

# Additional Legal Involvement

## **Printable Form**

Relationship to Head of Household: **(Utilize Key to Answer)** \_\_\_\_\_

Offense Type:

Arson Offense

Methamphetamine (Meth) Manufacturing Sex Offense

Drug Offense

Non-violent Crime Offense

Violent Crime Offense

Classification: *(circle one)* Felony Misdemeanor

Number of Offenses: \_\_\_\_\_

Date of Most Recent Conviction: \_\_\_\_\_

Active warrant or any open criminal case? *(circle one)* YES NO

Notes: \_\_\_\_\_

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