

CHOICEPOINT INC  
Form 3  
May 03, 2005

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â DiBattiste Carol A</p> <p>(Last) (First) (Middle)</p> <p>CHOICEPOINT INC.,Â 1000 ALDERMAN DRIVE</p> <p>(Street)</p> <p>ALPHARETTA,Â GAÂ 30005</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>04/25/2005</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>CHOICEPOINT INC [CPS]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Chief Compliance Officer</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common stock	30	D	Â
Common stock <sup>(1)</sup>	3,000	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Employee stock option, right to buy <sup>(2)</sup>	Â <sup>(2)</sup>	Â <sup>(2)</sup>	common	2,552	\$ 39.17	D	Â
Employee stock option, right to buy <sup>(3)</sup>	Â <sup>(3)</sup>	Â <sup>(3)</sup>	common	9,448	\$ 39.17	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
DiBattiste Carol A CHOICEPOINT INC. 1000 ALDERMAN DRIVE ALPHARETTA, GA 30005	Â	Â	Â Chief Compliance Officer	Â

## Signatures

Carol A.  
DiBattiste

05/02/2005

     \*\*Signature of  
Reporting Person

        Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Grant of restricted shares issued pursuant to the ChoicePoint Inc. 2003 Omnibus Incentive Plan vesting 100% on 4/28/08 or on termination of employment provided the termination is not a termination with cause or a voluntary termination.
- (2) Incentive stock option granted under the ChoicePoint Inc. 2003 Omnibus Incentive Plan vesting 100% on 4/28/08 or on termination of employment provided the termination is not a termination with cause or a voluntary termination.
- (3) Non-qualified stock option granted under the ChoicePoint Inc. 2003 Omnibus Incentive Plan vesting 100% on 4/28/08 or on termination of employment provided the termination is not a termination with cause or a voluntary termination

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.