



APPLICATION FOR DETERMINATION OF MORAL CHARACTER

FORM 2—RECORD OF CRIMINAL CASES

Please complete this form if you answered "Yes" to questions 41, 42, 43, 44, 45, 46, 47, and/or 48 on the Determination Application, or questions 40, 41, 42, 43, 44, and/or 45 on the Extension Application.

Name: \_\_\_\_\_ File Number: \_\_\_\_\_

INCIDENT

Charge(s) at time of arrest: Felony  Misdemeanor

Charge(s) (e.g., petty theft): \_\_\_\_\_

Date of incident (or time period involved): \_\_\_\_\_

Location: \_\_\_\_\_  
City County State

NARRATIVE

Provide a **detailed** narrative of the circumstances surrounding the incident. **If you need more space, please attach a separate sheet of paper.**

\_\_\_\_\_  
\_\_\_\_\_

ARRESTING AGENCY

Name of law enforcement agency: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Arresting Agency Report Number: \_\_\_\_\_

**COURT**

Name of court: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Court File Number: \_\_\_\_\_ Date first heard: \_\_\_\_\_

**PLEA**

Date of plea: \_\_\_\_\_

CHARGE		PLEA	
Fel. <input type="checkbox"/>	Misd. <input type="checkbox"/>	<input type="checkbox"/> Guilty	
		<input type="checkbox"/> Not Guilty	
		<input type="checkbox"/> No Contest (nolo contendere)	
		<input type="checkbox"/> Other	
Fel. <input type="checkbox"/>	Misd. <input type="checkbox"/>	<input type="checkbox"/> Guilty	
		<input type="checkbox"/> Not Guilty	
		<input type="checkbox"/> No Contest (nolo contendere)	
		<input type="checkbox"/> Other	

**FINAL DISPOSITION**

Date of final disposition: \_\_\_\_\_

CHARGE		SENTENCE
Fel. <input type="checkbox"/>	Misd. <input type="checkbox"/>	_____
Fel. <input type="checkbox"/>	Misd. <input type="checkbox"/>	_____

**ATTACH A COPY OF THE POLICE REPORT, DOCKET SHEET, MINUTES, REGISTER OF ACTIONS, COMPLAINT, INDICTMENT, TRIAL DISPOSITION, SENTENCE, APPEAL, PROBATION REPORT AND CERTIFIED COPY OF CONVICTION, IF APPLICABLE.**