DISPOSITION REPORT

Print Legibly:

Name of Arrestee - Last:	**First:**	**Middle:**
DOB:	**SSN:**	**Sex:**

Date Arrested:
Offenses Charged at Arrestee:
Final Disposition and Date for each Charge:
Court Ordered Expungement: Yes ☐ No ☐

Form submitted by: (if using your letterhead you do not have to fill in this section)

Name:
Title:
Agency:
Telephone: **Fax:**
Address:

Signature of Person Submitting Form **Date Form Submitted**