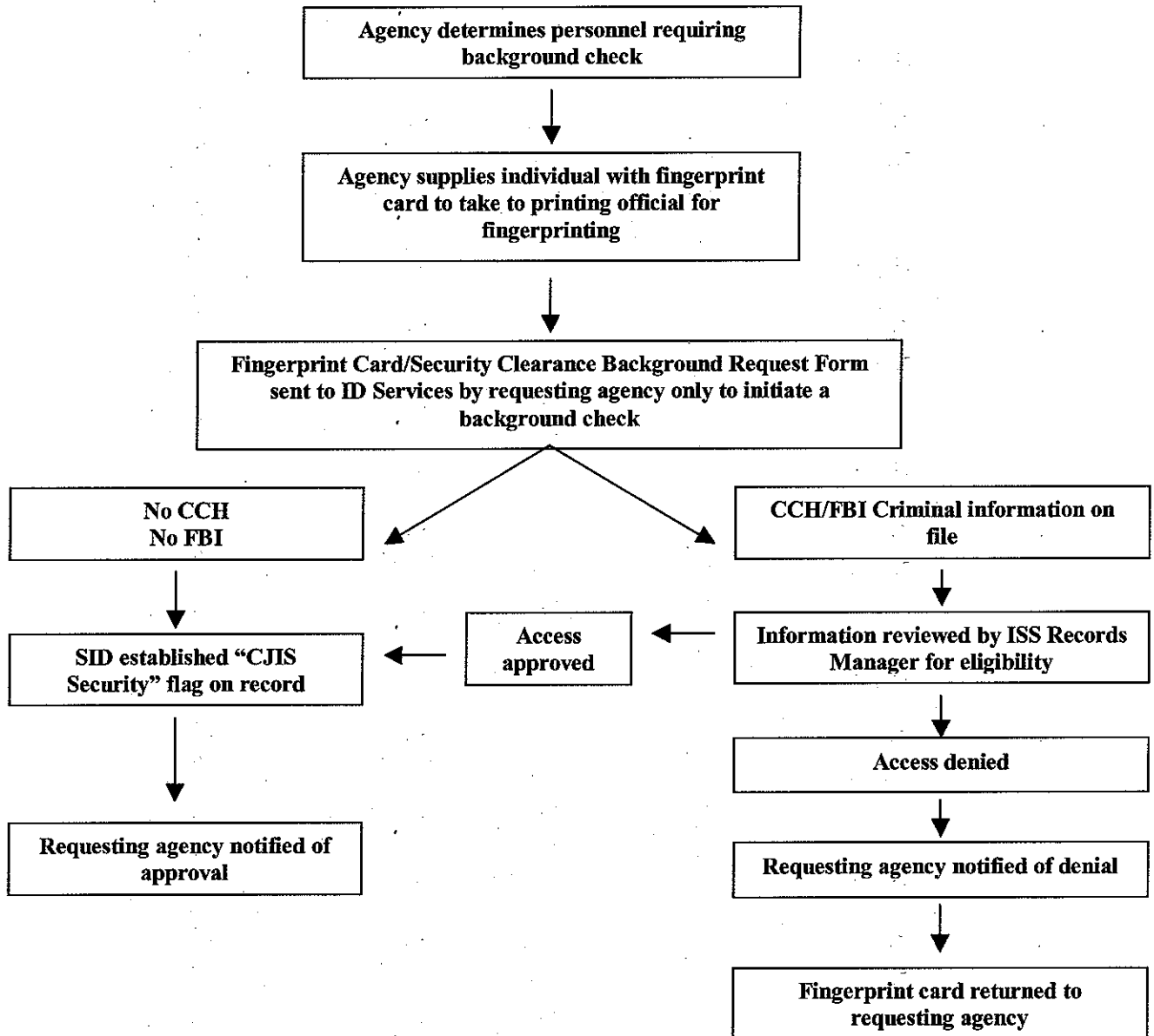


OPS CHAPTER 27 – FINGERPRINTING

Please read entire section before beginning any work.

27.1 EMPLOYEE FINGERPRINTING

27.1.1 FLOWCHART



27.1.2 CJIS – SECURITY CLEARANCE BACKGROUND REQUEST

See OPS 27, p. 7 for sample request form.

