

# Eaton County Prosecuting Attorney-Warrant Request Form

Date	Complaint No.	Agency/Investigating Officer
------	---------------	------------------------------

**SECTION 1: To be typed or printed by requesting agency**

Defendant's Full Name: Last, First, Middle		D.O.B.	Ops #
		State I.D.	Alias
Street Address		Location of Crime, Address	
City, State, Zip		Township/City	
Phone: Home	Work	Date of Crime	Time
<b>Defendant Status</b>  Jailed _____ Ticket _____ Date _____ Bond _____ Time _____ Other _____		<b>Requested Charges</b>	
<b>SECTION 2: TO BE COMPLETED BY SCREENING ATTORNEY</b>			

Return for Further Investigation

APA \_\_\_\_\_ Date \_\_\_\_\_ Reason \_\_\_\_\_

Warrant Denied

Reason: \_\_\_\_\_

Warrant Authorized

Charge M   
F

Charge Code

**Instructions**

Warrant Authorized

Charge M   
F

Charge Code

**Instructions**

Warrant Authorized

Charge M   
F

Charge Code

**Instructions**

APA \_\_\_\_\_ Decision Date \_\_\_\_\_

# Eaton County Prosecuting Attorney-Witness List

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