

## OKLAHOMA FILING REPORT

LEAVE BLANK	OTN	LAST NAME	FIRST NAME	MIDDLE NAME	ALIASES					
SIGNATURE OF PERSON FINGERPRINTED		DATE		CONTRIBUTER ORI						
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		SELECT ONE								
		Felony or Misdemeanor	Crime Against Child							
CHARGE – ADDITIONAL CHARGES ON BACK (Yes) or (No)		F – M	Y – N	DATE ARRESTED OR RECEIVED	AGE	DATE OF BIRTH		PLACE OF BIRTH		
1						Month	Day		Year	
2		F – M	Y – N	SOCIAL SECURITY NO	SEX	RACE	HEIGHT	WEIGHT		
3		F – M	Y – N						EYES	HAIR
FINAL DISPOSITION – CHARGE		OCA NO.								
1				SID NO.						
2										
3		ALIEN REGISTRATION #		FBI NO.						

### FILING REPORT

**FOR PROSECUTORS USE ONLY**

Referred to District Attorney

Referred to Municipal Court

ORI	AGENCY NAME	DATE FILED		CASE NUMBER		
CHARGES		FELONY OR MISD. (F or M)	COUNTS	GENERAL OFFENSE CODE	CONTROLLED SUBSTANCE	DA DECLINES TO FILE
STATUTE / OFFENSE						
CHG 1						
CHG 2						
CHG 3						
CHG 4						
CHG 5						
CHG 6						
CHG 7						
CHG 8						
CHG 9						
CHG 10						