

Please do not staple this form to your application.

FORM #12 – RECORD OF CRIMINAL/TRAFFIC CASES

Name _____
 First Middle Last Social Security #

Date of Incident (or time period involved): _____

Title of complaint or indictment: _____

Criminal/Traffic Number: _____

Full and complete description of incident (use additional pages, if necessary): _____

Name and complete address of court involved:

Name of Court: _____
Address: _____
City: _____ State _____ Zip _____

Name and address of Law Enforcement Agency:

Name of Law Enforcement Agency: _____
Address: _____
City: _____ State _____ Zip _____

Date First Heard: _____

Charge(s) at time of Arrest: _____

Charge(s) at time of Trial: _____

Date of Final Disposition: _____

Final Disposition: _____

Date of Final Disposition: _____

Disposition: _____

Attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence, appeal, and criminal record check. **If any of this information is not available, please provide a letter from the court stating no record available.**