



Captain Doug Avery
CRC Commander
Avery@txkusa.org

Bi State Criminal Justice Center Central Records and Communications

“Advancing the missions of the Texarkana Police Department, the Texarkana Fire Department & the Bowie County Sheriff’s Department”

100 North State Line Avenue, Box 15
Texarkana, USA 75501-5666
(903) 798-3181 Fax: (903) 793-3664

REQUEST FOR CRIMINAL HISTORY

\$10 fee required

Please allow up to 10 business days for completion of this request.

Please print legibly. Request must be filled out completely.

I, _____, request a criminal history report for the following individual:

Full Legal Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Race: _____ Sex: _____ Date of Birth: ____/____/____ SSN: _____

Driver’s License #: _____ State: _____

Identification #: _____ State: _____

Criminal history reports cannot be obtained by any persons other than the individual it is being ran on without a signed, notarized release from the individual.

Two forms of government issued identification are required when requesting a local criminal history in person through this department.

Signature of Requestor: _____

Contact Telephone Number: _____

Department Use Only

Records Specialist:	Receipt #:	Amount: \$
Date Received:	Time Received:	
Date Completed:	Time Completed:	