

Criminal Justice CCH Verification

NO.	Search Date	NAME	Purpose of CCH	Reference #	CCH Printed		INTL:	Date		INTL:	Requested By	Provided To
					<input type="checkbox"/> YES	<input type="checkbox"/> NO		Date Printed	Destroyed			
1					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
2					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
3					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
4					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
5					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
6					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
7					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
8					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
9					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
10					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
11					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
12					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
13					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
14					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
15					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
16					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
17					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
18					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
19					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
20					<input type="checkbox"/> YES	<input type="checkbox"/> NO						