

To be used with Question 20

**FORM 20A / RECORD OF CRIMINAL MATTERS OR
TRAFFIC VIOLATIONS INVOLVING ALCOHOL OR DRUGS**

Name

First *Middle* *Last* *Social Security Number*

Date of incident (or time period involved) _____

Location _____
City *County* *State*

Title of complaint or indictment

Criminal Number

Name and complete address of court involved

Name of court

Address

City

State

Zip

Name and address of law enforcement agency involved:

Name of law enforcement agency

Address

City

State

Zip

Date first heard _____

Charge(s) at time of arrest

Charge(s) at time of trial

Date of final disposition

Final disposition

Brief description of incident:

Attach a copy of the arresting officer's report, complaint, indictment, trial disposition, sentence, and appeal, if any of these documents exist and are reasonably available. YOU MUST MAKE REASONABLE EFFORTS TO DETERMINE WHETHER THESE DOCUMENTS EXIST AND ARE REASONABLY AVAILABLE. If any of these documents exist, or you believe they exist, but you have not attached them to this form, you must include in your First or Second Affidavit of Completeness (or both of them, if necessary) an explanation for why you have not done so. Submitting this form without undertaking these reasonable efforts and without providing the required explanations in your First or Second Affidavit of Completeness (or both), is not sufficient and may result in your application being deemed not filed. If you had any evaluation, treatment, or counseling concerning the use of alcohol or drugs in connection with or as a result of this incident, complete FORM 20B and FORM 20C.