

# Record of Criminal Cases/Traffic Violations

Name \_\_\_\_\_ *Social Security Number* \_\_\_\_\_

Please indicate whether the matter described below involves a criminal matter, or a minor traffic violation not involving drugs/or alcohol. Criminal Matter  Moving Traffic Violation

Date of Incident (or time period involved): \_\_\_\_\_ Age at time of incident \_\_\_\_\_

Location: \_\_\_\_\_  
*City County State*

Title of complaint or indictment: \_\_\_\_\_

Court file number \_\_\_\_\_ Date(s) the complaint or indictment was filed: \_\_\_\_\_

Name and complete address of court or entity with possession of documents:

*Name of Court:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_ *Telephone Number:* \_\_\_\_\_

Name and complete address of law enforcement agency involved:

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_ *Telephone Number:* \_\_\_\_\_

Name and complete address of entity bringing charges:

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_ *Telephone Number:* \_\_\_\_\_

Name and complete address of attorney retained in defense of this matter:

*Name of Attorney:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_ *Telephone Number:* \_\_\_\_\_

Date first heard: \_\_\_\_\_

Charge(s) at time of arrest/citation: \_\_\_\_\_

Charge(s) at time of trial: \_\_\_\_\_

Final Disposition: \_\_\_\_\_

Brief description of incident as well as circumstances leading up to and surrounding the same: (continue on separate page if necessary): \_\_\_\_\_

**\*\*\*Attach, where applicable, certified copies of docket sheet(s), the charging documents, police records, etc., as well as the judgment of convictions, the presentence investigation (if applicable) and any other relevant pleadings.**