

HRC Case Number Client ID Date Time Incident Number

CLIENT

First Name Last Name M Alias/Nickname Date of Birth Age

SSN ID Number ID State/Type SPN Number

Race: B H W Other
Sex: M F T

Home Address

Homeless: Y N
Veteran: Y N

City/State/ZIP Phone

LAW ENFORCEMENT

Unit Number

Officer Name	Badge	Employee ID	Agency
1. _____	_____	_____	<input type="checkbox"/> HPD <input type="checkbox"/> Constable (Pct. ____) <input type="checkbox"/> HCSO <input type="checkbox"/> UHPD <input type="checkbox"/> METRO PD <input type="checkbox"/> Other: _____
2. _____	_____	_____	<input type="checkbox"/> HPD <input type="checkbox"/> Constable (Pct. ____) <input type="checkbox"/> HCSO <input type="checkbox"/> UHPD <input type="checkbox"/> METRO PD <input type="checkbox"/> Other: _____
Transport Officer Name	Badge	Employee ID	Agency
1. _____	_____	_____	<input type="checkbox"/> HPD <input type="checkbox"/> Constable (Pct. ____) <input type="checkbox"/> HCSO <input type="checkbox"/> UHPD <input type="checkbox"/> METRO PD <input type="checkbox"/> Other: _____
2. _____	_____	_____	<input type="checkbox"/> HPD <input type="checkbox"/> Constable (Pct. ____) <input type="checkbox"/> HCSO <input type="checkbox"/> UHPD <input type="checkbox"/> METRO PD <input type="checkbox"/> Other: _____

INCIDENT

Physical Condition Incident Address

City State ZIP Code District/Beat

Incident Details: _____

FOR OFFICER USE ONLY

Municipal Charges: Yes No

Were any other Class B or higher criminal charges refused by the DA? Yes No

Citation Number	Name of ADA Refusing Charges	Offense Type

REMINDER: No DWIs are accepted at the Sobering Center.