

To be used with Questions 21A and 22
FORM 5 / RECORD OF CRIMINAL CASES

Name _____
First Middle Last Suffix

Date (or time period) of incident _____

Charge(s) on date of arrest or citation _____

Incident location (city, county, state) _____

Country _____ Province _____

Title of complaint, indictment, or citation _____

Court file number _____

Name and complete address of court involved:

Name of court _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Name and address of law enforcement agency involved:

Name of law enforcement agency _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Name and address of defendant's attorney:

Name of attorney _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

Date of initial court hearing _____

Charge(s) at time of initial court hearing _____

Date of final disposition _____

Charge(s) at time of final disposition _____

Final disposition _____

Detailed description of incident _____

Attach a copy of the arresting agency's report, complaint, indictment, citation, information, disposition, sentence, and appeal, if any.