

## LAW ENFORCEMENT OFFICER INFORMATION

Defendant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Arresting Officer: \_\_\_\_\_ Agency: \_\_\_\_\_

Offense(s) Charged: \_\_\_\_\_

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Condition of defendant at time of arrest (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Cooperative                 | <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Emotional/Distraught       |
| <input type="checkbox"/> Verbally Abusive            | <input type="checkbox"/> Combative     | <input type="checkbox"/> Confused                   |
| <input type="checkbox"/> Impaired (Alcohol or Drugs) |  | <input type="checkbox"/> Possible Mental Problems   |
| <input type="checkbox"/> Threatening Towards Victim  |  | <input type="checkbox"/> Threatening Towards Others |

Defendant's identity in question due to (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> No Identification  | <input type="checkbox"/> Gave False Information to LEO  |
| <input type="checkbox"/> Defendant Using Alias(es)  | <input type="checkbox"/> Fake or Multiple IDs on Person |
| <input type="checkbox"/> Unable to Gain Confirmation of Identification by Family, Friend, Employer, or Criminal History |   |

Defendant may be a flight risk due to (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Prior History of Failing to Appear | <input type="checkbox"/> Prior History of Absconding |
| <input type="checkbox"/> Has no Ties to the Community       |  |

Defendant's criminal status (check all that apply):

- Has Prior History of Convictions for Similar Offenses
- Has Other Pending Charges
- Additional Charges may be Forthcoming

Please list below any other information the presiding judicial official should know:

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