27.1.3 EMPLOYEE FINGERPRINT CARD

See OPS 27, pp. 8-9 for sample fingerprint card.

27.2 OFFENDER FINGERPRINTING

27.2.1 FINGERPRINT CARD INSTRUCTION GUIDE

The following is a brief description of data required when completing fingerprint cards. See samples of completed forms in OPS 27, pp. 10-16.

- SID:** Unique seven or eight-digit state ID number for each person with a state CCH.
- FBI:** Unique nine-digit FBI ID Division number for each person with a Federal Criminal Record. Enter if known.
- ORI:** Unique nine-digit NCIC Originating Agency number assigned to the contributor. Must coincide with the contributor's name.
- CONTRIBUTOR:** Enter type of agency & city where located. Do not use county designation.
- NAME USED:** Enter as shown on form, including first alias.
- DOB:** Enter date of birth as month/day/year.
- DOA:** Enter date of arrest as month/day/year.
- SEX:** Enter M for male, F for female.
- RACE:** Enter race using one letter; B=Black, I=American Indian or Alaskan Native, A=Asian or Pacific Islander, W=White which includes Latinos & Mexicans, U=Unknown.
- HGT/WGT:** Enter as feet & inches (Example: 510 for 5'10"). Enter weight as given.
- EYES/HAIR:** Eye & hair color. Use standard NCIC two-letter codes.
- POB:** Place of birth. Use standard NCIC two-letter code.
- SOC:** Social Security Numbers. Enter as given.
- LAN:** Local Agency Number. Optional, may enter number you have assigned to this person.
- OCA:** Local Agency Case Number. Also referred to as Incident Number or Police Report Number.
- ADDRESS:** Enter address information at your option.
- SMT:** Scars, marks, tattoos. Use standard NCIC codes.
- ARRST CHRGS:** Enter the different charges showing multiple counts of the same charge in parenthesis. [Example: FORG I (2cts)]. If more than four charges, enter on the back of card as #5, etc.
- ORS:** Enter Oregon Revised Statute number for each different charge. **Except Compact cases.** Out-of-State cases require the four-digit NCIC code. (See OPS 27, pg. 4 for list of codes.)
- COURT ID:** Enter Court Identification by checking appropriate box indicating Circuit, District, Justice or Municipal Court and enter the ORI number assigned to that court.
Compact cases only – enter two-letter state code, no number.
- DISPOSITION:** Enter Charge At Disposition the same as Arrest Charge with ORS number (or NCIC number for Compact case), sentence date and Court Case number.
See sample for Adult Probation Entry.
- NOTE:** Use back of fingerprint card to record additional arrest and identifier information.

27.2.2 REQUIRED INFORMATION ON CORRECTIONS DIVISION CARDS

All cards must have the upper portion entirely completed. Please use your own ORI numbers, not the ORI's used in the example forms. Only one Fingerprint Card and Dispo are required per person.

If you have any questions about Compact Fingerprint issues, you can contact:

Laurie Riesterer (Laurie.Riesterer@state.or.us)

OSP – ID Services/Records Section

3772 Portland Rd NE; Salem, OR 97301

Phone: (503) 373-1808 x292

Fax: (503) 378-2121

OUT-OF-STATE TRANSFERS

- Use the date **originally** arrested for the Date of Arrest. If there is no date of arrest, you may use the Date Cited into Court or Indictment Date instead.
- List the charges **exactly** as they appear on the sentencing order.
- Use NCIC codes in place of ORS numbers.
- In the area for Court Identification, type the state for which you are supervising.
- The Sentence Date is required. Make sure that the Sentence Date is **after** the Date of Arrest. If the charges were dismissed, they need to know the date of dismissal.
- The sentence must be filled in as completely as possible. Use the specific amount of time sentenced. (Ex: Prison 2Y, Probation 5Y.) If the jail or prison time is suspended, they need the original jail or prison time **as well as** the amount of time that is suspended.
- The Date of Parole is required if the sentence is prison that has not been suspended.
- **The date that supervision was accepted by Oregon is required on all transfers from another state.**

IN-STATE ARRESTS

- The Arrest Charges and ORS numbers **must match**.
- The Court Identification area must be completed. Mark the type of court and list the court ORI number.
- Sentence dates and case numbers are **required**.
- **The sentence is required.** Mark Jail, Prison or Probation and list the specific amount of time received. If jail or prison time is suspended, list the original jail/prison time **as well as** the amount of time that is suspended.

