**DISTRICT ATTORNEY CASE SUMMARY AND FILING FORM**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency Case #: |  | Filing Officer: |  | Associated Case #'s: |  | DATE SCREENED |  | SCREENING DA |
| Method of Contact: Choose an item. |
| Filing Officer Email: Click or tap here to enter text. | Filing Officer Phone Number:  |
| Preferred Business Hours to Contact:  |
| Additional Comments: |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEFENDANT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  DOB: |  |
| AKA: |  |  Cell phone: |  |
| Home Address: |  | Home phone: |  |
| Work Address: |  | Work phone: |  |
| Race: |  | Sex: |  | Ethnicity: |  | Height: |  | Weight: |  |  Hair/Eyes: |  |
| FBI: |  | SID: |  | SSN: |  | DL: |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CO-DEFENDANT(s)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Name: |  | DOB: |  | Date Filed: |  |
|  Name: |  | DOB: |  | Date Filed: |  |
|  Name: |  | DOB: |  | Date Filed: |  |

**CHARGE INFORMATION**

**COUNT I**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OFFENSE:** |  | **CRS:**  |  | **CLASS:**  |  |
| Date/time:  |  | Location of Occurrence: |  |
| **ELEMENT INFO:**  |
| **Victim(s):**  |
| **Property Items (stolen, pawned or other):**  |
| **Weapon Used:**  |
| **Drug as listed in C.R.S. :**  |

**COUNT II**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OFFENSE:** |  | **CRS:**  |  | **CLASS:**  |  |
| Date/time:  |  | Location of Occurrence: |  |
| **ELEMENT INFO:**  |
| **Victim(s):**  |
| **Property Items (stolen, pawned or other):**  |
| **Weapon Used:**  |
| **Drug as listed in C.R.S. :**  |

**COUNT III**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OFFENSE:** |  | **CRS:**  |  | **CLASS:**  |  |
| Date/time:  |  | Location of Occurrence: |  |
| **ELEMENT INFO:**  |
| **Victim(s):**  |
| **Property Items (stolen, pawned or other):**  |
| **Weapon Used:**  |
| **Drug as listed in C.R.S. :**  |

**COUNT IV**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OFFENSE:** |  | **CRS:**  |  | **CLASS:**  |  |
| Date/time:  |  | Location of Occurrence: |  |
| **ELEMENT INFO:**  |
| **Victim(s):**  |
| **Property Items (stolen, pawned or other):**  |
| **Weapon Used:**  |
| **Drug as listed in C.R.S. :**  |

**COUNT V**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OFFENSE:** |  | **CRS:**  |  | **CLASS:**  |  |
| Date/time:  |  | Location of Occurrence: |  |
| **ELEMENT INFO:**  |
| **Victim(s):**  |
| **Property Items (stolen, pawned or other):**  |
| **Weapon Used:**  |
| **Drug as listed in C.R.S. :**  |

**CASE SUMMARY**

|  |
| --- |
|  |

**Victim Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | DOB: |  |
| Home Address: |  | Home Phone: |  |
| Work Address: |  | Work Phone: |  |
| Restitution Amount: |  | Nature of Loss: |  | Cell Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | DOB: |  |
| Home Address: |  | Home Phone: |  |
| Work Address: |  | Work Phone: |  |
| Restitution Amount: |  | Nature of Loss: |  | Cell Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | DOB: |  |
| Home Address: |  | Home Phone: |  |
| Work Address: |  | Work Phone: |  |
| Restitution Amount: |  | Nature of Loss: |  | Cell Phone: |  |

**Officers Involved:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Deputy:** |  | **Department:** | LCSO |
| **Deputy:** |  | **Department:** | LCSO |
| **Deputy:** |  | **Department:** | LCSO |
| **Deputy:** |  | **Department:** | LCSO |
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| **Deputy:** |  | **Department:** | LCSO |
| **Deputy:** |  | **Department:** | LCSO |

**Witness Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | DOB: |  |
| Home Address: |  | Home Phone: |  |
| Work Address: |  | Work Phone: |  |
| Information: |  | Cell Phone: |  |

BOND REQUEST:$\_\_\_\_\_\_\_\_\_\_\_\_ REASON:\_\_\_\_\_\_\_\_\_ WARRANT \_\_\_\_\_\_\_\_ SUMMONS \_\_\_\_\_\_\_\_

1. Pending Charges; 2) Seriousness; 3) Prior Convictions; 4) Danger to Society; 5) Defendant out of Jurisdiction

RETURNABLE \_\_\_\_\_\_\_\_\_ CO-DEFENDANTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WILL EXTRADITE: YES: \_\_\_\_\_\_, NO: \_\_\_\_\_\_ CCIC ONLY \_\_\_, NCIC \_\_\_,

COLORADO ONLY:\_\_\_\_, COLO. AND BORDERING STATES PLUS S.DAK: \_\_\_\_

P/H OFFICERS PHONE: PAGER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_, HOME:\_\_\_\_\_\_\_\_\_\_\_, OFFICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JUVENILE FILING INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s Name: |  | DOB: |  | AGE: |  |
| Home Address: |  | Home Phone: |  |
| School: |  |  Grade: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mother’s Name: |  |  DOB: |  |
| Home Address: |  | Home Phone: |  |
| Work Address: |  | Work Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Father’s Name: |  |  DOB: |  |
| Home Address: |  | Home Phone: |  |
| Work Address: |  | Work Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Guardian’s Name: |  |  DOB: |  |
| Home Address: |  | Home Phone: |  |
| Work Address: |  | Work Phone: |  |

Previous record of child:

Comments:

Recommendation of officer:

**END OF FILING**