

Office of Academoc Advising, Roskens Hall 204

CRIMINAL CHARGES SELF-REPORTING FORM

This form must be completed if you answered "YES" to Question #4 on the Personal and Professional Fitness Form.

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Please print	
Complete a separate section for each ch	arge. Document additional charges on reverse side of this form.
Charge #1	
Date of offense:	County in which offense occurred:
Date of offense.	County in which offense occurred.
Name of arresting party/aganay (Police	or Sheriff's Office):
Name of affecting party/agency (Fonce	of Sheriff 8 Office).
C (CI : I' '	
Court of Jurisdiction:	
Plea and conditions of probation, if any	:
Details of the incident (you may attach	a separate sheet for further explanation):
Details of the incluent (you may attach	a separate sheet for further explanation)
Charge #2	
Charge #2	
Criminal charge:	
Criminal charge:	County in which offense occurred:
Criminal charge: Date of offense:	County in which offense occurred:
Criminal charge: Date of offense:	
Criminal charge: Date of offense: Name of arresting party/agency (Police	County in which offense occurred: or Sheriff's Office):
Criminal charge: Date of offense:	County in which offense occurred: or Sheriff's Office):
Criminal charge: Date of offense: Name of arresting party/agency (Police	County in which offense occurred: or Sheriff's Office):
Criminal charge: Date of offense: Name of arresting party/agency (Police Court of Jurisdiction:	County in which offense occurred: or Sheriff's Office):
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Criminal charge: Date of offense: Name of arresting party/agency (Police Court of Jurisdiction: Plea and conditions of probation, if any	County in which offense occurred: or Sheriff's Office): :
Criminal charge: Date of offense: Name of arresting party/agency (Police Court of Jurisdiction: Plea and conditions of probation, if any	County in which offense occurred: or Sheriff's Office):
Criminal charge: Date of offense: Name of arresting party/agency (Police Court of Jurisdiction: Plea and conditions of probation, if any Details of the incident (you may attach	County in which offense occurred: or Sheriff's Office): : a separate sheet for further explanation):
Criminal charge: Date of offense: Name of arresting party/agency (Police Court of Jurisdiction: Plea and conditions of probation, if any Details of the incident (you may attach	County in which offense occurred: or Sheriff's Office): :
Criminal charge: Date of offense: Name of arresting party/agency (Police Court of Jurisdiction: Plea and conditions of probation, if any Details of the incident (you may attach	County in which offense occurred: or Sheriff's Office): : a separate sheet for further explanation):

Return this form to the CEHHS Office of Academic Advising Roskens Hall 204. Court documents related to each charge must be furnished.

I declare that, including any attachment, the provided information is true and correct. I understand that submitted inaccurate information is cause for denial or removal from an educator preparation program.