27.2.3 NCIC UNIFORM OFFENSE CLASSIFICATIONS

This is a condensed list. For a complete list of NCIC Codes, see OPS Chapter 6.

ARSON	2099
ASSAULT	1399
ATTEMPT TO ELUDE	5499
BURGLARY	2299
BRIBERY	5199
COMMERCIAL SEX OFFENSE	4099
CONSPIRACY	7399
CRIME AGAINST PERSON	7099
DANGEROUS DRUGS	3599
DISORDERLY CONDUCT	5311
DUII	5404
DWS/DWR (Drive while susp/revoked)	5499
ESCAPE	4999
EXTORTION	2199
FAMILY OFFENSE	3899
FORGERY	2589
FRAUD	2699
HARASSMENT	5399
HOMICIDE/MURDER	0999
KIDNAP	1099
LARCENY	2399
OBSTRUCT POLICE	4899
PERJURY	5003
ROBBERY	1299
SEX OFFENSE	3699
SEXUAL ASSAULT	1199
THEFT	2399
UNAUTH USE MOTOR VEHICLE	2411
WEAPON OFFENSE	5299

***Use NCIC Codes for Out-of-State arrests. In the Arrest Charges area on the fingerprint card, list the charge as stated on the court judgments and use the NCIC Code for the category that best represents that charge.

27.2.4 PROCESSING DELAYS/REJECTION OF FINGERPRINT SUBMISSIONS

Paper fingerprint submissions must meet specific criteria to be converted into electronic format and processed by the Integrated Automated Fingerprint Identification System (IAFIS). The following may cause a rejection or a delay in processing:

- Low quality print by dot matrix printers
- Poor penmanship
- Use of dark highlighter in entry block
- Entry not within boundaries of entry block
- Labels applied to "Leave Blank" areas
- Submission on non-standard fingerprint card
- Use of pencil or ink other than black

Paper or electronic fingerprint submissions may also be rejected for the following reasons:

- Fingerprints submitted for a non-criterion offense
- Descriptive data not complete (Ex: name not shown at top of card, incomplete date of birth.)
- Charge is incomplete or not given in literal form
- Missing Originating Agency Identifier (ORI)
- No attempt to print deformed or scarred fingers
- More than one fingerprint impression per block (It must be indicated if the individual has extra digits or split thumbs.)
- Fingerprints not properly rolled or poor quality
- Fingerprints on back of fingerprint card
- Fingerprints out of sequence
- Finger(s) missing due to amputation not noted as "amp" in fingerprint block
- Missing fingerprints with no reason given

NOTE: The CJIS Division requires that all fingerprint images be present on fingerprint submissions. This includes ten rolled impressions and four plain impressions.

27.2.5 EXAMPLE OF GOOD/ACCEPTABLE QUALITY PRINTS

See OPS 27, p. 17 for sample of good/acceptable quality prints

27.3 ISSUES RELATING TO THE NATIONAL SEX OFFENDER REGISTRY (NSOR)

27.3.1 ISSUE #1 – SUBMITTING CRIMINAL FINGERPRINTS FOR VIOLATION OF SEX OFFENDER REGISTRATION (SOR) REQUIREMENTS

It is often difficult to determine whether a fingerprint submission is for sex offender registration or violation of the registration requirements. Because sex offender registration is not a criterion offense, fingerprints submitted for this purpose will be returned. As such, it is imperative that the charge on a criminal fingerprint submission for violation of sex offender registration requirements is clearly identified. The following are acceptable charges that will be processed as criterion offenses:

- Failure to comply with S/O Registration
- Failure to appear for S/O Registration
- S/O Registration violation

If a fingerprint submission contains a charge that is undeterminable, it will be returned (Ex: Viol. SOR or SOR with a statute cited).

27.3.2 ISSUE #2 – INTERSTATE IDENTIFICATION INDEX (III) RECORD STATUS

When a sex offender notice is posted, the status of an individual's criminal history record changes from a single source (SSO) to a multiple source (MSO) if the record was maintained by one of the III participating states prior to the entry of the sex offender record. In this instance, the FBI will transmit a \$.A.MSO message to the state that maintained the single source record. Likewise, deletion of a sex offender notice causes the status of the record to change from MSO to SSO, and the FBI will transmit a \$.A.SSO message to the state maintaining the individual's record.

