

**Law Enforcement
Committal Information Form**

Date: _____

From: _____

Subject's Name: _____

Date of Birth: _____ Height: _____ Weight: _____ Gender: _____

Race: _____ Eye color: _____ Hair color: _____

Social Security #: _____ Scars, marks, tattoos: _____

Last known address: _____

Doctor/Case Worker's name: _____

Phone number: _____

Additional information (i.e., mental, physical problems, Officer safety alerts):

Please attach court order paperwork to this form and forward to the warrant unit for processing.

Thank you.