



# Criminal Record Report Form

Supplied Information	Information Found on Record	MATCHED
Name _____	Name _____	<input type="checkbox"/> Confirmed
DOB _____	DOB _____	<input type="checkbox"/> Confirmed
SSN _____	SSN _____	<input type="checkbox"/> Confirmed
Address _____	Address _____	<input type="checkbox"/> Confirmed
DL # _____	DL# _____	<input type="checkbox"/> Confirmed
<b>Is this record found under an AKA</b> <input type="checkbox"/> Yes	<b>List AKA</b> _____	<input type="checkbox"/> Confirmed

**County:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Court:**  Felony Court  Misdemeanor Court  Other **Is this case open or still pending?**  Yes

**Case Number** \_\_\_\_\_

**File Date** \_\_\_\_\_ **Disposition Date** \_\_\_\_\_

**Charge 1**  
**Plea**  Guilty  Not Guilty  No Contest **Finding**  Guilty  Not Guilty  Dismissed  Nolle Pros  Acquitted

**Charge 2**  
**Plea**  Guilty  Not Guilty  No Contest **Finding**  Guilty  Not Guilty  Dismissed  Nolle Pros  Acquitted

**Charge 3**  
**Plea**  Guilty  Not Guilty  No Contest **Finding**  Guilty  Not Guilty  Dismissed  Nolle Pros  Acquitted

**Charge 4**  
**Plea**  Guilty  Not Guilty  No Contest **Finding**  Guilty  Not Guilty  Dismissed  Nolle Pros  Acquitted

**Charge 5**  
**Plea**  Guilty  Not Guilty  No Contest **Finding**  Guilty  Not Guilty  Dismissed  Nolle Pros  Acquitted

**Sentence 1**  
**Fines \$** \_\_\_\_\_ **Cost \$** \_\_\_\_\_ **Probation** \_\_\_\_\_

**Sentence 2**  
**Fines \$** \_\_\_\_\_ **Cost \$** \_\_\_\_\_ **Probation** \_\_\_\_\_

**Sentence 3**  
**Fines \$** \_\_\_\_\_ **Cost \$** \_\_\_\_\_ **Probation** \_\_\_\_\_

**Sentence 4**  
**Fines \$** \_\_\_\_\_ **Cost \$** \_\_\_\_\_ **Probation** \_\_\_\_\_

**Sentence 5**  
**Fines \$** \_\_\_\_\_ **Cost \$** \_\_\_\_\_ **Probation** \_\_\_\_\_

**Record #** \_\_\_\_\_ **Of #** \_\_\_\_\_ **Additional Cost** \$ \_\_\_\_\_

All Records faxed to this office must be on DDI approved forms. WRITE LEGIBLY PLEASE

FAX NUMBERS: (866) 431-1541 or (859) 392-8466

We will retain this report for future comparison. Please be sure to include the request list along with this record

**Researcher Signature:** \_\_\_\_\_