



HUMAN TRAFFICKING CASE REPORT



This reporting is mandatory pursuant to Article 2.305 of the Texas Code of Criminal Procedure

If you reside in a county with a population of 50,000 or more and you are one of the following specifically identified entities, you MUST submit reports under Article 2.305:

- The Department of Public Safety,
- Municipal police departments,
- Sheriff's departments,
- Constable's offices,
- County attorney's offices,
- District attorney's offices, and
- Criminal district attorney's offices.

Article 2.305 of the Texas Code of Criminal Procedure requires the above law enforcement and prosecutorial entities in counties with a population of 50,000 or more to submit human trafficking data to the Office of the Attorney General (OAG) in the manner and form prescribed by the Attorney General. Reports are due to the OAG on April 1 and October 1 of each year.

This form MUST be submitted for EACH individual human trafficking offense. Please take your time to ensure that all fields on the form have been completed and to provide explanation for any fields that are not completed.

We encourage organizations to engage in internal discussions to determine the responsible party for these submissions to eliminate duplicative efforts and ensure continued compliance with the statute.

If you are one of the specifically listed entities above and you do not have any cases to report, you still need to submit a form biannually to remain in compliance with the statute. Please fill out ALL required contact information and check the box for "NO OFFENSE TO REPORT" to ensure compliance with the statute .

All submissions should be emailed to HTCaseReport@oag.texas.gov. We encourage you to keep an internal copy of submissions for your records. If you have questions please review our [HT Reporting FAQs](#) or email us at HTCaseReport@oag.texas.gov.

CCP2.305 Report Date: _____

REQUIRED CONTACT INFORMATION:

Agency Name _____

Address _____

City _____ County _____ Zip Code _____

County Population _____ Telephone Number _____

Signature (Required) _____ Position/Title _____

Print Name _____

Email _____

Please click here to indicate there is NO OFFENSE TO REPORT.

1. OFFENSE:

Offense Investigated and Case Number: _____

Date(s) of Offense: _____ Location of Offense: _____

Date/Time of Recovery: _____ Date/Time of Arrest: _____

Type of Human Trafficking: _____ Status of Case: _____

Brief description of the alleged offense: _____

Disposition of Investigation (If your disposition changes post-submission, contact us at HTCaseReport@oag.texas.gov): _____

2. SUSPECT INFORMATION: (Please list additional suspects in part 5)

Name: _____	Name: _____	Name: _____
Age: _____	Age: _____	Age: _____
Gender: _____	Gender: _____	Gender: _____
Race or Ethnicity: _____	Race or Ethnicity: _____	Race or Ethnicity: _____

3. VICTIM INFORMATION: (Please list additional victims in part 5)

Age: _____	Age: _____	Age: _____
Gender: _____	Gender: _____	Gender: _____
Race or Ethnicity: _____	Race or Ethnicity: _____	Race or Ethnicity: _____
Victim's Service (If applicable): _____	Victim's Service (If applicable): _____	Victim's Service (If applicable): _____

4. PROSECUTORS ONLY:

Indictment number: _____ Date of Indictment: _____

Case Status: _____ Type of trafficking indicted: _____

Offense Being Prosecuted (Brief Description): _____

From the same criminal episode, any other charged offenses: _____

Disposition of Investigation (If your disposition changes post-submission, contact us at HTCaseReport@oag.texas.gov): _____

5. ADDITIONAL INFORMATION: