

# 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)			
Summons	Date of Summons			Alcohol Info			BAC Level			Defense Attorney						Name of Defense Attorney		
	Fingerprint Submitted						Refuse Breathalyzer									Breathalyzer Failed		
Prosecutor's Actions	Prosecutor ORI			Court Filings			Case Filed			Diversion			Date Diverted		Case Dismissal		Date Case Dismissed	
	Date of Filing or Declination						Court Case #						Court OR!				Length _____ Mos.	

Arrested/Filed/Amended Charges								Charge Disposition
K.S.A. Title-Section	Subsections	F M	A C S	Firearm Used	DV	Description	Number of Counts	
1								
1A								
2								
2A								
3								
3A								
4								
4A								
5								
5A								
6								
6A								
7								
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			
			\$ _____																	
Prison	Aggregate Sentence		Life Imprisonment			Death Sentence		City/County Jail	Time to be Served		Probation	Probation Period		Underlying Prison/Jail Term		Post Release	Post Release Supervision		Lifetime	
	_____ Mos.		<input type="checkbox"/> Life <input type="checkbox"/> Life w/o Parole <input type="checkbox"/> Hard 20 <input type="checkbox"/> Hard 25 <input type="checkbox"/> Hard 50			<input type="checkbox"/>			_____ Mos. _____ Days			_____ Mos.		_____ Mos. _____ Days			_____ Mos.		<input type="checkbox"/>	
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		KBI Lab Fee				
	<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

\_\_\_\_\_  
 SUBMITTING AGENCY

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 TELEPHONE NUMBER