

To be used with Question #19(a) and (b) on **General Application**.  
To be used with Questions #13(a) and (b) on **Supplemental Application**  
Do not staple to application.

**FORM #12 – RECORD OF CRIMINAL/TRAFFIC CASES**

Name \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Social Security #

Date of Incident (or time period involved): \_\_\_\_\_

Title of complaint or indictment: \_\_\_\_\_  
\_\_\_\_\_

Criminal/Traffic Number: \_\_\_\_\_

Full and complete description of incident (use additional pages, if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and complete address of court involved:

Name of Court: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name and address of Law Enforcement Agency:

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Final Disposition: \_\_\_\_\_  
Disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a copy of the arresting officer’s report, complaint, indictment, trial disposition, sentence, appeal, and criminal record check. **If any of this information is not available, please provide a letter from the court stating no record available.**