

McLENNAN COUNTY SUPPLEMENTAL ARREST REPORT

MSO NO.	SUBJECT'S NAME (LAST, FIRST, MIDDLE)				DATE OF BIRTH			
ARRESTING AGENCY	OFFICER'S NAME			BADGE #	ADD-ON DATE	ADD-ON TIME		
CHARGE - ENTER LEVEL, DEGREE & STATUTE IF NEW CHARGE		OFNS CODE	OFNS DATE	CASE NO.	WARRANT NO.	BOND / FINE	JUDGE	
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	Level & Degree	Statute						
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25								
	Level & Degree	Statute						
OFFICER SIGNATURE		X						