checkbox"/> NOT FILED
EXPLAIN OTHER	<input type="checkbox"/> USE ACT 346
FINE	SUSPENDED
COST	SUSPENDED
FORM COMPLETED BY AND DATE _____	

LAST NAME	FIRST NAME	MIDDLE NAME	ARREST TRACKING NO. 1309265			
PLACE ALIASES ON BACK OF FINGERPRINT CARD		DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE)			
ARRESTING AGENCY ORI NO.	SEX	RACE	HGT	WGT	EYES	HAIR
DATE ARRESTED	AGENCY CASE NO.	ARRESTING OFFICER				
SID NO.	FBI NO.	ARRESTING AGENCY				
SENTENCING COURT			<input type="checkbox"/> DOMESTIC VIOLENCE RELATED OFFENSE RELATIONSHIP OF VICTIM _____			
JAIL TIME	SUSPENDED	PROBATION	SUSPENDED	RESTITUTION		
COURT DATE	INSTITUTION CONFINED	PLEA <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> NOLO CONTENDERE				

PART THREE

District Court complete form upon final disposition of case in District Court. Return to : Arkansas Crime Information Center; 322 Main St Ste 615; Little Rock AR 72201. If case transferred to Circuit Court forward form to Prosecuting Attorney.



CARBON BEHIND
PART THREE



**FINAL DISPOSITION
OF CHARGE REPORT**

NO. 1 CHARGE AT ARREST

FILED CHARGE		DOCKET NO.	
FINAL CHARGE		<input type="checkbox"/> DOMESTIC VIOLENCE RELATED Relationship to Victim: _____ MCDV Statute: _____ MCDV Sub-section: _____	
ACTION TAKEN		<input type="checkbox"/> NOT GUILTY <input type="checkbox"/> GUILTY <input type="checkbox"/> DISMISSED <input type="checkbox"/> PUA/DEFERRED <input type="checkbox"/> NOT FILED <input type="checkbox"/> USE ACT 346	
EXPLAIN OTHER			
FINE	SUSPENDED	COST	SUSPENDED
FORM COMPLETED BY AND DATE _____			

LAST NAME		FIRST NAME		MIDDLE NAME	ARREST TRACKING NO. 1309265		
PLACE ALIASES ON BACK OF FINGERPRINT CARD			DATE OF BIRTH		PLACE OF BIRTH (CITY, STATE)		
ARRESTING AGENCY ORI NO.		SEX	RACE	HGT	WGT	EYES	HAIR
DATE ARRESTED		AGENCY CASE NO.		ARRESTING OFFICER			
SID NO		FBI NO.		ARRESTING AGENCY			
SENTENCING COURT				<input type="checkbox"/> DOMESTIC VIOLENCE RELATED OFFENSE RELATIONSHIP OF VICTIM: _____			
JAIL TIME	SUSPENDED	PROBATION	SUSPENDED	RESTITUTION			
COURT DATE		INSTITUTION CONFINED		PLEA: <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> NOLO CONTENDERE			

PART FOUR

District Court complete form upon final disposition of case in District Court. Return to : Arkansas Crime Information Center; 322 Main St Ste 615; Little Rock AR 72201. If case transferred to Circuit Court forward form to Prosecuting Attorney.