E-MAIL TO BOOKING | E-MAIL TO COURT | PRINT | Probable Cause Checklist

BUTLER COUNTY SHERIFF'S OFFICE
Record of Arrest / Booking Form

Report #		Date:		Time:		ITN #	

First: _____ **Middle:**_____ **Last:**_____ **Suffix:**_____

Alias: _____ **Residence:** _____

City: _____ **State:** OH **Zip Code:** _____

Phone #: _____ **SSN:** _____ **License #:** _____ **State:** OH

DOB: _____ **Age:** ____ **Juvenile:** ☐ **Marital Status:** _____ **U.S. Citizen:** Yes ☐ No ☐

P.O.B:_____ **Country of Birth:** United States **DNA Taken:** Yes ☐ No ☐

Height: _____ **Weight:**_____ **Build:**_____ **Sex:** _____ **Race:** _____ **Eyes:** _____

Hair: _____ **Arrest Location:** _____

Suicidal Yes ☐ No ☐ **Mental Illness Concerns:** Yes ☐ No ☐ **Known Drug Usage:** Yes ☐ No ☐

Medical Issues or Medical Complaints Yes ☐ No ☐ **Assaultive or Any Precautions:** Yes ☐ No ☐

Pregnant or within 6 weeks postpartum Yes ☐ No ☐

Weapon / Chemical / Less-lethal device used prior to arriving at the jail: Yes ☐ No ☐

Subject ID Verified by: Live Scan ☐ **Administrative Source / Government ID** ☐ **Unable to ID** ☐

Emergency Contact: Name: _____ **Number #:** _____

Warrant Verification: NCIC Hit Yes ☐ No ☐ **Local Check** Yes ☐ No ☐ **If marked yes list hit location**

Warrant Hit Location:_____

	Charge	Offense Code	Degree	Court
1.				
2.				
3.				
4.				
5.				

Arresting / Transporting Officer Signature:_____ **Badge ID:**_____

Agency Name: {Change Me}

Statement Of Facts:

_____

_____

_____

_____

_____

Butler County Sheriff's Office Corrections Division

705 Hanover Street Hamilton OH 45011 (513) 785-1101 / fax (513) 785 -1155

Probable Cause After Arrest Checklist
And
Temporary Holding Commitment

Whereas_____
(Defendant)

Date of Birth_____ Social Security Number_____

has been arrested without a warrant by_____
(Print Arresting Officer)

Offense description	Ohio Revised Code Section	PC	No PC	OR
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

Indicate Court of Jurisdiction: {Change Me}

* *See attached Complaint, which is incorporated into this checklist*

_____ _____
Date Signature of Arresting Officer

☐ Probable cause exists for arrest

☐ Probable cause does not exist for arrest

_____ _____ _____
Probable Cause Date Time Official

CRIME TITLE: _____ **CASE NO. _____**

O.R.C. _____

COMPLAINT

{Change Me}

STATE OF OHIO vs. _____ **DOB: _____**
(Name)

_____
(Street)

_____
(City, State, Zip)

_____, being first duly cautioned and sworn, deposes and says that

_____, on or about the _____of , _____, in

the of_____ , Butler County, State of Ohio, did:

contrary to and in violation of Section_____ of the Revised Code of Ohio, a_ _.

The complainant states that this complaint is based on:

Sworn to and subscribed before me on _____.

_____
Notary Public/ Deputy Clerk/ Judge

Complainant

Filed _____
{Name}
{Change Me}

By _____
Deputy Clerk

Notary Public

Expires:
Date:

ARREST AGENCY: _____ **1ST APPEAR: _____** **REPORT NO._____**

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Expires:
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Complainant

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{Change Me}

By _____
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Expires:
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Complainant

Filed _____
{Name}
{Change Me}

By _____
Deputy Clerk

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Expires:
Date:

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