

CASE CARD

DISCHARGE DATE _____ SUPERVISION LEVEL _____ DISTRICT/OFFICER _____

NAME _____ DOC# _____

R/S ____/____ DOB ____/____/____ POB _____ HT ____ WT ____ COMPLX _____ BUILD _____ HAIR _____
EYES _____

OSBI# _____ FBI# _____ SS# _____ COUNTY/STATE _____

CRIME/CRF# _____ TERM _____

CC/CSCASES _____

COMMITTED DOC _____ RELEASED _____ REVOKED _____

SENTENCED _____ JUDGE _____

COURT COST _____ DUE _____ RESTITUTION _____ DUE _____

SUPERVISION FEE _____ MONTH BEGINNING _____ FINE _____ DUE _____

HOME ADDRESS _____ PHONE# _____

CITY COUNTY STATE

AKA/OTHER _____