

Court O.R.I. AL _____	COURT RECORD		COURT CASE NUMBER _____-_____-_____-_____-_____-_____-	
			YEAR _____	NUMBER _____
DISTRICT COURT OF BALDWIN COUNTY			TICKET NUMBER _____	
DEFENDANT'S NAME _____			CHARGE _____	
CONTINUED TO	M D Y	REASON _____		
2ND CONTINUANCE	M D Y	REASON _____		
UTC-6A MAILED	NEW COURT DATE		UTC-6B ISSUED	UTC-6B CLEARANCE
M D Y	M D Y		M D Y	M D Y
WARRANT ISSUED	BOND SET \$		WARRANT SERVED	WARRANT RECALLED
M D Y	CASH DEPOSITED \$		M D Y	M D Y
CONDITIONAL BOND FORFEITURE ORDER ISSUED		M D Y	BOND FORFEITURE ORDERED FINAL	M D Y
ATTORNEY FOR DEFENDANT _____		CHECK IF APPLICABLE <input type="checkbox"/> Defendant informed of right to counsel <input type="checkbox"/> Voluntarily waived counsel <input type="checkbox"/> Defendant found indigent, counsel appointed		
PLEA OF DEFENDANT (CHECK ONE)				
1 <input type="checkbox"/> Guilty as charged	2 <input type="checkbox"/> Guilty of		3 <input type="checkbox"/> Not Guilty	
ADJUDICATION (CHECK ONE)				
1 <input type="checkbox"/> Guilty as charged	2 <input type="checkbox"/> Not guilty		4 <input type="checkbox"/> Nol prossed	5 <input type="checkbox"/> Dismissed
ORDERS OF THE COURT				
FINE \$	COURT COSTS \$		TOTAL FINE AND COURT COSTS \$	
ADDITIONAL PENALTIES / FEES / COSTS				
HEAD INJURY DUI \$	CRIMINAL HISTORY DUI \$		CRIME VICTIMS (DUI/RECKLESS DRIVING) MISDEMEANOR (MINIMUM \$25.00) \$	
HOUSING AND MAINTENANCE \$	MEDICAL \$	ATTORNEY RECOUPMENT \$	RESTITUTION \$	PARTIAL PAYMENTS AUTH \$
<input type="checkbox"/> JAILED	M D Y	DAYS _____	RELEASED <input type="checkbox"/>	M D Y
<input type="checkbox"/> SENTENCE SUSPENDED	DAYS _____	MONTHS _____	<input type="checkbox"/> PROBATION	DAYS _____
<input type="checkbox"/> TRAFFIC SAFETY PROGRAM	M D Y	<input type="checkbox"/> SUBSTANCE ABUSE EVALUATION	<input type="checkbox"/> COURT REFERRAL PROGRAM COMPLETED	M D Y
COURT ORDERED LICENSE SUSPENSION	<input type="checkbox"/> CONSECUTIVE	LICENSE SURRENDERED TO COURT:	RECEIVED BY _____	
DAYS _____	MONTHS _____	<input type="checkbox"/> CONCURRENT	M D Y	
CONFIDENTIAL: <input type="checkbox"/> NO <input type="checkbox"/> IF YES: <input type="checkbox"/> JUVENILE <input type="checkbox"/> YOUTHFUL OFFENDER				
DISPOSITION DATE		SIGNATURE OF JUDGE/MAGISTRATE		
M D Y				
CASE APPEALED		APPEAL BOND \$	CIRCUIT COURT CASE NUMBER	
M D Y				
ARRESTING AGENCY (TYPE OF ARREST)		<input type="checkbox"/> STATE	<input type="checkbox"/> COUNTY	<input type="checkbox"/> MUNICIPAL
CASH RECEIVED FROM		RECEIPT #	AMOUNT	DATE
NAME AND TITLE				M D Y
LICENSE ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		DPS RECEIVED LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO		
COURT ACTION AND DISPOSITION				