

KENT COUNTY PROSECUTING ATTORNEY REQUEST TO CHARGE

Agency: _____ CTN No: _____

Complaint No: _____ SID No: _____

District Court: _____

Complaining Witness (last, first) _____

Date(s) of Crime _____

Street Location of Crime _____

City/Township of Crime _____

<input type="checkbox"/> Felony
<input type="checkbox"/> Misdemeanor
<input type="checkbox"/> Supplement
<input type="checkbox"/> Supplement at Exam
<input type="checkbox"/> State Inmate
<input type="checkbox"/> In Custody
Diversion Review: <input type="checkbox"/> Yes <input type="checkbox"/> No

Defendant:

Name: Last First Middle _____ DOB _____

Address: Street Number _____ Street _____ City _____ State _____ Zip _____

Check: Home Work Mailing

Race: B H I U W

Gender: M F

Phone(s): _____ Home Cell Fax Pager Relative Work

SS#: _____ Drivers License #: _____

Alias Name(s): _____

Co-Defendant(s) (Use additional sheet for more co-defendants)

(1) _____ (2) _____

Charge Information: (use additional sheet for additional charges)

(1) Charge: _____ Code: _____

Complainant: _____ Victim: _____

Facts to Charge #1:

(2) Charge: _____ Code: _____

Complainant: _____ Victim: _____

Facts to Charge #2:

Approved By: _____

Date: _____