



Lake Front City Department of Justice

FINGER PRINT CODE

C12 j23 k12
M98 V9 D23

Ref: 17/ 1

WANTED

Yes or No?

Profession:
Mailing Adress:
Place of Employment:



MEDICAL EXAM FINDING

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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MUSCLE AGILITY OBSERVATION
PRESENCE DRIVING LUCK

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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APPROVED BY DOCTOR

Punching HIT POINTS
WOUNDS

Description

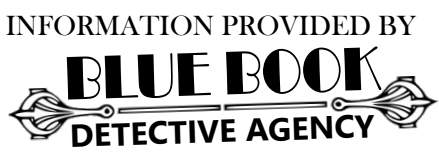
Age: Height:
Weight: Ethnicity:
Eye Color:
Hair Color:
Scars/ Marks:

DATE SNAP SHOT TAKEN:



Known Skills

Level:
XP:
XP Spent:



(OVER)

Name:
Alias:

(OVER)