

OKLAHOMA DISPOSITION REPORT

LEAVE BLANK	OTN	LAST NAME	FIRST NAME	MIDDLE NAME	ALIASES			
SIGNATURE OF PERSON FINGERPRINTED		DATE		CONTRIBUTER ORI				
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		SELECT ONE						
		Felony or Misdemeanor	Crime Against Child					
CHARGE – ADDITIONAL CHARGES ON BACK (Yes) or (No)		F – M	Y – N					DATE ARRESTED OR RECEIVED
1								
2				SOCIAL SECURITY NO	SEX	RACE	HEIGHT	WEIGHT
3								EYES
FINAL DISPOSITION – CHARGE		OCA NO.		SID NO.	CLASS			
1								
2								
3		ALIEN REGISTRATION #		FBI NO.				

DISPOSITION REPORT

FOR PROSECUTORS USE ONLY

Referred to District Attorney

Referred to Municipal Court

ORI	AGENCY NAME						DISPOSITION DATE	CASE NUMBER
CHARGES AT CONVICTION	FELONY OR MISD. (F or M)	COUNTS	HEARING CODE	DISPOSITION CODE	PROVISION CODE	REASON CODE	SENTENCE	DOC SUP. (Y)
CHG 1								
CHG 2								
CHG 3								
CHG 4								
CHG 5								
CHG 6								
CHG 7								
CHG 8								
CHG 9								
CHG 10								

JUDGE: _____

PROSECUTOR: _____

F – FINE R/L – LOCAL RESTITUTION J – JAIL
D – DEFERRED R/S – STATE RESTITUTION S – SUSPENDED
P – PRISON