CRIMINAL CASE FORM

This form may be duplicated as necessary

Name _____
First Middle Last

Date of incident (or time period involved) _____

Location incident occurred _____
City County State

Case Number _____

Name and location of court involved:

Name of court _____

City _____ State _____ Zip_____

Names and location of law enforcement agency involved:

Name of law enforcement agency _____

City _____ State _____ Zip _____

Charge(s) at time of arrest _____

Charge(s) convicted of _____

Conviction Date _____

Description of incident _____

_____

_____

_____

_____

You must disclose all information requested pertaining to your criminal history. You may not rely on the results of your fingerprint background check as disclosure of your criminal history.

If you have more than one criminal incident to disclose, you must copy this form and provide a completed form for each incident. You may not provide information pertaining to multiple incidents on one form.

The Board may verify the above information and charge you for any fees associated with this process. Your approval to take the Jurisprudence Examination may be delayed until all pertinent information is collected and reviewed by the Board.