27.3.3 ISSUE #3 – DETERMINING THE FBI NUMBER

When contributors are unable to determine or verify an FBI Number, they should submit fingerprints with "Criminal Inquiry Only" in the charge field. Contributors should use the Local/Identification Reference Field (previously named Originating Agency Case Number [OCA] Field) to assist them in correlating non-identified responses with their submissions.

27.4 CJIS HELPDESK AND SWITCHBOARD

The CJIS Division's Help Desk & Switchboard are now TTY accessible for hearing-impaired users that have system problems or questions related to the CJIS Division or any of its systems. The telephone number is 304-625-3963.

27.5 SAMPLE FORMS ON FOLLOWING PAGES

Offender Profile System (OPS) Training Manual

- SAMPLE -

CRIMINAL JUSTICE INFORMATION SYSTEMS

SECURITY CLEARANCE BACKGROUND REQUEST

I have been informed that in order to be allowed access into areas associated with or around Criminal Justice Information Systems (CJIS), a state and national fingerprint background check will be required.

I understand that the existence of a criminal record in itself would not disqualify me for employment, however may effect what locations I will be allowed access. Further, I understand if there is any question regarding the results of the fingerprint background check, I may contact the Oregon State Police Identification Services Section directly for information regarding the results of the check.

Signature Date

CLEARLY PRINT THE FOLLOWING:

NAME: _____
(Last) (First) (Middle)

OTHER NAMES USED: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____

HUMAN RESOURCES MANAGER CONTACT INFORMATION FOR RESULTS

AGENCY NAME: _____

NAME: _____ PHONE: () _____

The person identified above will be required access to a CJIS security area under my direction. By this request I am complying with the CJIS Security policy requirement for this facility.

Signature Date

DAS KEYCARD REQUIRED? _____

If yes, keycard point of contact will be notified by OSP via email.

CONTACT NAME _____ EMAIL _____

Offender Profile System (OPS) Training Manual

APPLICANT	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK					FBI	LEAVE BLANK
		LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME				
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		O R I	0R024013C CO CORR/JAIL SALEM, OR			DATE OF BIRTH <u>DOB</u>
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>						Month
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u>	SEX	RACE	HGT	WGHT	EYES
EMPLOYER AND ADDRESS		FBI NO. <u>FBI</u>		LEAVE BLANK				
REASON FINGERPRINTED		ARMED FORCES NO. <u>MNU</u>		CLASS _____				
		SOCIAL SECURITY NO. <u>SOC</u>		REF. _____				
		MISCELLANEOUS NO. <u>MNU</u>						

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE	
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

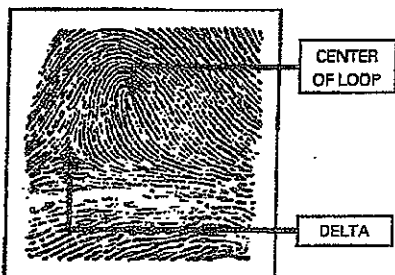
SAMPLE
(Front side)

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D.C. 20537

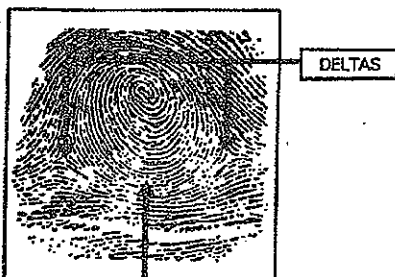
APPLICANT

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.**
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

LEAVE THIS SPACE BLANK

INSTRUCTIONS:

1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
 2. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
 - ** 3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
 4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. - RECORD; OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), POST SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA).

