

(All fields marked in **BOLD** are mandatory)

# JUVENILE ARREST CARD

Transaction Control Number

Document Control Number:

Ref. DCN:

Arresting Agency ORI - NCIC

L31585492

IL



FRM0130L31585492

Subjects Last Name

First Name

Middle Name / Suffix

Date of Birth

Place of Birth

Sex

Race

Height

Weight

Hair

Eye

Social Security Number

Drivers License Number

DL State

Basis For Caution:

Alias Last Name

Alias First Name

Alias Middle Name / Suffix

Alias Date of Birth

Occupation

Employer

Employer Address

Employer Phone

Residence of Person Fingerprinted

Agency Case Number (unique)

Juvenile Case Number

School Name

Date of Arrest

Time of Arrest (HRS)

Juvenile Officer Badge #

Co. of Prosecution

Arrest Disposition (choose one)

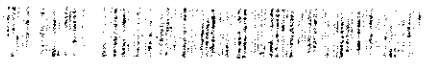
Informal Station Adjustment ( ) Formal Station Adjustment ( ) Released Without Charging ( ) Petition / Referral to Court / Probation ( )

Scars, Marks, Tattoos

Date Fingerprinted: / /

Count	Statute Citation / AOIC Code	C S A O D	C L A S S	Offense Description	County Issuing Warrant	Warrant / Court Case Number	State Use Only
001							
001							
001	Date of Offense / /			Domestic Violence (Please check) <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrest Type (See Back) <input type="checkbox"/>		
002							
002							
002	Date of Offense / /			Domestic Violence (Please check) <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrest Type (See Back) <input type="checkbox"/>		
003							
003							
003	Date of Offense / /			Domestic Violence (Please check) <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrest Type (See Back) <input type="checkbox"/>		

Page Number \_\_\_\_ of \_\_\_\_



PC 03621E JDE#007

**PLEASE MAIL THIS COPY TO:**

**ILLINOIS STATE POLICE  
BUREAU OF IDENTIFICATION  
260 NORTH CHICAGO STREET  
JOLIET, ILLINOIS 60432-4075**

(All fields marked in **BOLD** are mandatory)

# STATES ATTORNEY

Transaction Control Number

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L31585492

IL



FRM0530L31585492

Subjects Last Name

First Name

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Alias Last Name

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Alias Date of Birth

Occupation

Employer

Employer Address

Employer Phone

Residence of Person Fingerprinted

Agency Case Number (unique)

Juvenile Case Number

School Name

Date of Arrest

Time of Arrest (HRS)

Juvenile Officer Badge #

Co. of Prosecution

Arrest Disposition (choose one)

Informal Station Adjustment ( ) Formal Station Adjustment ( ) Released Without Charging ( ) Petition / Referral to Court / Probation ( )

Scars, Marks, Tattoos

Date Fingerprinted: / /

States Attorney ORI - NCIC

IL

Count	Statute Citation / AOIC Code	C S A O D	C L A S S	Offense Description	County Issuing Warrant	Warrant / Court Case Number	State Use Only
001							Filed
001							Not Filed
001							Modified
001	Date of Offense / /			Domestic Violence (Please check)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arrest Type (See Back) <input type="checkbox"/>	Decision Date / /
002							Filed
002							Not Filed
002							Modified
002	Date of Offense / /			Domestic Violence (Please check)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arrest Type (See Back) <input type="checkbox"/>	Decision Date / /
003							Filed
003							Not Filed
003							Modified
003	Date of Offense / /			Domestic Violence (Please check)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arrest Type (See Back) <input type="checkbox"/>	Decision Date / /

Note: Arresting Agency Disposition / Probation Office Adjustment Form on Reverse

Page Number \_\_\_\_ of \_\_\_\_

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# ARRESTING AGENCY DISPOSITION FORM

Document Control Number

Ref. DCN

Arresting Agency ORI - NCIC

**L31585492**

IL

Arrest-Type

Subjects Last Name

First Name

Middle Name / Suffix

On View Arrest	V
Summoned / Cited (Not Taken into Custody)	S
Original Arrest Warrant	A
Bond Forfeiture Warrant	B
Probation Violation Warrant	P
Probation / Mandatory Supervised	
Release Violation Warrant	M
Out of State Warrant	O

Arrest Disposition (choose one)

Informal Station Adjustment

☐

Formal Station Adjustment

☐

Released Without Charging

☐

Petition / Referral to Court

☐

Adjustment Term	Term	y.m.d.hrs
Community Mediation	M	
Community Service	X	
Contact Limitations	L	
Counseling	U	
Curfew	C	
Geographic Restrictions	G	
Juvenile Officer Reporting	J	
Peer Support Program	P	
Possession of Firearm Limitations	F	
Restitution	R	
School Attendance Required	S	
Other	O	
Specify Length of Term by placing term followed by y/m/d/hrs		

