CHALLENGE OF CRIMINAL HISTORY RECORD

TO: _____ FROM: _____ _____

Originating Agency — Name — DOC #

_____ _____

Address — Address

_____ _____

City State Zip — City State Zip

I have reviewed my criminal history records at _____ and find that
(Agency)
certain entries originating in your agency are significantly inaccurate or incomplete in the following particulars:

Record Now Reads — Record Entry Number _____ Date _____

Charge _____ Date _____

Disposition _____ Date _____

Record Should Read — Record Entry Number _____ Date _____

Charge _____ Date _____

Disposition _____ Date _____

Basis for challenge

_____

_____

_____

_____

__ I have attached and signed a(n) additional sheet(s) describing other claimed errors in my records originating in your agency.

_____ _____

Signature — Date

DOC 060212C
(R 4/10)