FD-258 (REV. 12-29-82)

U.S. GPO: 1995-387-145/20002

SAMPLE
(Back side)

SAMPLE - BLANK

CONTROL NUMBER 82237776	SID: FBI:	ORI: CONTRIBUTOR:	NAME USED: LAST, FIRST MIDDLE NAM/ AKA/						
ORIGINAL DISPOSITION WHEN COMPLETED MAIL TO: OREGON STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION 3772 PORTLAND RD. NE SALEM, OR 97303	DOB	DOA	SEX	RAC	HGT	WGT	EYES	HAIR	
	POB	SOC			LAN		OCA		
	ADDRESS			SMT					
ARREST CHARGES	ORS	ENTER COURT IDENTIFICATION HERE							
1.		<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:							
2.		<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:							
3.		<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:							
4.		<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:							
CHARGES AT DISPOSITION	COURT DETERMINATION								
1.	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADITED CONVICTED - 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTEST CONV. LESS OFN- 353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 313 <input type="checkbox"/> CIVIL COMP 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION W/HELD <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER _____								
ORS: _____									
SENTENCE DATE _____									
COURT CASE # _____									
2.	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADITED CONVICTED - 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTEST CONV. LESS OFN- 353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 313 <input type="checkbox"/> CIVIL COMP 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION W/HELD <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER _____								
ORS: _____									
SENTENCE DATE _____									
COURT CASE # _____									
3.	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADITED CONVICTED - 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTEST CONV. LESS OFN- 353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 313 <input type="checkbox"/> CIVIL COMP 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION W/HELD <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER _____								
ORS: _____									
SENTENCE DATE _____									
COURT CASE # _____									
4.	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADITED CONVICTED - 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTEST CONV. LESS OFN- 353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 313 <input type="checkbox"/> CIVIL COMP 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION W/HELD <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER _____								
ORS: _____									
SENTENCE DATE _____									
COURT CASE # _____									

SAMPLE - COMPACT

CONTROL NUMBER 82237776	SID: [REDACTED] FBI: [REDACTED]	ORI: [REDACTED] CONTRIBUTOR:	NAME USED: LAST, FIRST MIDDLE NAM/ [REDACTED] AKA/ [REDACTED]
ORIGINAL DISPOSITION WHEN COMPLETED MAIL TO: OREGON STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION 3772 PORTLAND RD. NE SALEM, OR 97303	DOB [REDACTED] DOA [REDACTED] SEX [REDACTED] RAC [REDACTED] HGT [REDACTED] WGT [REDACTED] EYES [REDACTED] HAIR [REDACTED]	POB [REDACTED] SOC [REDACTED] LAN [REDACTED] OCA [REDACTED]	
	ADDRESS [REDACTED] SMT [REDACTED]		

ARREST CHARGES	ORS	ENTER COURT IDENTIFICATION HERE
1. [REDACTED]	[REDACTED]	<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI: [REDACTED]
2. [REDACTED]	[REDACTED]	<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI: SENDING STATE 2-LETTER ID
3. [REDACTED]	[REDACTED]	<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:
4. [REDACTED]	[REDACTED]	<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:

CHARGES AT DISPOSITION	COURT DETERMINATION
1. [REDACTED] ORS: [REDACTED] (USE NCIC CODES)	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADITED CONVICTED [REDACTED] 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTEST CONV. LESS OFN- 353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 313 <input type="checkbox"/> CIVIL COMP 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION W/HELD <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON [REDACTED] SUSP [REDACTED] PROB [REDACTED] SUSP [REDACTED] FINE [REDACTED] SUSP [REDACTED] DIVERSION [REDACTED] OTHER [REDACTED] (DATE ACCEPTED BY OREGON)

2. [REDACTED] ORS: [REDACTED]	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADITED CONVICTED - 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTEST CONV. LESS OFN- 353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 313 <input type="checkbox"/> CIVIL COMP 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION W/HELD <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON [REDACTED] SUSP [REDACTED] PROB [REDACTED] SUSP [REDACTED] FINE [REDACTED] SUSP [REDACTED] DIVERSION [REDACTED] OTHER [REDACTED]
----------------------------------	--

3. [REDACTED] ORS: [REDACTED]	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADITED CONVICTED - 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTEST CONV. LESS OFN- 353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 313 <input type="checkbox"/> CIVIL COMP 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION W/HELD <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON [REDACTED] SUSP [REDACTED] PROB [REDACTED] SUSP [REDACTED] FINE [REDACTED] SUSP [REDACTED] DIVERSION [REDACTED] OTHER [REDACTED]
----------------------------------	--

4. [REDACTED] ORS: [REDACTED]	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADITED CONVICTED - 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTEST CONV. LESS OFN- 353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 313 <input type="checkbox"/> CIVIL COMP 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION W/HELD <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON [REDACTED] SUSP [REDACTED] PROB [REDACTED] SUSP [REDACTED] FINE [REDACTED] SUSP [REDACTED] DIVERSION [REDACTED] OTHER [REDACTED]
----------------------------------	--

