

D.A. File Number		Criminal Case Intake and Disposition ATN : SAMPLE FORM				Court Number			
Defendant of	Page of	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"/> Work Zone/Safety Corridor <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			FM or V	A B C or U	Disposition	Reason	
Referred									
Accepted									
Convicted							<input type="checkbox"/> Sentence Reversed/ Remanded	<input type="checkbox"/> Conviction Reversed/ Remanded	
Sentence	Prison Term/Amount Suspended	Fine/Amount Suspended					Probation Term	<input type="checkbox"/> SIS	
CTN 002		Statute or Regulation			FM or V	A B C or U	Disposition	Reason	
Referred									
Accepted									
Convicted							<input type="checkbox"/> Sentence Reversed/ Remanded	<input type="checkbox"/> Conviction Reversed/ Remanded	
Sentence	Prison Term/Amount Suspended	Fine/Amount Suspended					Probation Term	<input type="checkbox"/> SIS	
CTN 003		Statute or Regulation			FM or V	A B C or U	Disposition	Reason	
Referred									
Accepted									
Convicted							<input type="checkbox"/> Sentence Reversed/ Remanded	<input type="checkbox"/> Conviction Reversed/ Remanded	
Sentence	Prison Term/Amount Suspended	Fine/Amount Suspended					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)

FORM NO. 03-102 (REV. 1/14)

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PROSECUTOR FILE

2021