

KANSAS ADULT DISPOSITION REPORT

Transaction No.

Subject & Offense Data	Last Name		First Name		Middle Name		Suffix		Date of Birth		Sex	Race	SSAN
	Arresting Agency ORI		Arresting Agency Name				Date of Arrest		Agency Case #		Juvenile Waived to Adult (date)		
Prosecutor's Actions	Prosecutor ORI		Court Filings Case Filed Y <input type="checkbox"/> N <input type="checkbox"/>		Court Case #		Diversion Date Diverted		Date Diversion Revoked		Case Dismissal Date Case Dismissed		
	Date of Filing or Declination		Court ORI		Length _____ Mos.		Date Early Termination		Dismissed By <input type="checkbox"/> Prosecutor <input type="checkbox"/> Court		Dismissed <input type="checkbox"/> With Prejudice <input type="checkbox"/> Without Prejudice		

Arrested/Filed/Amended Charges										Charge Disposition
K.S.A. Title-Section	Subsections	F M	A C S	Firearm Used	DV	Description	Number of Counts	Charge Disposition		
								1	2	
1A										
2A										
3A										
4A										
5A										
6A										
7A										

Pre-Trial	Pre-Trial Status	Bond Amount \$ _____	Court Dates	Date of Judgement	Date of Sentencing	Probation Revocation	Date of Hearing	Disposition	New Date of Expiration	Facility
	Aggregate Sentence _____ Mos.	Life Imprisonment <input type="checkbox"/> Hard 20 <input type="checkbox"/> Hard 25 <input type="checkbox"/> Hard 50		Death Sentence <input type="checkbox"/>	City/County Jail		Time to be Served _____ Mos. _____ Days	Probation	Probation Period _____ Mos.	Underlying Prison/Jail Term _____ Mos. _____ Days
Programs	<input type="checkbox"/> House Arrest	<input type="checkbox"/> Alcohol / Drug Eval	<input type="checkbox"/> DV Assessment	<input type="checkbox"/> Conservation Camp		<input type="checkbox"/> Commit to State Hospital	Fines And Costs		Total Fines \$ _____	Total Restitution \$ _____
	<input type="checkbox"/> Community Corr	<input type="checkbox"/> Alcohol / Drug Edu	<input type="checkbox"/> Work Release	<input type="checkbox"/> Other (Specify) _____						

Remarks:

SIGNATURE OF SUBMITTING OFFICIAL _____ NAME AND TITLE OF SUBMITTING OFFICIAL _____ TELEPHONE NUMBER _____ SUBMITTING AGENCY _____ DATE _____	LEFT INDEX FINGER _____ RIGHT INDEX FINGER _____
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