

Adult Prosecutor Packet Defaults

If agency info disappears, position cursor on Agency Abbreviation above and tab out of field.

Agency Information

Name: _____
Number: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____

Fields bordered in RED are REQUIRED!

Complaint Information

Offense Municipality: _____
Complaint Number: _____
Officer in Charge: _____
Offense Place: _____
Offense Address: _____
Offense City, State, Zip: _____
Offense Date: _____
Offense Time: _____ enter military time, please include colon, for example: 13:47
Prepared Date: _____

Defendant Information

Defendant Name: _____
Address: _____
City, State, Zip: _____
Birth Date: _____
Gender: _____ School: _____
Race: _____ CPL#: _____

Driver's License No.: _____
Lodged: _____ CSC Case: _____

REQUEST FOR WARRANT

Section I is to be typed or printed by law enforcement agency.

Agency	Complaint #	Officer

I.

Defendant's Name:			Place of Offense:		
Address:			Address:		
Sex:	Race:	DoB:	Municipality:		
Ops No:	School:	CPL#:	Date of Offense:		
Defendant 2 Name:			Time of Offense:		
Address:					
Sex:	Race:	DoB:			
Ops No:	School:	CPL#:			
Requested Charges			Service on Defendant		
1.			Notice to Appear		
2.			Arrest Warrant		
3.			Reason for Arrest Warrant request:		

II.

Authorized	Arrest Warrant	No
Habitual		50 Miles
Denied	Notice to Appear	Extradition _____ 100 Miles
Warning Letter		Michigan Only
Further Investigation	Restitution	Nationwide
APA's Explanation:		
Charge 1	Charge 2	Charge 3
F	F	F
M	M	M

Date Received

Date Reviewed

APA

Livingston County Prosecuting Attorney

Defendant:

Agency:

Comp #:

<i>Office Use Only</i>		WITNESSES	
<input type="checkbox"/>	Victim	Name:	Purpose of Testimony:
<input type="checkbox"/>	PE	Address:	
<input type="checkbox"/>	Service		
<input type="checkbox"/>	Mail		
<input type="checkbox"/>	Personal	Phone (H):	(W):
<input type="checkbox"/>	Victim	Name:	Purpose of Testimony:
<input type="checkbox"/>	PE	Address:	
<input type="checkbox"/>	Service		
<input type="checkbox"/>	Mail		
<input type="checkbox"/>	Personal	Phone (H):	(W):
<input type="checkbox"/>	Victim	Name:	Purpose of Testimony:
<input type="checkbox"/>	PE	Address:	
<input type="checkbox"/>	Service		
<input type="checkbox"/>	Mail		
<input type="checkbox"/>	Personal	Phone (H):	(W):
<input type="checkbox"/>	Victim	Name:	Purpose of Testimony:
<input type="checkbox"/>	PE	Address:	
<input type="checkbox"/>	Service		
<input type="checkbox"/>	Mail		
<input type="checkbox"/>	Personal	Phone (H):	(W):
<input type="checkbox"/>	Victim	Name:	Purpose of Testimony:
<input type="checkbox"/>	PE	Address:	
<input type="checkbox"/>	Service		
<input type="checkbox"/>	Mail		
<input type="checkbox"/>	Personal	Phone (H):	(W):
<input type="checkbox"/>	Victim	Name:	Purpose of Testimony:
<input type="checkbox"/>	PE	Address:	
<input type="checkbox"/>	Service		
<input type="checkbox"/>	Mail		
<input type="checkbox"/>	Personal	Phone (H):	(W):
<input type="checkbox"/>	Victim	Name:	Purpose of Testimony:
<input type="checkbox"/>	PE	Address:	
<input type="checkbox"/>	Service		
<input type="checkbox"/>	Mail		
<input type="checkbox"/>	Personal	Phone (H):	(W):
<input type="checkbox"/>	Victim	Name:	Purpose of Testimony:
<input type="checkbox"/>	PE	Address:	
<input type="checkbox"/>	Service		
<input type="checkbox"/>	Mail		
<input type="checkbox"/>	Personal	Phone (H):	(W):

Livingston County Prosecuting Attorney

of

Agency:

Comp #:

