

OKLAHOMA SELF-DEFENSE ACT APPLICANT LOCAL AGENCY REPORT

This form is to be completed by the sheriff's office in the applicant's county of residence.

Applicant Name: _____	Alias(es): _____
Date of Birth: _____	Social Security Number: _____
County of Residence: _____	City of Residence: _____
Date Received: _____	Date Completed: _____

COUNTY INFORMATION

Records from the Sheriff's Office were checked by _____ Title _____
Charges / Arrests / Incidents: _____ Date: _____ Disposition: _____

NO RECORD NO AGENCY RESPONSE Date Checked _____

Records from the Court Clerk's Office were checked by _____ Title _____
Charges / Arrests / Incidents: _____ Date: _____ Disposition: _____

NO RECORD NO AGENCY RESPONSE Date Checked _____

Records from the District Attorney's Office were checked by _____ Title _____
Charges / Arrests / Incidents: _____ Date: _____ Disposition: _____

NO RECORD NO AGENCY RESPONSE Date Checked _____

MUNICIPAL INFORMATION

Records from the Police Department were checked by _____ Title _____
Charges / Arrests / Incidents: _____ Date: _____ Disposition: _____

NO RECORD NO AGENCY RESPONSE Date Checked _____

Records from the Municipal Court were checked by _____ Title _____
Charges / Arrests / Incidents: _____ Date: _____ Disposition: _____

NO RECORD NO AGENCY RESPONSE Date Checked _____

STATEWIDE INFORMATION

(Please check all counties)

OSCN ODCR were checked by _____ Title _____ Date Checked _____

ANY PROTECTIVE ORDERS (PO) OR BENCH WARRANT(S) CURRENTLY IN EFFECT YES NO

ANY CRIMINAL MISDEMEANOR (CM) OR CRIMINAL FELONY (CF) CASE FILINGS YES NO

Please attach any relevant supporting documents and forward with the SDA application within 14 days of the date received.