

REQUEST FOR PROSECUTION

When a complaint is made, the Prosecuting Attorney must determine whether a criminal charge can be filed. If a charge is filed, then a warrant is issued for the offender's arrest, or a criminal summons will be issued ordering the offender to appear in court on a specific date. When the offender appears before the court, he/she may plead guilty or not guilty. If they plead guilty, they are immediately sentenced and may be sent to jail, the penitentiary, or fined, depending on the circumstances and seriousness as judged by the court. If they plead not guilty, a date is set for trial and witnesses are subpoenaed to testify. If you file a complaint, it is your duty to appear in court if necessary. IF YOU DO NOT WANT AN OFFENDER PROSECUTED, DO NOT FILE A COMPLAINT WITH THIS OFFICE.

Offender's Name: _____

Offender's Address: _____

Sex: _____ Race: _____ Age: _____ Hgt: _____ Wgt: _____ Eyes: _____ Hair: _____

Other identifying features :(moustache, beard, glasses, tattoos, etc) _____

Is description actual or estimated? _____

Are you personally acquainted with the offender? _____ If so, how long have you known the offender? _____

Are you related to the offender? _____ What is the relationship? _____

What crime was committed? _____

If the crime was stealing- Please list make, model, serial number, identifying marks, etc and include estimated value of each item. _____

Where did the crime occur? _____

Date of crime: _____ Time: _____ Did you see the crime committed? _____

List names and address of all witnesses to the offense and person who committing the crime.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name of person reporting offense if not you: _____

Has the offender committed the same offense to you previously? _____

If so, give details: _____

PLEASE FILL OUT STATEMENT FORM PROVIDING DETAILS OF INCIDENT

Your Information:

Name: _____ Date of Birth: _____

Social Security Number: _____ Phone Number: _____

Address: _____

I certify the above is true to the best of my knowledge. Signed this date _____.

Signature

Witness