<i>Office Use Only</i>	WITNESSES	
<input type="checkbox"/> Victim <input type="checkbox"/> PE <input type="checkbox"/> Service <input type="checkbox"/> Mail <input type="checkbox"/> Personal	Name: Address: Phone (H): _____ (W): _____	Purpose of Testimony:
<input type="checkbox"/> Victim <input type="checkbox"/> PE <input type="checkbox"/> Service <input type="checkbox"/> Mail <input type="checkbox"/> Personal	Name: Address: Phone (H): _____ (W): _____	Purpose of Testimony:
<input type="checkbox"/> Victim <input type="checkbox"/> PE <input type="checkbox"/> Service <input type="checkbox"/> Mail <input type="checkbox"/> Personal	Name: Address: Phone (H): _____ (W): _____	Purpose of Testimony:
<input type="checkbox"/> Victim <input type="checkbox"/> PE <input type="checkbox"/> Service <input type="checkbox"/> Mail <input type="checkbox"/> Personal	Name: Address: Phone (H): _____ (W): _____	Purpose of Testimony:
<input type="checkbox"/> Victim <input type="checkbox"/> PE <input type="checkbox"/> Service <input type="checkbox"/> Mail <input type="checkbox"/> Personal	Name: Address: Phone (H): _____ (W): _____	Purpose of Testimony:
<input type="checkbox"/> Victim <input type="checkbox"/> PE <input type="checkbox"/> Service <input type="checkbox"/> Mail <input type="checkbox"/> Personal	Name: Address: Phone (H): _____ (W): _____	Purpose of Testimony:
<input type="checkbox"/> Victim <input type="checkbox"/> PE <input type="checkbox"/> Service <input type="checkbox"/> Mail <input type="checkbox"/> Personal	Name: Address: Phone (H): _____ (W): _____	Purpose of Testimony:
<input type="checkbox"/> Victim <input type="checkbox"/> PE <input type="checkbox"/> Service <input type="checkbox"/> Mail <input type="checkbox"/> Personal	Name: Address: Phone (H): _____ (W): _____	Purpose of Testimony:
<input type="checkbox"/> Victim <input type="checkbox"/> PE <input type="checkbox"/> Service <input type="checkbox"/> Mail <input type="checkbox"/> Personal	Name: Address: Phone (H): _____ (W): _____	Purpose of Testimony:
<input type="checkbox"/> Victim <input type="checkbox"/> PE <input type="checkbox"/> Service <input type="checkbox"/> Mail <input type="checkbox"/> Personal	Name: Address: Phone (H): _____ (W): _____	Purpose of Testimony:

EVIDENCE LIST

Incident No.:

Agency:

ITEM

ATTACHED

**IN POLICE
POSSESSION**

DESCRIPTION/COMMENTS

Audio/Video Tape & Transcripts

Autopsy Report

BAC/Blood/Semen

Ballistics/Bullets

Chain of Evidence List

Clothing/Shoes

Confession (written, audio, video)

Controlled Substance (Tox Report)

Criminal History

CSC Kit

Diagram/Map

Finger/Footprints

Hair/Fiber

Hospital/Medical Records

Photographs/Slides

Weapons

Witness Statements

CERTIFIED RECORDS

SOS

Convictions:

OTHER PHYSICAL EVIDENCE

(Property sheet may be attached)

VICTIM PROPERTY

Officer-in-Charge – Print Name

Date

Phone No.

The Prosecuting Attorney's Office certifies that (*) property belonging to the crime victim must be retained by the Law Enforcement Agency for trial purposes in lieu of photograph or other means of memorialization pursuant to 1985 P.A. 87.

Assistant Prosecutor

Date

Complaint No.		O.W.I/O.W.P.D. Report				Incident Occurrence	
						Date:	Time:
Name:			Sex:			DOB:	
Incident Type: OWI OWP Accident No Accident			Incident Location:			Township:	
Reason for Stop/Contact				May check Multiple Boxes			
Weaving		Turning with Wide Radius		Drove into Oncoming Traffic			
Swerving		Failure to use Turn Signals		Straddling			
Drifting		Signals Inconsistent w/Driving		Tires on Center Lane Marker			
Speeding (in zone)		Illegal or Abrupt Turn		Driving off Roadway			
Slow Speed (in zone)		Erratic Braking		Almost Striking Vehicle or Object			
Accident (see UD-10)		Stopping w/o Cause in Road		Did not Pull Over Immediately			
Headlights Off or		High Beams On		Stopping Inappropriately			
Comments:							
USED TO MAKE STOP: Emergency Lights Spot Light Siren				# OF OCCUPANTS		SUSPECT'S ACTION AS STOP INITIATED:	
PRE-ARREST INTERVIEW AND OBSERVATIONS							
CLOTHING Orderly Disorderly Soiled			UNUSUAL ACTIONS Hiccupping Crying		SPEECH Slurred Mumbled Stuttered Clear		
Other			Vomiting Other		Not Understandable Silent Confused		
EYES Bloodshot Watery Normal			FACE		ODOR OF INTOXICANTS		
Sleepy Other							
WHAT TIME IS IT?		ACTUAL		WHAT DAY IS IT?		ACTUAL	
WHERE ARE YOU NOW?							
WERE YOU OPERATING A VEHICLE?		WHERE WERE YOU GOING?		HAVE YOU BEEN DRINKING? IF YES, WHAT?		HOW MUCH DID YOU DRINK?	WHEN DID YOU START?
WHEN DID YOU STOP?		ARE YOU INJURED?		DO YOU HAVE EPILEPSY? DIABETES? TAKE INSULIN? LAST DOSE?			
N/A	REFUSED	TEST	RESULTS			REMARKS	
		Horizontal Gaze Nystagmus	Lack of smooth pursuit	Right Eye	Left Eye		
			Nystagmus at maximum deviation	Right Eye	Left Eye		
			Onset of Nystagmus before 45 deg	Right Eye	Left Eye		
		Walk and Turn	Can't keep balance while listening to instructions				
			Starts before instructions are finished				
			Stops walking to steady self				
			Does not touch heel-to-toe				
			Loses balance while walking (steps off the line)				
			Uses arms for balance (raises arms over six inches)				
			Loses balance while turning, turns incorrectly				
			Incorrect number of steps				
		One Leg Stand	Sways while balancing	Hopping	Puts Foot Down		
			Uses arms to balance (raises arms over six inches)				
		Romberg Balance	Actual seconds performed				
			Presence of tremors	Sway			
		Lack of Convergence	Present	Not Present			
Remarks:							
VEHICLE TOWED BY		P.B.T. TEST		D.M.T. Results		ARRESTING OFFICER:	

