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