

DENTON COUNTY CASE REPORT

Agency _____		
Reporting Officer _____		
ID _____	Phone # _____	Email _____
Investigating Officer _____		
ID _____	Phone # _____	Email _____

<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony	<input type="checkbox"/> State Jail
Offense _____		
Offense # _____		
Offense Date / Time _____		Arrest Date / Time _____
Offense Location Type _____		
Warrant # _____		

Defendant _____			
Race _____	Sex _____	Age _____	DOB _____
Height _____	Weight _____	Eye _____	Hair _____
DL# _____	SS# _____	SID# _____	
Address _____			

School Notification Required: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of School _____ Grade _____
City / Location of School _____

Defendant is Military Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
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CO-DEFENDANTS	
Name _____	DOB _____
Name _____	DOB _____
Name _____	DOB _____

Complainant / Injured Party _____	
Address _____	Phone _____
Work Address _____	Phone _____

Date Received

Case Report Includes:

- Complete Criminal History (QH and QR)
- Complete DL Return/Printout
- Signed PC Affidavit (Required on MISDs)
- Narcotics Checklist
- All Available Audio/Video/Photos
- Any Prior Finding of No PC