

CONVICTION DETAIL REPORT

RE 515D (Rev. 6/16)

FILE NUMBER — *CaIBRE USE ONLY*

Instructions

- Please complete one form for each conviction listed on the RE 515, page 4 - Criminal Convictions and/or Pending Actions Summary, **regardless of when the crime was committed or whether the conviction was dismissed or expunged.**
- You may duplicate this form as needed if you have multiple convictions.

NAME OF ARRESTING AGENCY _____ DATE OF ARREST _____

NAME OF COURT (WHERE THIS CONVICTION OCCURRED) _____ CASE OR DOCKET NUMBER _____

ADDRESS OF COURT _____

TYPE OF CRIME(S) AND CODE SECTION(S) _____

TYPE OF CONVICTION	DATE OF CONVICTION	NUMBER OF COUNTS	DATE OF CRIME(S)
<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	_____	_____	_____

OUTCOME OF HEARING	AGE AS OF DATE OF CRIME(S)
<input type="checkbox"/> FOUND GUILTY BY JURY <input type="checkbox"/> CONVICTED BY GUILTY PLEA <input type="checkbox"/> PLED NOLO CONTENDERE	_____

SENTENCED TO	TIME OR AMOUNT	COMPLETED	SENTENCED TO	TIME OR AMOUNT	COMPLETED
<input type="checkbox"/> JAIL/PRISON	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> SUMMARY PROBATION	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> SUSPENDED JAIL TIME	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> RESTITUTION	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> PAROLE	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> COMMUNITY SERVICE	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> FORMAL PROBATION	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> FINE	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N

HAVE YOU COMPLETED THE TERMS OF SENTENCING FOR THIS CONVICTION?
 YES NO IF YES, PROVIDE PROOF TO THE BUREAU IF AVAILABLE.

HAS THE CONVICTION BEEN DISMISSED OR EXPUNGED (i.e., §1203.4 PC, 1203.4(a) PC, 1203.41 PC OR AN EQUIVALENT NON CALIFORNIA STATUTE)?
 YES NO IF YES, LIST DISMISSAL DATE AND PROVIDE PROOF TO THE BUREAU:

DETAILS OF CRIME(S) — PLEASE PROVIDE THE DETAILS OF THIS CRIME(S), INCLUDING A COMPLETE DESCRIPTION OF THE FACTS AND CIRCUMSTANCES THAT LED TO YOUR CONVICTION. DO NOT MERELY RESTATE THE GENERIC TYPE OF CRIME(S) COMMITTED (I.E., PETTY THEFT, DOMESTIC VIOLENCE, DRUNK DRIVING, ETC.). YOU SHOULD DESCRIBE WHO PARTICIPATED IN THE CRIME(S), WHO THE VICTIM WAS, WHAT LOSSES WERE SUFFERED, AND WHEN, WHERE, AND HOW THE CRIME(S) OCCURRED.

EXPLANATION OF CRIME(S) — DO YOU WISH TO OFFER AN EXPLANATION AS TO WHY YOU COMMITTED THIS CRIME(S)?
 YES NO IF YES, PLEASE EXPLAIN.

REHABILITATION EFFORTS — WHAT POSITIVE CHANGES HAVE YOU MADE IN YOUR LIFE SINCE THIS CONVICTION? (CRITERIA FOR REHABILITATION IS STATED IN REGULATIONS 2911 AND 2912 OF REGULATIONS OF THE REAL ESTATE COMMISSIONER.) ADDITIONALLY, PLEASE PROVIDE NAMES AND CONTACT INFORMATION OF ANY WITNESSES WHO CAN CORROBORATE YOUR REHABILITATION EFFORTS.

CONVICTION DISCLOSURE — WAS THIS CONVICTION DISCLOSED ON YOUR APPLICATION?
 YES NO IF NO, PLEASE PROVIDE AN EXPLANATION AS TO WHY YOU FAILED TO DISCLOSE THIS CONVICTION ON YOUR APPLICATION.

SIGNATURE OF APPLICANT/LICENSEE _____ DATE SIGNED _____

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