

OFFENSE

OFFENSE ADDRESS

Street Address

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City

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Zip Code

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OFFENDER'S HOME ADDRESS AT THE TIME OF THE OFFENSE

Street Address

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City

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Zip Code

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Out of State

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0=No
1=Yes

ARREST INFORMATION

<p style="text-align: center;">ARREST PROCEDURE</p> <p><input type="checkbox"/> 1=Arrested at time of offense or apprehension of offender <input type="checkbox"/> 2=Served summons <input type="checkbox"/> 3=Arrested later by serving writ <input type="checkbox"/> 4=Arrested and released pending charges</p>	<p style="text-align: center;">STATUS AT ARREST</p> <p><input type="checkbox"/> 0=None <input type="checkbox"/> 1=On Bond <input type="checkbox"/> 2=On Probation/DJ <input type="checkbox"/> 3=On Parole <input type="checkbox"/> 4=ComCor Client <input type="checkbox"/> 5=Incarcerated <input type="checkbox"/> 6=Other <input type="checkbox"/> 9=Unknown</p>	<p style="text-align: center;">WERE THEY ON ESCAPE STATUS AT ARREST</p> <p><input type="checkbox"/> 0=No <input type="checkbox"/> 1=Yes <input type="checkbox"/> 9=Unknown</p>	<p style="text-align: center;">UNDER RESTRAINING ORDER AT ARREST</p> <p><input type="checkbox"/> 0=No <input type="checkbox"/> 1=Yes <input type="checkbox"/> 9=Unknown</p>
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<p>ILLEGAL RESIDENT AT ARREST? <input type="checkbox"/> 0=No <input type="checkbox"/> 1=Yes <input type="checkbox"/> 9=Unknown</p>	<p>IF YES, WAS THE OFFENDER REFERRED TO IMMIGRATION SERVICES? <input type="checkbox"/> 0=No/NA <input type="checkbox"/> 1=Yes <input type="checkbox"/> 9=Unknown</p>
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<p>OFFENSE BEHAVIOR SEVERITY <input type="checkbox"/> <i>(Use the behavior severity code sheet)</i></p>	<p>OFFENSE INVOLVED IDENTITY THEFT <input type="checkbox"/> 0=No <input type="checkbox"/> 1=Yes <input type="checkbox"/> 9=Unk</p>	<p>PSIR IN FILE <input type="checkbox"/> 0=No <input type="checkbox"/> 1=Yes <input type="checkbox"/> 2=Not ordered <input type="checkbox"/> 3=Use another Case#</p>	<p>LSI SCORE <input type="text"/> <input type="text"/></p>	<p># OF FTA'S <input type="text"/> <input type="text"/></p>
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VICTIM INFORMATION (Victim information based on offense description)

<p>DEADLY WEAPON <input type="checkbox"/> 0=None/NA <input type="checkbox"/> 1=Gun <input type="checkbox"/> 2=Knife <input type="checkbox"/> 3=Other <input type="checkbox"/> 9=Unknown</p>	<p>PHYSICAL INJURY <input type="checkbox"/> 0=None/NA <input type="checkbox"/> 1=Yes <input type="checkbox"/> 2=Sex Assault <input type="checkbox"/> 3=DV <input type="checkbox"/> 9=Unknown</p>	<p>THOSE INJURED <input type="checkbox"/> 0=None/NA <input type="checkbox"/> 1=Minor injury/No treatment <input type="checkbox"/> 2=Minor injury/Treatment <input type="checkbox"/> 3=Hospital <input type="checkbox"/> 4=Perm injury <input type="checkbox"/> 5=Death <input type="checkbox"/> 9=Unknown</p>	<p>MULTIPLE VICTIMS <input type="checkbox"/> 0=No <input type="checkbox"/> 1=Yes <input type="checkbox"/> 9=Unknown</p>	<p>AGE <input type="checkbox"/> 0=NA <input type="checkbox"/> 1=Child <input type="checkbox"/> 2=Adolescent <input type="checkbox"/> 3=Adult <input type="checkbox"/> 4=Elderly/At Risk <input type="checkbox"/> 9=Unknown</p>	<p>GENDER <input type="checkbox"/> 0=NA <input type="checkbox"/> 1=Male <input type="checkbox"/> 2=Female <input type="checkbox"/> 3=Both <input type="checkbox"/> 9=Unknown</p>	<p>RELATIONSHIP <input type="checkbox"/> 0=NA <input type="checkbox"/> 1=Spouse <input type="checkbox"/> 2=Related to offender <input type="checkbox"/> 3=POT <input type="checkbox"/> 4=Friend <input type="checkbox"/> 5=Acquaintance <input type="checkbox"/> 6=Stranger <input type="checkbox"/> 7=LE officer <input type="checkbox"/> 9=Unknown</p>
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DRUG INFORMATION

WERE ALCOHOL/DRUGS USED IN THE OFFENSE?	<input type="checkbox"/>	0=No 1=Yes 9=Unknown	IF YES, WHAT TYPE OF ALCOHOL/DRUG? <i>(Most Serious)</i>	<input type="checkbox"/>	0=None/NA 1=Alcohol 2=Drugs 3=Alcohol and Drugs	4=Prescription 5=Methamphetamine 9=Unknown
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DRUG COURT?	<input type="checkbox"/>	0=No 1=Yes	IF YES, which JD and Court location? <i>(0=NA)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INFORMANT IN THE CURRENT CASE?	<input type="checkbox"/>	0=No 1=Yes 9=Unk	STING OPERATION IN THE CURRENT CASE?	<input type="checkbox"/>	0=No 1=Yes 9=Unk
				JD	Court Location								

If CHARGED with a drug offense <i>(Note: if more than one drug, pick the 3 most serious and fill out the boxes below)</i>															
DRUG TYPE			DRUG OFFENSE <i>(Note: left justify #s)</i>				AMOUNT				WEIGHT				
1.	<input type="checkbox"/>	<input type="checkbox"/>	10=Cocaine 11=Crack 20=Marijuana	53=GHB 60=Opiate/Narcotic 61=Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1=Purchase 2=Cultivate/ Manufacture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16oz=1lb 28grams=1oz 448grams=1lb 1000grams=1kilo	<input type="checkbox"/>	1=Dosage 2=Ounces 3=Pounds
2.	<input type="checkbox"/>	<input type="checkbox"/>	30=Hallucinogen 31=LSD	62=Oxycodone 63=Hydrocodone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3=Distribution/ Sale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	4=Grams 5=Kilos
3.	<input type="checkbox"/>	<input type="checkbox"/>	32=Mushrooms 33=Ectasy 40=Stimulant 41=Meth 42=Amphetamines 50=Depressant	80=Other 81=Prescription 82=Toxic vapors/ inhalants 83=Methadone 99=Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4=Possession 5=Poss w/intent to sell 6=Use 7=Prescription Fraud 8=Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	6=Plants 7=Rocks 8=Baggie/ balloon/bundle 9=Unknown

If CONVICTED of a drug offense <i>(Note: if more than one drug, pick the 3 most serious and fill out the boxes below for each drug type)</i>															
DRUG TYPE			DRUG OFFENSE <i>(Note: left justify #s)</i>				AMOUNT				WEIGHT				
1.	<input type="checkbox"/>	<input type="checkbox"/>	10=Cocaine 11=Crack 20=Marijuana	53=GHB 60=Opiate/Narcotic 61=Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1=Purchase 2=Cultivate/ Manufacture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16oz=1lb 28grams=1oz 448grams=1lb 1000grams=1kilo	<input type="checkbox"/>	1=Dosage 2=Ounces 3=Pounds
2.	<input type="checkbox"/>	<input type="checkbox"/>	30=Hallucinogen 31=LSD	62=Oxycodone 63=Hydrocodone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3=Distribution/ Sale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	4=Grams 5=Kilos
3.	<input type="checkbox"/>	<input type="checkbox"/>	32=Mushrooms 33=Ectasy 40=Stimulant 41=Meth 42=Amphetamines 50=Depressant	80=Other 81=Prescription 82=Toxic vapors/ inhalants 83=Methadone 99=Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4=Possession 5=Poss w/intent to sell 6=Use 7=Prescription Fraud 8=Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	6=Plants 7=Rocks 8=Baggie/ balloon/bundle 9=Unknown

DISPOSITION

STATUS AT SENTENCE?	<input type="checkbox"/>	1=Summons 2=Bond	3=Jail/Prison 4=At Large	5=Other (specify) _____ 9=Unknown
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PLACEMENT