[REDACTED] = REQUIRED FIELD

Offender Profile System (OPS) Training Manual

SAMPLE - Compact Parole/Probation

CONTROL NUMBER 12446866		SID: FBI:		ORE: OR036015G		NAME USED: LAST, FIRST MIDDLE NAM/ DO-WRONG, Dudley Joseph AKA/ DO-WRONG, Joe					
ORIGINAL DISPOSITION WHEN COMPLETED MAIL TO: OREGON STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION 3772 Portland Road, N.E. Salem, Oregon 97303-2500				DOB 05/05/55	DOA 09/09/92	SEX M	RAC W	HGT 600	WGT 180	EYES BLU	HAIR BLK
				POB CA	SOC 555-55-5555			LAR 12345	OCA 92-4321		
				ADDRESS 123 Sunnybrook Lane Frosty, OR 97000			SMT TAT LF ARM; TAT RF ARM; SC CHD				
ARREST CHARGES				ORS	ENTER COURT IDENTIFICATION HERE						
1. BURG I				2299	<input checked="" type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI: CA						
2. UN USE VEH				2411	<input checked="" type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI: CA						
3.					<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:						
4.					<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:						
CHARGES AT DISPOSITION				COURT DETERMINATION							
1. BURG I				300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED -350 <input checked="" type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CO CONV. LESS ORN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION WHE <input type="checkbox"/> JAIL <input checked="" type="checkbox"/> PRISON 5 YRS SUSP 5 YRS PROB 5 YRS SUSP FINE _____ SUSP _____ DIVERSION _____ OTHER Compact Probation accepted from CA 03/03/93							
ORS: 2299											
SENTENCE DATE 10/10/92											
COURT CASE # 92-123CR											
2. UN USE VEH				300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED -350 <input checked="" type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTE CONV. LESS ORN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION WHE <input type="checkbox"/> JAIL <input checked="" type="checkbox"/> PRISON 5 YRS SUSP 5 YRS PROB 5 YRS SUSP FINE _____ SUSP _____ DIVERSION _____ OTHER Compact Probation accepted from CA 03/03/93 Parole begin date=							
ORS: 2411											
SENTENCE DATE 10/10/92											
COURT CASE # 92-123CR											
3.				300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED -350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTE CONV. LESS ORN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION WHE <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER _____							
ORS:											
SENTENCE DATE											
COURT CASE #											
4.				300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED -350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTE CONV. LESS ORN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION WHE <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER _____							
ORS:											
SENTENCE DATE											
COURT CASE #											

SAMPLE - Adult Probation

CONTROL NUMBER 12446866		SID: FBI:		ORI: OR036015G CONTRIBUTOR: Community Corrections/McMinnville		NAME USED: LAST, FIRST MIDDLE NAM/ DO-WRONG, Dudley Joseph AKA/ DO-WRONG, Joe					
ORIGINAL DISPOSITION WHEN COMPLETED MAIL TO: OREGON STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION 3772 Portland Road, N.E. Salem, Oregon 97303-2500				DOB 05/05/55	DOA 09/09/92	SEX M	RAC W	HGT 600	WGT 180	EYES BLU	HAIR BLK
				POB CA	SOC 555-55-5555		LAW 12345	CCA 92-4321			
				ADDRESS 123 Sunnybrook Lane Frosty, OR 97000		SMT TAT LF ARM; TAT RF ARM; SC CHIN					
ARREST CHARGES				ORS	ENTER COURT IDENTIFICATION HERE						
1. BURG I				164.225	<input checked="" type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI: OR036015J						
2. UN USE VEH				164.135	<input checked="" type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI: OR036015J						
3. ASSA IV				163.160	<input type="checkbox"/> CIRC <input checked="" type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI: OR036013J						
4.					<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:						
CHARGES AT DISPOSITION				COURT DETERMINATION							
1. BURG I				300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADITE CONVICTED -350 <input checked="" type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTE CONV. LESS OFN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION W/HE <input checked="" type="checkbox"/> JAIL <input type="checkbox"/> PRISON <u>1 YR</u> SUSP <u>1 YR</u> PROB <u>3 YRS</u> SUSP FINE \$450. SUSP _____ DIVERSION _____ OTHER Rest. \$2,500.00							
ORS: 164.225											
SENTENCE DATE 10/10/92											
COURT CASE # CR92-456											
2. UN USE VEH				300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input checked="" type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADITE CONVICTED -350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTE CONV. LESS OFN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION W/HE <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER _____							
ORS: 164.135											
SENTENCE DATE 10/10/92											
COURT CASE # CR92-456											
3. ASSA IV				300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADITE CONVICTED -350 <input type="checkbox"/> FELONY 351 <input checked="" type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTE CONV. LESS OFN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION W/HE <input checked="" type="checkbox"/> JAIL <input type="checkbox"/> PRISON <u>30 days</u> SUSP _____ PROB <u>3 YRS</u> SUSP _____ FINE \$300. SUSP _____ DIVERSION _____ OTHER _____							
ORS: 163.160											
SENTENCE DATE 10/10/92											
COURT CASE # 65432											
4.				300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADITE CONVICTED -350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTE CONV. LESS OFN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION W/HE <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER _____							
ORS:											
SENTENCE DATE											
COURT CASE #											

