

# OKLAHOMA SELF-DEFENSE ACT APPLICANT LOCAL AGENCY REPORT

This form is to be completed by the sheriff's office in the applicant's county of residence.

**Applicant Name:** \_\_\_\_\_ **Alias(es):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Sec Number:** \_\_\_\_\_

**County of residence:** \_\_\_\_\_ **City of residence:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

## COUNTY INFORMATION

**Records from the Sheriff's Office were checked by** \_\_\_\_\_ **Title** \_\_\_\_\_

Charges / Arrests / Incidents:

Date:

Disposition:

NO RECORD

NO AGENCY RESPONSE

Date Checked \_\_\_\_\_

**Records from the Court Clerk's Office were checked by** \_\_\_\_\_ **Title** \_\_\_\_\_

Charges / Arrests / Incidents:

Date:

Disposition:

NO RECORD

NO AGENCY RESPONSE

Date Checked \_\_\_\_\_

**Records from the District Attorney's Office were checked by** \_\_\_\_\_ **Title** \_\_\_\_\_

Charges / Arrests / Incidents:

Date:

Disposition:

NO RECORD

NO AGENCY RESPONSE

Date Checked \_\_\_\_\_

## MUNICIPAL INFORMATION

**Records from the Police Department were checked by** \_\_\_\_\_ **Title** \_\_\_\_\_

Charges / Arrests / Incidents:

Date:

Disposition:

NO RECORD

NO AGENCY RESPONSE

Date Checked \_\_\_\_\_

**Records from the Municipal Court were checked by** \_\_\_\_\_ **Title** \_\_\_\_\_

Charges / Arrests / Incidents:

Date:

Disposition:

NO RECORD

NO AGENCY RESPONSE

Date Checked \_\_\_\_\_

*Please include information on ALL charges, arrests, convictions, protective orders and incidents. Include dates and dispositions whenever possible. Attach copies of any available documents. If no record exists, check the "NO RECORD" box. If no response was received and the statutorily mandated deadline of 14 days will expire, check the "NO AGENCY RESPONSE" box and include date(s) information was requested.*