



CRIMINAL HISTORY FORM

(Use a separate form for each incident requiring a Criminal History Form. Copies of form may be made, if needed.)

Last		First		Middle	
PE#:	EI#:	PS#:	SI#:	: 	
Date of Incident:					
ocation of Incident:					
Name of Arresting/Ticketing A	Agency:				
Mailing Address	City	State/0	County Zip/Po	stal Code	
Detailed Summary of the charge: (Use an additional		ance leading to this a	rrest, citation, ticket a	nd/or crimina	
Charges (Indicate whethe	er charge was a misdemo	eanor or a felony.):			
Initial Charge(s):			Misdemeanor	Felony	
Final Charge(s):			Misdemeanor	Felony	
Plea:					
Plea: Date of Judgment/Dispos	sition:				
	sition:				
Date of Judgment/Dispos	sition: deferred adjudication, de				
Date of Judgment/Dispos Disposition: (<i>probation, d</i>	sition: deferred adjudication, de				
Date of Judgment/Dispos Disposition: (<i>probation, d</i> Style and Cause number(s	sition: deferred adjudication, de				

Attach copies of <u>ALL</u> court documents including Offense Reports, Judgment and Sentence documentation and Final Disposition (release) documents for <u>each</u> incident.

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