

Eaton County Prosecuting Attorney-Warrant Request Form

Date	Complaint No.	Agency/Investigating Officer
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SECTION 1: To be completed in full by requesting agency

Defendant's Full Name: Last, First, Middle	<input type="checkbox"/> M <input type="checkbox"/> F	D.O.B.	Ops #:
	Veteran <input type="checkbox"/> Y <input type="checkbox"/> N	State I.D.	
Alias:	Race	Location of Crime, Address	
Co-defendant Name(s):			
Defendant's Street Address		Location of Crime, Township/City	
Defendant's City, State, Zip			
Phone: Home/Cell	Work	Date of Crime	Time
Defendant Status	Requested Charges		
<input type="checkbox"/> Jailed Date Time <input type="checkbox"/> Ticket Bond Other			

SECTION 2: To be completed by screening attorney

Requested Restitution \$ _____

Diversion

<input type="checkbox"/> Return for Further Investigation APA _____ Date _____ Reason _____
<input type="checkbox"/> Warrant Denied Reason: _____ _____

Eaton County Prosecuting Attorney-Witness List

Date		Complaint No.		Agency/Investigating Officer	
PE	Code	Witness Name: Last, First, Middle			Home/Cell Phone
TR	Type	Address			Work Phone
Email Address:					
Can Testify To:					
PE	Code	Witness Name: Last, First, Middle			Home/Cell Phone
TR	Type	Address			Work Phone
Email Address:					
Can Testify To:					
PE	Code	Witness Name: Last, First, Middle			Home/Cell Phone
TR	Type	Address			Work Phone
Email Address:					
Can Testify To:					
PE	Code	Witness Name: Last, First, Middle			Home/Cell Phone
TR	Type	Address			Work Phone
Email Address:					
Can Testify To:					
PE	Code	Witness Name: Last, First, Middle			Home/Cell Phone
TR	Type	Address			Work Phone
Email Address:					
Can Testify To:					
PE	Code	Witness Name: Last, First, Middle			Home/Cell Phone
TR	Type	Address			Work Phone
Email Address:					
Can Testify To:					
PE	Code	Witness Name: Last, First, Middle			Home/Cell Phone
TR	Type	Address			Work Phone
Email Address:					
Can Testify To:					
PE	Code	Witness Name: Last, First, Middle			Home/Cell Phone
TR	Type	Address			Work Phone
Email Address:					
Can Testify To:					
PE	Code	Witness Name: Last, First, Middle			Home/Cell Phone
TR	Type	Address			Work Phone
Email Address:					
Can Testify To:					