CITIZEN INTAKE QUESTIONNAIRE

This information is for the Prosecutor's Office only and will not be given out to anyone outside of this office. Do not leave out any information you have for fear of being released. If you are unsure of an answer, indicate so.

PLEASE READ THE FOLLOWING STATEMENT:

A person who makes a false material statement under oath or affirmation, knowing the statement to be false or not believing it to be true, commits the crime of Perjury, a Class D Felony. The crime of Perjury is punishable by imprisonment up to 3 years and a fine up to $10,000.

~~Do you understand the statement? ( ) yes ( ) no~~

Do you understand that the Prosecutor's Office has a **NO DROP POLICY.** We will **NOT DROP CHARGES EVEN IF YOU REQUEST THEM TO BE DROPPED?** Yes___ No___

Do you wish to be notified via U.S. mail of court dates pertaining to this case? _____

1. **INFORMATION ABOUT YOU (the Victim)**

Your name: _____
Your home address: _____
City: _____ State: _____ ZIP: _____
Home telephone: _____ Other number: _____
Your date of birth: _____ Your social security number: _____
Your employer: _____
Employer address: _____
City: _____ State: _____ ZIP: _____
Employer telephone number: _____ Hours: _____
Name of relative/friend who will know how to contact you: _____
Their telephone number: _____

2. **INFORMATION ABOUT THE SUSPECT** (The SUSPECT is the person who has committed the offense(s)).

Suspect's full name: _____
Suspect's home address: _____
City: _____ State: _____ ZIP: _____
Suspect's home number: _____ Suspect SSN: _____
Suspect's employer: _____
Suspect's employer address: _____
City: _____ State: _____ ZIP: _____
Employer phone number: _____ Suspect's hours of employment _____

3. **SUSPECT'S DESCRIPTION**

Sex:_____ Race:_____ Date of birth:_____ Age:_____
Height:_____ Weight:_____ Color Eyes:_____ Color Hair:_____
Identifying facts: (tattoos, scars, etc):_____
Relationship to Suspect: ( )spouse ( )ex-spouse ( )in or had a previous relationship.
State the relationship (exgirlfriend, exboyfriend, etc):_____
( )family member ( ) other:_____

4. **DESCRIBE WHAT HAPPENED TO YOUR BEST ABILITY** (use separate sheet if necessary)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

5. **OFFENSE**

Location or address where the present incident occurred:

_____
Is this a ( )House ( )Apartment ( )Business ( )Other _____
On what date did this incident occur:_____ What approximate time:_____
Did you receive any injuries? ( )Yes ( )No. If yes, what type:_____
_____
Were you treated for these injuries? ( )Yes ( )No. When?:_____
Where?:_____
What were your expenses?_____
_____
Were photos taken of the injuries? ( )Yes ( )No. By whom:_____
Will you sign a release for the medical records to be sent to this office? ( )Yes ( )No
Was a weapon used? ( )Yes ( )No. What kind?_____
Where is that weapon now:_____
Were children present? ( )Yes ( )No. If so, list names & ages:_____
_____
Did you have any property damage? ( )Yes ( )No. What damage?
_____
_____
What is the repair or replacement cost: $_____
_____

6. **BACKGROUND INFORMATION**

Does the suspect have a drinking problem? ( )Yes ( )No ( ) I don't know. If so, has he/she ever been treated? Where/when:_____

Does the suspect have a drug problem? ( )Yes ( )No ( )I don't know. What type of drugs?_____

Has (s)he ever been treated? If so, where/when?_____

7. Has the suspect ever abused you before? ( )Yes ( )No How? Check all that apply; ( )Hit ( )Slap ( )Pushed ( )Kicked ( )Threats ( )Verbal Abuse ( ) Other_____

Approximate number of times:_____

8. **What would you like to see happen as a result of this charge?**_____

9. Are you in fear of the suspect? ( ) yes ( ) no If yes please explain._____

10: Do you currently have any type of no contact order? ( ) yes ( ) no

If yes, what type?_____

11. Are you willing to testify against the subject? ( ) yes ( ) no

12. Have you contacted this or any Prosecutor's Office Before about this problem? ( ) yes ( ) no. If yes what happened?_____

13. Please list the names, addresses and phone numbers of witnesses to this incident.

1. _____

Phone:_____

2. _____

Phone:_____

3. _____

Phone:_____

4. _____

Phone:_____

14. Do you or any of your witnesses need an interpreter? ( ) yes ( ) no What kind?_____

15. Do you have a civil suit filed arising from this matter? ( ) yes ( ) no

16. Do you intend to file a civil suit? ( ) yes ( ) no

17. Have you had previous problems with the suspect? ( ) yes ( ) no. If yes, what kind? _____

Have you ever called the police on the suspect before? ( ) yes ( ) no
If yes, when and where?_____

_____

Were charges filed? ( ) yes ( ) no Type of charges filed: _____

What happened?_____

18. Any injuries or property damage as a result of prior problems? ( ) yes ( ) no. If yes, describe:_____

19. To the best of your knowledge, does this suspect have a criminal record? ( ) yes ( ) no
~~If yes, for what charge?~~_____

20. Do you currently have charges pending against you? ( ) yes ( ) no. Where? _____
_____ For what?_____
Were the charges out of this incident? ( ) yes ( ) no.

Have you ever had any charges filed against you? ( ) yes ( ) no. If yes, for what? _____

_____

_____

Your signature:_____ Date:_____