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: SOCIAL SECURITY #:** DOB: (1) ORIGINAL CHARGE (Literal Name): **ORIGINAL** NOC (5-Digit): **WAS THIS CHARGE AMENDED**? YES** NO ** IF YES, FINAL CHARGE (Literal Name): **DISPOSITION DATE:** FINAL NOC (5-Digit): **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 (If applicable, specify in the space provided to the right, such as VIP, AA, SOOT, etc.). Please enter below a name and phone number of preparer or contact person:

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LAST NAME: PCN:

(2) ORIGINAL CI (Literal Name):											
ORIGINAL NOC (5-Digit):			WAS	WAS THIS CHARGE AMENDED**						NO	
** IF YES, FINAL CHARGE (Litera		<u>:</u>					_				
FINAL NOC (5-Digit):					DISPOSITION DATE:						
OFFENSE CLASSIFICATION (OR SEVERITY):											
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For the following 4 fields involving sentencing, please indicate the specific quantity and applicable type (i.e., hours, days, months, or years)											
TERM OF SENT				SUSPENDED?			i	NO			
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PROBATION:			СОММ	MUNITY SERVICE:							
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FINE:		EXCU	ISED:	REST			TUTIO	N:			
SCHOOL: YI	ES	NO)	COUNSELING		:	YES		NO)	
SPECIAL COND	ITIONS										
(If applicable, specify in the space provided to the right, such as VIP, AA, SOOT, etc.):											

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LAST NAME: PCN:

(3) ORIGINAL CHARGE (Literal Name):													
ORIGINAL NOC (5-Digit):					WAS THIS CHARGE AMENDED**?						NO		
** IF YES, FINAL CHARGE (Literal Name):													
FINAL NOC (5-Digit):						DISPOSITION DATE:							
OFFENSE CLASSIFICATION (OR SEVERITY):													
DISPOSITION CODE (OR TYPE):													
PROSECUTOR	T OR	RI:				CASE#	:						
SENTENCE DA	ATE:			JAI	L/PRISO	N FACI	LITY:						
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?			S	NO			
CREDIT TIME	SERVE	D:											
PROBATION:				СОММ	IMUNITY SERVICE:								
For the following 3 fields, please indicate the specific dollar amount, exclusive of court fees:													
FINE:	FINE:			D:	RESTI			TITUTI	TUTION:				
SCHOOL:	YES		NO		COUNS	ELING:		YE	S	N	0		
SPECIAL CONDITIONS (If applicable, specify in the space provided to the right, such as VIP, AA, SOOT, etc.):													

END OF REPORT

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