

**BARRY COUNTY PROSECUTING ATTORNEY
CHARGING REQUEST**

LODGED
BONDED

Original Request
Supplement

Agency: _____
ORI No: _____
Complaint No: _____
Request Date: _____

SECTION 1 REQUEST: TO BE TYPED OR PRINTED BY REQUESTING AGENCY

| | | | |
|--|--|--------------------------|-------------|
| Defendant Name: First, Middle, Last (Alias) | Requesting Charge (1) | <input type="checkbox"/> | Felony Misd |
| Race Sex, DOB | Requesting Charge (2) | <input type="checkbox"/> | Felony Misd |
| Address: | Requesting Charge (3) | <input type="checkbox"/> | Felony Misd |
| City, State, Zip | Date of Crime | | |
| Home Phone: Work Phone: Cell Phone: | Location of Crime | City / Township | |
| HGT WGT HAI EYE SKIN | Investigating Officer | | |
| DLN # FBI # SID # | Complainant / Victim: | | |
| CRIMINAL HISTORY ATTACHED: Yes _____ | Officer Comments: | | |
| PICK UP _____ Miles | | | |
| SCARS, MARKS, TATTOOS | | | |
| Was A Citation Issued? <input type="checkbox"/> Yes ____ No If So, For What _____ | | | |
| Defendant on Parole <input type="checkbox"/> Defendant on Probation <input type="checkbox"/> | Defendant A Medical Marijuana Card Holder <input type="checkbox"/> | | |
| Defendant a CCW Holder <input type="checkbox"/> In Car Camera Activated <input type="checkbox"/> | | | |

SECTION 2 DISPOSITION: TO BE PRINTED BY REVIEWING ATTORNEY

| | | |
|--|--|--|
| Authorized Charge (1) <input type="checkbox"/> Felony Misd | Authorized Charge (2) <input type="checkbox"/> Felony Misd | Authorized Charge (3) <input type="checkbox"/> Felony Misd |
| PAAC CODE: | PACC CODE: | PACC CODE: |
| CHARGE: | CHARGE: | CHARGE: |
| | | |
| | | |

ADDITIONAL COMMENTS / FURTHER INVESTIGATION REQUESTED

WARRANT AUTHORIZED WARRANT DENIED / REASON FURTHER INVESTIGATION

SUGGESTED DISPOSITION

_____ / _____ / _____