Offender Profile System (OPS) Training Manual

SAMPLE - DUII Diversion

CONTROL NUMBER 12446866	SID: FBI:	ORI: OR036015G CONTRIBUTOR: Community Corrections/McMinnville	NAME USED: LAST, FIRST MIDDLE NAM: DO-WRONG, Dudley Joseph AKA: DO-WRONG, Joe							
ORIGINAL DISPOSITION WHEN COMPLETED MAIL TO: OREGON STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION 3772 Portland Road, N.E. Salem, Oregon 97303-2500		DOB: 05/05/55	DOA: 09/09/92	SEX: M	RAC: W	HGT: 600	WGT: 180	EYES: BLU	HAIR: BLK	
		POB: CA	SOC: 555-55-5555	LAK: 12345			OCA: 92-4321			
		ADDRESS: 123 Sunnybrook Lane Frosty, OR 97000			SMT: TAT LF ARM; TAT RF ARM; SC CHD					
ARREST CHARGES		ORS	ENTER COURT IDENTIFICATION HERE							
1. DRIV INTOX		813.010	<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input checked="" type="checkbox"/> MUNI ORI: OR036011J							
2.			<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:							
3.			<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:							
4.			<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:							
CHARGES AT DISPOSITION		COURT DETERMINATION								
1. DRIV INTOX	ORS: 813.010	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED - 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTE CONV. LESS OFN- 353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY/INSANITY 318 <input checked="" type="checkbox"/> ADJUDICATION WHE <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION 1 year OTHER _____								
SENTENCE DATE: 10/10/92	COURT CASE #: 65432									
2.	ORS:	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED - 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTE CONV. LESS OFN- 353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY/INSANITY 318 <input type="checkbox"/> ADJUDICATION WHE <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER _____								
SENTENCE DATE:	COURT CASE #:									
3.	ORS:	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED - 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTE CONV. LESS OFN- 353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY/INSANITY 318 <input type="checkbox"/> ADJUDICATION WHE <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER _____								
SENTENCE DATE:	COURT CASE #:									
4.	ORS:	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED - 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTE CONV. LESS OFN- 353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY/INSANITY 318 <input type="checkbox"/> ADJUDICATION WHE <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER _____								
SENTENCE DATE:	COURT CASE #:									

Offender Profile System (OPS) Training Manual

SAMPLE - Comm. Program only (Not on Formal Superu.)

