

IN THE DISTRICT COURT OF _____ COUNTY, STATE OF OKLAHOMA

CRIMINAL COVER SHEET

STATE OF OKLAHOMA

vs

Defendant

CF _____ (Felony)
CM _____ (Misdemeanor)
JDL _____ (Juvenile Delinquent)
JS _____ (Juvenile/Supervision)
JT _____ (Juvenile/Treatment)
JD _____ (Juvenile/Deprived)
JDHT _____ (Juvenile/Mental)
JDLH _____ (Juvenile/Show Cause)

DEFENDANT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Address Type: H W Other Phone: Home# _____ Phone: Cell# _____
Phone: Work# _____ Email: _____ Date/Birth: _____
Driver License #: _____ Driver License State: _____ SS#/EIN#: _____
Race: _____ Gender: M F Language/Dialect: _____
Additional Defendants: Y N Total Number of Defendants: _____

ATTORNEY INFORMATION

(If licensed in Oklahoma, fill in address information, only if it has changed since registering with the Oklahoma Bar Association.)
(Attach additional cover sheets for additional attorneys.)

Last Name: _____ First Name: _____ Middle Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Bar Number (Required): _____ Telephone: _____ Email: _____

OFFENSES

<u>COUNT(S)</u>	<u>OFFENSES CHARGED</u>	<u>OKLA. STAT. CITATION</u>	<u>NCIC CODE</u>
1.			
2.			
3.			
4.			

Signature: District Attorney/Defendant Attorney: _____