

Fields marked in **BOLD** are mandatory)

ARREST CARD

Transaction Control Number

Document Control Number

Ref. DCN

Arresting Agency ORI - NCIC

L29546026

IL 0 4 9 0 7 0 0



FRM0130L29546026

Subjects Last Name

First Name

Middle Name/Suffix

PESINA

DENISE

M

Date of Birth

Place of Birth

State Identification Number

Chicago IR #

FBI #

TX

IL

F

W

5 0 9

1 2 5

BLK

BRO

Social Security Number

Drivers License Number

DL State

IDOC #

FOID #

IL

Reasons For Caution:

Aliases Last Name

First Name

Middle Name/Suffix

Alias Date of Birth

MISC #

Scars, Marks, Tattoos

Occupation

Employer

Employer Address

Residence of Person Fingerprinted

1566 Mc Daniels Ave Highland Park IL

Agency Case Number (unique)

Indictment Case Number

Date of Arrest

Arresting Officer Badge #

City of Prosecution

02-19997

09 / 04 / 2002

097

049

Juvenile By Court Order

(Yes)

Juvenile Handling within Department

(Yes)

Juvenile Referred to Other Authority

(Yes)

Released without Charging

(Yes)

Bond Date

Bond Receipt Number

Bond Amount

Cash Bond Deposit

\$ 7500.00

\$ 750.00

On Bond

Driv. Lic.

Cash

DUI

Recognizance

Cash 10%

Other

Date Fingerprinted: 09 / 04 / 2002

Post Sentence Fingerprints

(Yes)

| Count | Statute Citation/ AOIC Code | CLASS | Offense Description | County Issuing Warrant | Warrant/Court Case Number | State Use Only |
|-------|-----------------------------|-------|---------------------|------------------------|---------------------------|----------------|
|-------|-----------------------------|-------|---------------------|------------------------|---------------------------|----------------|

| | | | | | | |
|-----|------------------------------|-----|--|---|----------|--|
| 001 | 720 ILCS 5/12-21.6 | O A | ENDANGERING LIFE HEALTH OF CHILD | 049 | 02CM6251 | |
| 001 | | | | | | |
| 001 | Date of Offense 08 / 31 / 02 | | Domestic Violence (Please check) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Arrest Type (See Back) <input type="checkbox"/> A | | |
| 002 | | | | | | |
| 002 | | | | | | |
| 002 | Date of Offense / / | | Domestic Violence (Please check) <input type="checkbox"/> Yes <input type="checkbox"/> No | Arrest Type (See Back) <input type="checkbox"/> | | |
| 003 | | | | | | |
| 003 | | | | | | |
| 003 | Date of Offense / / | | Domestic Violence (Please check) <input type="checkbox"/> Yes <input type="checkbox"/> No | Arrest Type (See Back) <input type="checkbox"/> | | |