

FORM 4
Record of Criminal Cases

Complete a separate Form 4 for each criminal case. Please type your responses.

*With this form you **MUST** submit a copy of the police report and any court documents (e.g. complaint, indictment, trial disposition, sentence, appeal, etc.).*

Name _____

Date of Incident (or time period involved) _____

Location: City _____ County _____ State _____

Title of complaint or indictment _____

Case number _____

Name of court involved _____

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:

Description of incident:

(You must provide a description in your own words. Do NOT write "See attached documents.")