DATE:	INITIALS OF READER:	COMPLAINT NO:
TIME:		LOCATION:

READ THE COMPLETE PAGE TO THE ARRESTED PERSON

I am a peace officer. You are under arrest for the offense of: *(Read only the charge that applies)*

Operating a vehicle while intoxicated due to consumption of an alcoholic liquor, a controlled substance or a combination.
Operating a vehicle while visibly impaired due to the consumption of an alcoholic liquor, a controlled substance, other intoxicating substance or a combination.
Operating with any presence of schedule 1 drugs or cocaine.
Causing the death of another while operating a vehicle while intoxicated, or while visibly impaired by alcoholic liquor, a controlled substance, other intoxicating substance or a combination, or with an unlawful bodily alcohol content.
Causing serious injury to another while operating a vehicle while intoxicated, or while visibly impaired by alcoholic liquor, a controlled substance, other intoxicating substance or a combination, or with an unlawful bodily alcohol content.
Operating a commercial motor vehicle with a bodily alcohol content of 0.04 grams or more but less than 0.08 grams per 100 milliliters of blood, per 210 liters of breath, or per 67 milliliters of urine.
Operating a vehicle while less than 21 years of age and having any bodily alcohol content.
Murder resulting from the operation of a motor vehicle.
Manslaughter resulting from the operation of a motor vehicle.
Reckless driving causing death.
Reckless driving causing serious impairment of a body function.
Moving violation causing death.
Moving violation causing serious impairment of a body function.
Refusing a Preliminary Breath Test if arrested while driving a commercial motor vehicle.
Endangerment (Operating while intoxicated with person under age of 16.)

CHEMICAL TEST RIGHTS

I am requesting that you take a chemical test to check for alcohol and/or controlled substances or other intoxicating substance in your body. IF YOU WERE ASKED TO TAKE OR TOOK A PRELIMINARY BREATH TEST BEFORE YOUR ARREST, YOU MUST STILL TAKE THE TEST I AM OFFERING YOU.
If you refuse to take this chemical test, it will not be given without a court order, but I may seek to obtain such a court order. Your refusal to take this test shall result in the suspension of your operator's or chauffeur's license and vehicle group designation or operating privilege, and the addition of six points to your driving record.
After taking my chemical test, you have the right to demand that a person of your own choosing administer a breath, blood, or urine test. You will be given a reasonable opportunity for such a test. You are responsible for obtaining a chemical analysis of a test sample taken by a person of your own choosing.
The results of both chemical tests shall be admissible in a judicial proceeding, and will be considered with other admissible evidence in determining your innocence or guilt.
Will you take a _____ Test? (Breath, *blood, or urine)
**M.C.L. 257.625c(2) provides that a person afflicted with hemophilia, diabetes, or a condition requiring the use an anticoagulant shall not be considered to have given consent to withdrawal of blood.

COMPLAINT NO.		Traffic Arrest Report		INCIDENT OCCURRENCE	
				DATE:	TIME:
Name:		Sex:		DOB:	
INCIDENT TYPE		INCIDENT LOCATION		TOWNSHIP	
DWLS / R		REGISTRATION VIOLATION			
NO INSURANCE					
REASON FOR STOP/CONTACT			MAY CHECK MULTIPLE BOXES		
Weaving	Turning with Wide Radius	Drove into Oncoming Traffic			
Swerving	Failure to use Turn Signals	Straddling			
Drifting	Signals Inconsistent w/Driving	Tires on Center Lane Marker			
Speeding (in zone)	Illegal or Abrupt Turn	Driving off Roadway			
Slow Speed (in zone)	Erratic Braking	Almost Striking Vehicle or Object			
Accident (see UD-10)	Stopping w/o Cause in Road	Did not Pull Over Immediately			
Headlights Off or High Beams On	Stopping Inappropriately				
COMMENTS:					
DRIVER INFORMATION AND STATEMENTS:					
LEIN / SOS:					
VEHICLE INFORMATION:					
PROPERTY:					
PASSENGER INFORMATION:					
ADDITIONAL EVIDENCE / STATEMENTS:					

VEHICLE TOWED BY	DISPOSITION	ARRESTING OFFICER
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