



13301

ALCOHOL ENFORCEMENT TEAM PARTY DISPERSAL FORM

INSTRUCTIONS: This form should be completed for each controlled party dispersal conducted in conjunction with AET efforts. PLEASE WRITE IN CAPS.

REPORTING AGENCY:

COUNTY OF PARTY:

LOCATION: _____

JUDICIAL CIRCUIT:

PARTY DATE: / /

Participating Agencies (if a multi-jurisdictional effort): _____

Total Officer Hours (hours per officer for actual operation X # of officers):

Total # of Individuals at Party (estimate):

Primary Alcohol Type Confiscated (beer, alcopops, liquor, etc.):

Total # of Tickets by Offense

Underage Alcohol Violations: 16 & Under	<input type="text"/>	Fake ID	<input type="text"/>
Underage Alcohol Violations: 17 to 20	<input type="text"/>	Alcohol Transfer	<input type="text"/>
Drug Possession	<input type="text"/>	Keg Registration Violation	<input type="text"/>
Other: <input type="text"/>	Please Specify: <input type="text"/>		

Please fill in the demographics of those ticketed. Offenders should be counted as Hispanic or Non-Hispanic in addition to being counted as Black/White/Other/etc. Please enter numeric counts, not percentages.

Male Female Hispanic Non-Hispanic
 Black White Asian American Indian Multi-Racial
 Hawaiian/Pacific Islander Other
 15-17 18-20 21-24 25-44 45-64 65+

Sources of Party Location Information:

1.

2.

Name of person submitting this form: _____

Phone () _____ - _____

E-mail: _____