## PROBATION OFFICE ADJUSTMENT NOTIFICATION

Probation Adjustment:

☐

Yes

Probation Office ORI - NCIC

IL

Note: If referred to court please submit this form to the appropriate States Attorney Office

Please Mail This Copy To:

ILLINOIS STATE POLICE, 260 NORTH CHICAGO STREET, JOLIET, ILLINOIS 60432-4075

COPY #2 STATES ATTORNEY / ARRESTING AGENCY / PROBATION ADJUSTMENT FORM

(All fields marked in **BOLD** are mandatory)

# CIRCUIT CLERK

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Arresting Agency ORI - NCIC

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IL



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Subjects Last Name

First Name

Middle Name / Suffix

Date of Birth

Place of Birth

Sex

Race

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Social Security Number

Drivers License Number

DL State

Basis For Caution:

Alias Last Name

Alias First Name

Alias Middle Name / Suffix

Alias Date of Birth

Occupation

Employer

Employer Address

Employer Phone

Residence of Person Fingerprinted

Agency Case Number (unique)

Juvenile Case Number

School Name

Date of Arrest

Time of Arrest (HRS)

Juvenile Officer Badge #

Co. of Prosecution

Arrest Disposition (choose one)

Informal Station Adjustment ( ) Formal Station Adjustment ( ) Released Without Charging ( ) Petition / Referral to Court / Probation ( )

Scars, Marks, Tattoos

Date Fingerprinted: / /

Circuit Clerk Court ORI - NCIC

IL

## CIRCUIT CLERK'S SECTION

Count	Statute Citation / AOIC Code	C S A O D	C L A S S	Offense Description	Disposition Code	Disposition Date	State Use Only

## SENTENCE SECTION

COUNT	SENTENCE CODE	YEAR	MONTHS	DAYS	HOURS	AMOUNT	SENTENCE STATUS CODE	SENTENCE DATE

Page Number \_\_\_\_ of \_\_\_\_

STW3621E JOEPORAN

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BUREAU OF IDENTIFICATION  
260 NORTH CHICAGO STREET  
JOLIET, ILLINOIS 60432-4075**

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Residence of Person Fingerprinted

Agency Case Number (unique)

Juvenile Case Number

School Name

Date of Arrest

Time of Arrest (HRS)

Juvenile Officer Badge #

Co. of Prosecution

Arrest Disposition (choose one)

Informal Station Adjustment ( ) Formal Station Adjustment ( ) Released Without Charging ( ) Petition / Referral to Court / Probation ( )

Scars, Marks, Tattoos

Date Fingerprinted: / /

Count	Statute Citation / AOIC Code	C S A O D	C L A S S	Offense Description	County Issuing Warrant	Warrant / Court Case Number	State Use Only
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002							
002	Date of Offense / /	Domestic Violence (Please check)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Arrest Type (See Back)	<input type="checkbox"/>	
003							
003							
003	Date of Offense / /	Domestic Violence (Please check)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Arrest Type (See Back)	<input type="checkbox"/>	

Page Number \_\_\_\_ of \_\_\_\_

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L31585492



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Subjects Last Name

First Name

Middle Name / Suffix

Photo Available ☐ Yes

Palm Prints Available ☐ Yes

Arrestee Armed With  
(Choose maximum of two)

Unarmed ☐ Unknown Firearm ☐  
Handgun ☐ Rifle ☐  
Shotgun ☐ Other Firearm ☐  
Lethal Cutting Instrument ☐  
Club / Blackjack / Knuckles ☐

Automatic Weapon ☐

Adjustment Term

Term

y.m.d.hrs

Community Mediation	M	
Community Service	X	
Contact Limitations	L	
Counseling	U	
Curfew	C	
Geographic Restrictions	G	
Juvenile Officer Reporting	J	
Peer Support Program	P	
Possession of Firearm Limitations	F	
Restitution	R	
School Attendance Required	S	
Other	O	

Specify Length of Term by placing term followed by y/m/d/hrs

Arrest Type

On View Arrest	V
Summoned / Cited (Not Taken into Custody)	S
Original Arrest Warrant	A
Bond Forfeiture Warrant	B
Probation Violation Warrant	P
Probation / Mandatory Supervised	
Release Violation Warrant	M
Out of State Warrant	O

Parent / Legal Guardian (Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please Mail This Copy To:

ILLINOIS STATE POLICE, 260 NORTH CHICAGO STREET, JOLIET, ILLINOIS 60432-4075

## Fingerprint Images

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY