

BUTLER COUNTY SHERIFF'S OFFICE

Record of Arrest / Booking Form

Report #		Date:		Time:		ITN #	
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First: _____ Middle: _____ Last: _____ Suffix: _____

Alias: _____ Residence: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ SSN: _____ License #: _____ State: _____

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

P.O.B: _____ Country of Birth: _____ 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: _____

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)

<u>Offense description</u>	<u>Ohio Revised Code Section</u>	<u>PC</u>	<u>No PC</u>	<u>OR</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate Court of Jurisdiction:

** 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

CASE NO. _____

COMPLAINT

BUTLER COUNTY AREA COURTS

(Name)

(Street)

(City, State, Zip)

REPORT NO. _____

CRIME TITLE: _____

CASE NO. _____

O.R.C. _____

COMPLAINT

BUTLER COUNTY AREA COURTS

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 _____

(Clerk of Butler County Area Courts)

By _____

Deputy Clerk



Notary Public

Expires:

Date:

ARREST AGENCY: _____

1ST APPEAR: _____

REPORT NO. _____

CRIME TITLE: _____

CASE NO. _____

O.R.C. _____

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BUTLER COUNTY AREA COURTS

STATE OF OHIO vs. _____ DOB: _____

(Name)

(Street)

(City, State, Zip)

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Notary Public/ Deputy Clerk/ Judge

Complainant

Filed _____

(Clerk of Butler County Area Courts)

By _____

Deputy Clerk



Notary Public

Expires:

Date:

ARREST AGENCY: _____

1ST APPEAR: _____

REPORT NO. _____

CASE NO. _____

COMPLAINT

BUTLER COUNTY AREA COURTS

(Name)

(Street)

(City, State, Zip)

contrary to and in violation of Section_____ of the Revised Code of Ohio, a _____.

The complainant states that this complaint is based on:

Complainant

Notary Public

Expires:
Date:

REPORT NO. _____

CRIME TITLE: _____

CASE NO. _____

O.R.C. _____

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BUTLER COUNTY AREA COURTS

STATE OF OHIO vs. _____ DOB: _____

(Name)

(Street)

(City, State, Zip)

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Notary Public/ Deputy Clerk/ Judge

Complainant

Filed _____

(Clerk of Butler County Area Courts)

By _____

Deputy Clerk



Notary Public

Expires:

Date:

ARREST AGENCY: _____

1ST APPEAR: _____

REPORT NO. _____