RULE 35B	<input type="checkbox"/>	0=No 1=Yes 9=Unknown	MULTIPLE CONVICTION OFFENSES	<input type="checkbox"/>	0=No 1=Concurrent sentences 2=Consecutive sentences 3=Both	WITHIN	<input type="checkbox"/>	0=No 1=Single case 2=Between cases=Same JD 3=Between cases=Different JD
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INTERVENTIONS									
EVALUATION/TREATMENT					OFFENDER PROBLEM				
<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"/>
Educ	Voc	MH	SO	D/A	DV	Alcohol	Drug	Mental Health	Cognitive Impairment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Anger Mgmt	FOP	Parenting Classes	Family Counseling	Other					
					0=None 1=Yes, evaluation 2=Yes, treatment 3=Both (eval & tx) 9=Unknown	0=No/None 1=Yes a problem but there is no interference with functioning 2=Yes a problem and there is some disruption of functioning 3=Yes a problem and there is serious disruption/needs treatment			

DEMOGRAPHICS									
FBI #	<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"/>
ETHNICITY					<input type="checkbox"/>	1=White 2=Black 3=Hispanic	4=Am Indian 5=Asian	6=Other 9=Unknown	ENGLISH SPEAKER <input type="checkbox"/>
									0=No 1=Yes 9=Unk
MARITAL STATUS (at dispo/sent)	<input type="checkbox"/>	1=Single 2=Married 3=Separated/Divorced 4=Widowed 5=Common law 9=Unknown	# DEPENDENTS (at dispo/sent)	<input type="checkbox"/>	STABILITY (One year before arrest for this case)	<input type="checkbox"/>	1=Continuously resided at same address 2=Has moved 1 or 2 times 3=Has moved 3 or more time 4=Transient/homeless 9=Unknown		
LAST GRADE COMPLETED	<input type="checkbox"/>	<input type="checkbox"/>	00-11=Actual Grade 12=High School diploma 13=Some college 14=College degree	15=Some graduate 16=Graduate degree 17=GED 99=Missing	FAILED GRADE (K-8 th)	<input type="checkbox"/>	0=N 1=Y 9=U	IF YES, WHAT GRADE	<input type="checkbox"/>
								0=No/NA 01-08 09=K 99=Unk	LD <input type="checkbox"/>
									0=N 1=Y 9=U
CURRENT CRIME ASSOCIATED WITH MENTAL ILLNESS	<input type="checkbox"/>	0=No 1=Yes 9=Unknown	HISTORY OF MENTAL ILLNESS	<input type="checkbox"/>	0=No 1=Yes 9=Unknown	DEVELOPMENTAL DISABILITY	<input type="checkbox"/>	0=No 1=Yes 9=Unknown	HEAD INJURY (permanent injury)
									<input type="checkbox"/>
									0=No 1=Yes 9=Unknown
HISTORY OF ABUSE AS A CHILD	<input type="checkbox"/>	<input type="checkbox"/>	HISTORY OF SUBSTANCE USE	<input type="checkbox"/>	0=No 1=Drugs 2=Alcohol 3=D&A 9=Unknown	SUBSTANCE USE: AGE OF ONSET	<input type="checkbox"/>	<input type="checkbox"/>	INDICATION OF GANG INVOLVEMENT
									<input type="checkbox"/>
									0=None 1=Former 2=Current 3=Former & Current 9=Unknown
EMPLOYMENT AT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01=Full time (35 hours+) 02=Part time 03=Unemployed	04=Sporadic/Seasonal 05=AFDC/SSI/Disability 06=Student	07=Retired 08=Military status (active) 09=Leave of absence, furlough	10=Full time homemaker 11=Illegal 99=Unknown	
					Arrest	Dispo/Sent			
JOB TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00=Not applicable 01=Manual labor (construction, landscape...) 02=Fast food restaurant 03=Non fast food restaurant 04=Manufacturing/factory 05=Sales (store clerk, service station) 06=Sales (professional) 07=Clerical 08=Entry level work (no or little training required—i.e. data entry, truck driver, pizza delivery, housekeeper, etc)	09=Skilled/experienced work (Vocational—requires some specialized on the job training or education—i.e. plumber, carpenter, electrician, nurse's aid, maintenance, etc) 10=Specialized work (4 years college—requires a combination of work experience and education—i.e. nurse, physical therapist, paralegal, teacher, clergy, etc.)	11=Professional/expert work (4+ years—requires formal education and experience—i.e. doctor, lawyer, CEO, statistician, accountant, therapist, professor, etc) 12=Military 13=Farm labor 14=Prostitution 15=Drug Sales 16=Other illegal 99=Unknown		
					Arrest	Dispo/Sent			

