



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: _____

Title of complaint or indictment: _____

Court File Number: _____ Date first heard: _____

Date of final disposition: _____

| FINAL DISPOSITION | CHARGE | SENTENCE |
|--|--------|----------|
| Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> | _____ | |
| Felony <input type="checkbox"/> Misdemeanor <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.