

DAVIS COUNTY COMPLAINT QUESTIONNAIRE

1. **COMPLAINANT:** (Officer): _____ Agency: _____
 Date of Request: _____ Agency Case #: _____

To the Screening Prosecutor: If the box is checked, please attempt to contact with the complaining officer when screening the case at the following cell phone number: _____

2. DEFENDANT(S):

A. Name _____ DOB _____
 Address _____
 B. Name _____ DOB _____
 Address _____
 C. Name _____ DOB _____
 Address _____

3. REQUESTED OFFENSE(S):

	Defendant(s) (Check)		Need:	WARRANT	SUMMONS
A ___	B ___	C ___	1. Crime _____	_____	_____
			(Check one) Felony	3 rd ___	2 nd ___
				1 st ___	Misd A ___ B ___ C ___
			Date of Offense _____	Location _____	
A ___	B ___	C ___	2. Crime _____	_____	_____
			(Check one) Felony	3 rd ___	2 nd ___
				1 st ___	Misd A ___ B ___ C ___
			Date of Offense _____	Location _____	
A ___	B ___	C ___	3. Crime _____	_____	_____
			(Check one) Felony	3 rd ___	2 nd ___
				1 st ___	Misd A ___ B ___ C ___
			Date of Offense _____	Location _____	
A ___	B ___	C ___	4. Crime _____	_____	_____
			(Check one) Felony	3 rd ___	2 nd ___
				1 st ___	Misd A ___ B ___ C ___
			Date of Offense _____	Location _____	

4. PHYSICAL EVIDENCE (Weapons, fingerprints, photos, controlled substances, etc.)

Description of Evidence	Present Location	Chain

Comments: (note any special circumstances):

