

D.A. File Number		Criminal Case Intake and Disposition				Court Number	
Defendant of		Page of		ATN : Print this number in the "State Usage" Block of the fingerprint card(s).		Citation Number	
Last Name		First		MI	DOB	Alias	SSN
Driver's Lic. No.		<input type="checkbox"/> CDL	Date of Arrest/Citation		Victim Name		DOB SSN
APSIN ID. No.		No Arrest/ Citation <input type="checkbox"/>		Victim Residence			
Referring Officer		Date of Offense		Victim Mailing Address			
Referring Agency		Place of Offense		Victim Phone Victim's Primary Spoken Language:			
Report Number(s)		DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO		Victim Contact Name/Phone			
Case Received in DAO by (Print Name)				Date		Case Screened by (Print Name)	
				Date			
CTN 001			Statute or Regulation			F M or V	A B C or U
Disposition			Reason				
Referred							
Accepted							
Convicted							<input type="checkbox"/> Sentence Reversed/ Remanded
Sentence	Prison Term/Amount Suspended		Fine/Amount Suspended				<input type="checkbox"/> Conviction Reversed/ Remanded
						Probation Term	<input type="checkbox"/> SIS
CTN 002			Statute or Regulation			F M or V	A B C or U
Disposition			Reason				
Referred							
Accepted							
Convicted							<input type="checkbox"/> Sentence Reversed/ Remanded
Sentence	Prison Term/Amount Suspended		Fine/Amount Suspended				<input type="checkbox"/> Conviction Reversed/ Remanded
						Probation Term	<input type="checkbox"/> SIS
CTN 003			Statute or Regulation			F M or V	A B C or U
Disposition			Reason				
Referred							
Accepted							
Convicted							<input type="checkbox"/> Sentence Reversed/ Remanded
Sentence	Prison Term/Amount Suspended		Fine/Amount Suspended				<input type="checkbox"/> Conviction Reversed/ Remanded
						Probation Term	<input type="checkbox"/> SIS
Instructions and Comments (Include information on concurrent/consecutive sentences and whether prosecution is being deferred.):							
Asset Forfeiture Ordered <input type="checkbox"/> Yes <input type="checkbox"/> No		Federal Involvement <input type="checkbox"/> Yes <input type="checkbox"/> No		Gang Involvement <input type="checkbox"/> Yes <input type="checkbox"/> No		Person is on Bail in Another Case <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Three – Judge Panel <input type="checkbox"/> Yes <input type="checkbox"/> No		Cooksey Plea <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sentencing Prosecutor (Print Name)				Sentencing Judge (Print Name)		Sentencing Date	

FM or V: Felony Misdemeanor or Violation

A B C or U: Class A B C or Unclassified (can be left blank for violation)