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

<table>
<thead>
<tr>
<th>Underage Alcohol Violations: 16 &amp; Under</th>
<th>Underage Alcohol Violations: 17 to 20</th>
<th>Drug Possession</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

Please specify: ________________________________

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 _______

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: ________________________________

Form last edited July 2010