CONTROL NUMBER 12446866	SID: FBI:	ORI: OR036015G CONTRIBUTOR: Community Collections/McMinnville	NAME USED: LAST, FIRST, MIDDLE NAM/ DO-WRONG, Dudley Joseph AKA/ DO-WRONG, Joe
ORIGINAL DISPOSITION WHEN COMPLETED MAIL TO: OREGON STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION 3772 Portland Road, N.E. Salem, Oregon 97303-2500	DOB: 05/05/55 POB: CA	DOA: 09/09/92 SOC: 555-55-5555	SEX: M RAC: W HGT: 600 WGT: 180 EYES: BLU HAIR: BLN LAN: 12345 OCA: 92-4321
ARREST CHARGES	ORS	ENTER COURT IDENTIFICATION HERE	
1. DRIV INTOX	813.010	<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input checked="" type="checkbox"/> MUNI ORI: OR036011J	
2.		<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:	
3.		<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:	
4.		<input type="checkbox"/> CIRC <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:	
CHARGES AT DISPOSITION	COURT DETERMINATION		
1. DRIV INTOX ORS: 813.010 SENTENCE DATE: 10/10/92 COURT CASE #: T54321	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED -350 <input type="checkbox"/> FELONY 351 <input checked="" type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CO CONV. LESS ORN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER: Community Program Only - Alc Eval/Treatment		
2.	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED -350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTE CONV. LESS ORN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION WHE <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER:		
3.	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED -350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTE CONV. LESS ORN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION WHE <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER:		
4.	300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED -350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTE CONV. LESS ORN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION WHE <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER:		

SAMPLE - Juvenile offender (Probation or Diversion)

CONTROL NUMBER 12446866		SID: FBI:		ORI: OR036015G CONTRIBUTOR: Community Corrections/McMinnville		NAME USED: LAST, FIRST MIDDLE NAM/ DO-WRONG, Dudley Joseph AKA/ DO-WRONG, Joe					
ORIGINAL DISPOSITION WHEN COMPLETED MAIL TO: OREGON STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION 3772 Portland Road, N.E. Salem, Oregon 97303-2500				DOB 05/05/	DOA 09/09/92	SEX M	RAC W	HGT 600	WGT 180	EYES BLU	HAIR BLU
				POB CA	SDC 555-55-5555	LAN 12345		OCA 92-4321			
ARREST CHARGES				ORS	ENTER COURT IDENTIFICATION HERE						
1. DRIV INTOX				813.010	<input type="checkbox"/> CIRCU <input checked="" type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI: OR036013J						
2.					<input type="checkbox"/> CIRCU <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:						
3.					<input type="checkbox"/> CIRCU <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:						
4.					<input type="checkbox"/> CIRCU <input type="checkbox"/> DIST <input type="checkbox"/> JUST <input type="checkbox"/> MUNI ORI:						
CHARGES AT DISPOSITION				COURT DETERMINATION							
1. DRIV INTOX				300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED - 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTR CONV. LESS OFN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input checked="" type="checkbox"/> ADJUDICATION W/HE <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION <u>1 year</u> OTHER <u>Juvenile Offender - Remanded to Adult Court</u>							
ORS: 813.010											
SENTENCE DATE 10/10/92											
COURT CASE # 65432											
2.				300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED - 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTR CONV. LESS OFN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION W/HE <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER _____							
ORS:											
SENTENCE DATE											
COURT CASE #											
3.				300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED - 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTR CONV. LESS OFN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION W/HE <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER _____							
ORS:											
SENTENCE DATE											
COURT CASE #											
4.				300 <input type="checkbox"/> NOT FILED 301 <input type="checkbox"/> ACQUITTED 305 <input type="checkbox"/> DISMISSED 314 <input type="checkbox"/> EXTRADIT CONVICTED - 350 <input type="checkbox"/> FELONY 351 <input type="checkbox"/> MISD 352 <input type="checkbox"/> VIOL 325 <input type="checkbox"/> NO CONTR CONV. LESS OFN-353 <input type="checkbox"/> FELONY 354 <input type="checkbox"/> MISD 355 <input type="checkbox"/> VIOL 323 <input type="checkbox"/> MENTAL INCOMP 302 <input type="checkbox"/> GUILTY-INSANITY 318 <input type="checkbox"/> ADJUDICATION W/HE <input type="checkbox"/> JAIL <input type="checkbox"/> PRISON _____ SUSP _____ PROB _____ SUSP _____ FINE _____ SUSP _____ DIVERSION _____ OTHER _____							
ORS:											
SENTENCE DATE											
COURT CASE #											

SAMPLE

A SAMPLE OF GOOD/ACCEPTABLE QUALITY PRINTS

-CLEAR DETAIL

-ROLLED NAIL TO NAIL AND TIP TO FIRST JOINT

- PROPER PLACEMENT IN FINGERPRINT BLOCKED(CENTERED)

