

D.A. File Number		<b>Criminal Case Intake and Disposition</b>				Court Number		
Defendant of		Page of		<b>ATN :</b> 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)		<b>DOMESTIC VIOLENCE:</b> <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 DV <input type="checkbox"/>			Statute or Regulation		F M or V	A B C or U	Disposition Code	
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 DV <input type="checkbox"/>			Statute or Regulation		F M or V	A B C or U	Disposition Code	
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 DV <input type="checkbox"/>			Statute or Regulation		F M or V	A B C or U	Disposition Code	
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	

F M 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. 9/24)

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**PROSECUTOR FILE**

**2024**