



ARREST/BOOKING FORM

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1. ADMINISTRATIVE INFORMATION

Station / Precinct	Date (DD/MM/YYYY)	Time (24 HR)
Booking Officer	Employee / ID No.	
Custody Facility	Case / Booking No.	

2. ARREST INFORMATION

Arresting Officer(s)		ID / Collar No.
Date of Arrest	Time of Arrest	Location of Arrest
Arrest Type: ☐ On-View ☐ Warrant ☐ Summons ☐ Other _____		
Reason for Arrest / Suspected Offence(s):		
Narrative (circumstances, statements, behaviour, force used, and relevant observations):		

Officer Signature: _____	Date / Time: _____
Printed Name: _____	
Person Arrested/Detained Signature: _____	Date / Time: _____
Printed Name: _____	



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3. DETAINEE INFORMATION

Last Name		First Name		Middle Name	
Date of Birth	Age	Gender		Nationality	
Address					
City		County / Region		Postcode	
Phone			Email		

4. INTERPRETER

Interpreter Required:	Language:	
☐ Yes	☐ No	
Interpreter Name / ID:		

5. PROPERTY INVENTORY

List all property in possession at the time of arrest. Add identifiers, quantities, or evidence references where applicable.

-
-
-
-
-
-
-
-

Officer Signature:	Date / Time:
Printed Name:	
Person Arrested/Detained Signature:	Date / Time:
Printed Name:	



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6. MEDICAL SCREENING

Medical Conditions Reported

Medications

Allergies

7. VISIBLE INJURIES

Are there visible injuries?

☐ Yes

☐ No

Describe location, size, appearance, and apparent cause of injuries:

Photographs Taken:

☐ Yes

☐ No

Reference No.:

8. REQUIRES MENTAL HEALTH EVALUATION

Does the detainee require a mental health evaluation?

☐ Yes

☐ No

Reason / Observations:

Physician / Medical Staff Signature:

Date / Time:

Officer Signature:

Date / Time:

Printed Name:

Person Arrested/Detained Signature:

Date / Time:

Printed Name:



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9. CUSTODY AND RIGHTS

Informed of reason for arrest:

☐ Yes

☐ No

Informed of right to remain silent:

☐ Yes

☐ No

Informed of right to legal counsel:

☐ Yes

☐ No

Informed of other applicable legal rights:

☐ Yes

☐ No

10. PRE-INTERVIEW ASSESSMENT

Fit for Interview:

☐ Yes

☐ No

If No, explain:

Requires Public Defense Solicitor:

☐ Yes

☐ No

Solicitor's Name:

Date / Time Assigned:

11. CUSTODY NOTES

Additional notes, observations, accommodations, or information relevant to custody:

Officer Signature: _____

Date / Time: _____

Printed Name: _____

Person Arrested/Detained Signature: _____

Date / Time: _____

Printed Name: _____



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12. DISPOSITION / RELEASE INFORMATION

Disposition:

☐ Released

☐ Charged

☐ Transferred

☐ Summons Issued

☐ Other

Date / Time of Disposition

Disposition Location / Facility

Case / Charge Ref.

Released / Transferred To (Name / Agency)

Officer / Agent

ID / Badge No.

Conditions of Release / Notes

13. FINAL REVIEW

Booking Supervisor Review:

☐ Approved

☐ Needs Correction

Supervisor Name (Print):

Supervisor Signature:

Comments:

Date / Time:

14. CONTINUATION / FINAL NOTES

Officer Signature:

Date / Time:

Printed Name:

Person Arrested/Detained Signature:

Date / Time:

Printed Name: