

DENTON COUNTY CASE REPORT

Agency _____
Reporting Officer _____
ID _____ Phone # _____
Investigating Officer _____
ID _____ Phone# _____

<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony	<input type="checkbox"/> State Jail
Offense _____		
Offense # _____		
Offense Date / Time _____ Arrest Date / Time _____		
Offense Location Type _____		
Warrant # _____		

Defendant _____
Race _____ Sex _____ Age _____ DOB _____
Height _____ Weight _____ Eye _____ Hair _____
DL# _____ SS# _____ SID# _____
Address _____

School Notification Required: Yes _____ No _____
Name of School: _____ Grade: _____
City / Location of School: _____

CO-DEFENDANTS	
Name _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____

Complainant / Injured Party _____	
Address _____	Phone# _____
Work Address _____	Phone# _____

Date Received

Case Report Includes:

- Complete Criminal History (QH and QR)
- Signed PC Affidavit (Required on Misds.)
- Narcotics Checklist
- All Available Video/Audio/Photos