



Department of Public Safety  
**RECORDS MANAGEMENT**  
**ABSTRACT OF COURT RECORD**

- Amendment** (to charge or disposition)  
 **Correction** (of demographic information, not charge or disposition)  
 **Facsimile** (in lieu of original)

Co. Code  
  City Code Citation No. \_\_\_\_\_  
 Date of Offense \_\_\_\_\_  
 Name (Violator) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 D.L. No. \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_  
 Endorsements \_\_\_\_\_ Restrictions \_\_\_\_\_  
 Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
 Veh. Lic.# \_\_\_\_\_ Yr. \_\_\_\_\_ State \_\_\_\_\_ Veh. Type \_\_\_\_\_

<b>CMV</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CDL</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Haz. Mat. Placard</b> <input type="checkbox"/> Present or Required	<b>Accident</b> <input type="checkbox"/> PD <input type="checkbox"/> PI <input type="checkbox"/> Fatality
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Violation \_\_\_\_\_  
 Case No. \_\_\_\_\_ Statute No. \_\_\_\_\_

**COURT ORDER**

Charge Amended/Correction \_\_\_\_\_  
 Statute No. \_\_\_\_\_ Date \_\_\_\_\_

Disposition:

- |   |  |
|---|--|
| <input type="checkbox"/> Plea of Guilty                         | <input type="checkbox"/> Court (Jury) Acquittal  |
| <input type="checkbox"/> Declined                               | <input type="checkbox"/> Expunged                |
| <input type="checkbox"/> Amended                                | <input type="checkbox"/> Bond Forfeiture         |
| <input type="checkbox"/> Dismissal with Fine(s) and Cost(s)     | <input type="checkbox"/> Nolo Contendere         |
| <input type="checkbox"/> Dismissal without Fines(s) and Cost(s) | <input type="checkbox"/> Court (Jury) Conviction |

Other Court Action:

Deferred to Date: \_\_\_\_\_  
 Date of Order \_\_\_\_\_ Original Disposition Date \_\_\_\_\_  
 Disposition Date \_\_\_\_\_

Fine: \$ \_\_\_\_\_ Costs: \$ \_\_\_\_\_

Comment and/or Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I Certify This To Be A True and Correct Abstract of Court Record

Signature: \_\_\_\_\_

Check one:  Judge  Clerk  Deputy Clerk

Court: \_\_\_\_\_

E-mail completed form to: ocrshelp@dps.state.ok.us  
 OR Fax completed form to:  
 Department of Public Safety  
 Records Management Division  
 Fax (405) 419-2020