

ORANGE COUNTY JAIL
Santa Ana, California

- EXPEDITE BOOKING
- MEDICAL BOOKING
- NORMAL BOOKING

FOR JAIL USE ONLY

PLEASE PRINT OR TYPE

PRE-BOOKING RECORD

BOOKING NUMBER	RECEIVING OFFICER / #	DATE	HOUSING LOCATION	BOOKING DEPUTY / #
SUPPLEMENTAL WARRANTS	HOW MANY	CAUTIONARY CODES <input type="checkbox"/> ESC <input type="checkbox"/> VIO <input type="checkbox"/> SUI <input type="checkbox"/> OTHER _____		
<input type="checkbox"/> STREET BOOKING	<input type="checkbox"/> WARRANT	<input type="checkbox"/> COURT ORDER	<input type="checkbox"/> BOOK AND RELEASE	<input type="checkbox"/> ENROUTE
<input type="checkbox"/> QR/SELF	<input type="checkbox"/> QR/OR	<input type="checkbox"/> QR/TR - DATE: _____		<input type="checkbox"/> LINE UP
<input type="checkbox"/> COMMT - TIME: _____			FINE: \$ _____	<input type="checkbox"/> OTHER SPECIFY _____

ARRESTING OR TRANSPORTING OFFICER COMPLETE

ARRESTING AGENCY			
NAME: LAST	FIRST	MIDDLE	BIRTHDATE

A.K.A. _____
 ADDITIONAL A.K.A. _____

ILL OR INJURED <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF ILLNESS OR INJURY	DRIVER'S LIC. NO.	STATE
JURISDICTION	WARRANT AND/OR CASE NUMBER	BAIL	

CHARGE 1	CHARGE 4
CHARGE 2	CHARGE 5
CHARGE 3	CHARGE 6

PLACE OF BIRTH	CITIZENSHIP	OCCUPATION	SOCIAL SECURITY NO.
SEX	RACE	HEIGHT	WEIGHT
HAIR	EYES	BUILD	COMPLEXION
MARITAL STATUS	TELEPHONE NO.		

SCARS, MARKS, TATTOOS, AMPS _____

ADDRESS	CITY	STATE	ZIP
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NEXT OF KIN: NAME	TELEPHONE NO.	RELATIONSHIP
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ADDRESS	CITY	STATE	ZIP
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EMPLOYED BY	BUSINESS ADDRESS
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OFFICER'S ADDITIONAL INFORMATION/CHECK BOX IF YOU BELIEVE THE INMATE WILL REQUIRE SPECIAL MANAGEMENT:

MEDICAL
 MENTAL
 INTOXICATED
 PROTECTIVE CUSTODY
 HIGH SECURITY
 OTHER

ARRESTING AGENCY NUMBER	DATE/TIME ARRESTED	ARRESTING OFFICER / #	DR NO./GRID
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PERMISSION TO USE TELEPHONE AFTER ARREST (Pursuant to Penal Code Section 851.5)
 I have been given the opportunity to make three (3) FREE telephone calls within the LOCAL DIALING area, or at MY OWN EXPENSE if OUTSIDE the local dialing area.

RECORD OF TELEPHONE CALLS:

Telephone calls DESIRED _____ Telephone calls COMPLETED _____

Location _____ Date _____ Time _____

Witnessing Officer _____ Badge # _____ Agency _____

SIGNATURE _____