JUVENILE CRIMINAL HISTORY (Note: Do not include current case, including revocations; 8=8 or more)																	
CRIME TYPES	ARREST CHARGES #	DATE OF FIRST ARREST (MM-DD-YYYY)	ARRESTED LAST 12 MTHS #	CONV CHARGES #	CONVI LAST 12 MTHS #	CONVICTION CRIME CLASS (#)			PLACEMENT (#)						REVOICATIONS (#)		
						F	M	P	Div	Prob	OHP	Det	Com	YOS	Prob	YOS	Par
Homicide	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex offense	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assault	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidnap	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weapon	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other violent	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglary	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theft	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MVT	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arson	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraud/ Forgery	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trespass/ Crim Mis	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUI/DWAI/ Other Alc	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escape	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FTR	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Non-violent	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runaway	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Truancy	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVER DIRECT FILED ON AS AN ADULT?	<input type="checkbox"/>	0=No 1=Yes 9=Unknown	TOTAL NUMBER OF JUVENILE ARRESTS: (8=8 or more)	<input type="checkbox"/>	(# of arrest)	TOTAL NUMBER OF JUVENILE CONVICTIONS: (8=8 or more)	<input type="checkbox"/>	(# of cases)
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ADULT CRIMINAL HISTORY (Note: Do not include current case, including revocations; 8=8 or more)																
CRIME TYPES	ARREST CHARGES #	DATE OF FIRST ARREST (MM-DD-YYYY)	ARRESTED LAST 12 MTHS #	CONV CHARGES #	CONVI LAST 12 MTHS #	CONVICTION CRIME CLASS (#)			PLACEMENT (#)					REVOICATIONS (#)		
						F	M	P	Div	Prob	Jail	CC	DOC	Prob	CC	Par
Homicide	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex offense	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assault	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidnap	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weapon	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other violent	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglary	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theft	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MVT	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arson	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraud/ Forgery	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trespass/ Crim Mis	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUI/DWAI/ Other Alc	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escape	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FTR	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Non-violent	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL NUMBER OF ADULT ARRESTS: (8=8 or more)	<input type="text"/>	(# of arrest)	TOTAL NUMBER OF ADULT CONVICTIONS: (8=8 or more)	<input type="text"/>	(# of cases)
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ESCAPE

HISTORY OF ESCAPE (Note: Exclude current case)

HISTORY OF ESCAPE	<input type="checkbox"/>	0=No 1=Yes 9=Unknown	TOTAL # OF ESCAPES	<input type="checkbox"/>	<input type="checkbox"/>	ESCAPED AS A...	Juvenile (17 and under)	<input type="checkbox"/>	0=No 1=Yes 9=Unknown		
						Adult (18+ years)	<input type="checkbox"/>				
ESCAPED FROM...	<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"/>		
	Juvenile Probation/ DA/JISP	Detention	Commitment	YOS	Juvenile Parole/ ISP Parole	Adult Probation/ DJ/ISP	Jail	Community Corrections	DOC	Adult Parole/ Intensive Supervision Parole	Other
	0=No 1=Yes 9=Unknown										

CURRENT ESCAPE (Details on the 2 most recent escape charges (with different escape dates) within the current case. If more than 2 escape charges within the current case, jot down the details on the back of page 7).

	ESCAPE 1		ESCAPE 2	
DATE OF RECENT ESCAPE	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>	MM DD YY	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>	MM DD YY
ESCAPED FROM...	01=Probation/DJ/DA/ISP 02=Detention 03=Commitment 04=Jail 05=YOS 06=ComCor (Diversion)	07=DOC 08=Parole/ISP Parole 09=Other (specify) 10=ComCor (Transition) 99=Unknown	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
HOW LONG GONE FOR...	Number + (99=Unk)	1=Hour 2=Day 3=Week 4=Month 5=year 9=Unknown	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			Number	Unit
REASON FOR THE ESCAPE (SPECIFY)...				
CONSEQUENCE...	1=Continued 2=Revoked & Reinstated 3=Regressed to another placement		<input type="checkbox"/>	<input type="checkbox"/>
PRECIPITATING OFFENSE(S)...				
PRECIPITATING SENTENCE(S)...				

CASE CURRENTLY ON APPEAL	<input type="checkbox"/>	0=No 1=Yes 9=Unknown
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REVOCATIONS (Note: ONLY revocations for the current case)

DATE OF REVOCATION (MM-DD-YY)	REASON FOR REVOCATION		INTERMEDIATE SANCTIONS (Select up the 1 st 3 Sanctions used prior to revocation-use the IS sheet)			DATE OF FIRST SANCTIONS IMPOSED (MM-DD-YY)	DATE OF INCIDENT (MM-DD-YY)
	Use Revo Sheet	If 28, where escaped from? Use # from p. 6	1 st	2 nd	3 rd		
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>