

FINAL DISPOSITION REPORT

**NEVADA DEPARTMENT OF PUBLIC SAFETY
CENTRAL REPOSITORY FOR NEVADA RECORDS OF CRIMINAL HISTORY
FAX: (775) 687-3284**

NAME OF REPORTING AGENCY:

PCN: ARRESTING AGENCY:

SID #: FBI #:

SUBJECT'S NAME: DATE OF ARREST:

DOB: SOCIAL SECURITY #:

(1) ORIGINAL CHARGE <i>(Literal Name):</i>							
ORIGINAL NOC (5-Digit):		WAS THIS CHARGE AMENDED**?	YES		NO		
** IF YES, FINAL CHARGE (Literal Name):							
FINAL NOC (5-Digit):		DISPOSITION DATE:					
OFFENSE CLASSIFICATION (OR SEVERITY):							
DISPOSITION CODE (OR TYPE):							
PROSECUTOR/COURT ORI:		CASE #:					
SENTENCE DATE:		JAIL/PRISON FACILITY:					
For the following 4 fields involving sentencing, please indicate the specific quantity and applicable type (i.e., hours, days, months, or years)							
TERM OF SENTENCE:		SUSPENDED?	YES		NO		
CREDIT TIME SERVED:							
PROBATION:		COMMUNITY SERVICE:					
For the following 3 fields, please indicate the specific dollar amount, exclusive of court fees:							
FINE:		EXCUSED:		RESTITUTION:			
SCHOOL:	YES		NO	COUNSELING:	YES		NO
SPECIAL CONDITIONS <small>(If applicable, specify in the space provided to the right, such as VIP, AA, SOOT, etc.):</small>							
Please enter below a name and phone number of preparer or contact person:							

LAST NAME:

PCN:

(2) ORIGINAL CHARGE (Literal Name):							
ORIGINAL NOC (5-Digit):		WAS THIS CHARGE AMENDED**?	YES		NO		
** IF YES, FINAL CHARGE (Literal Name):							
FINAL NOC (5-Digit):		DISPOSITION DATE:					
OFFENSE CLASSIFICATION (OR SEVERITY):							
DISPOSITION CODE (OR TYPE):							
PROSECUTOR/COURT ORI:		CASE #:					
SENTENCE DATE:		JAIL/PRISON FACILITY:					
For the following 4 fields involving sentencing, please indicate the specific quantity and applicable type (i.e., hours, days, months, or years)							
TERM OF SENTENCE:		SUSPENDED?	YES		NO		
CREDIT TIME SERVED:							
PROBATION:		COMMUNITY SERVICE:					
For the following 3 fields, please indicate the specific dollar amount, exclusive of court fees:							
FINE:		EXCUSED:		RESTITUTION:			
SCHOOL:	YES	NO		COUNSELING:	YES	NO	
SPECIAL CONDITIONS							
<i>(If applicable, specify in the space provided to the right, such as VIP, AA, SOOT, etc.)</i>							

LAST NAME:

PCN:

(3) ORIGINAL CHARGE (Literal Name):							
ORIGINAL NOC (5-Digit):		WAS THIS CHARGE AMENDED**?	YES		NO		
** IF YES, FINAL CHARGE (Literal Name):							
FINAL NOC (5-Digit):		DISPOSITION DATE:					
OFFENSE CLASSIFICATION (OR SEVERITY):							
DISPOSITION CODE (OR TYPE):							
PROSECUTOR/COURT ORI:		CASE #:					
SENTENCE DATE:		JAIL/PRISON FACILITY:					
For the following 4 fields involving sentencing, please indicate the specific quantity and applicable type (i.e., hours, days, months, or years)							
TERM OF SENTENCE:		SUSPENDED?	YES		NO		
CREDIT TIME SERVED:							
PROBATION:		COMMUNITY SERVICE:					
For the following 3 fields, please indicate the specific dollar amount, exclusive of court fees:							
FINE:		EXCUSED:		RESTITUTION:			
SCHOOL:	YES		NO	COUNSELING:	YES		NO
SPECIAL CONDITIONS							
<i>(If applicable, specify in the space provided to the right, such as VIP, AA, SOOT, etc.)</i>							

END OF REPORT