

Criteria for Prior Record Worksheet

Offender's Name: _____ **Case Number:** _____

JUVENILE DELINQUENCY			
Offender	Yes/No	Offense Title (w/ finding of a delinquent act)	Date of Finding
23 or older when current offense committed			
JUVENILE DELINQUENCY	<input type="checkbox"/> 0 Findings <input type="checkbox"/> 1 or 2 Findings <input type="checkbox"/> 3 or More Findings		

ADULT CONVICTIONS				
Seriousness Category	No.	Offense Title (Code, Art., & Sec.)	Disposition Date	Sentence
I				
II				
III				
IV				
V				
VI				
VII				
PRIOR ADULT CRIMINAL RECORD		<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major		

Completed By: _____