

CITY OF SANDUSKY
PROSECUTOR'S FIELD FORM INSTRUCTIONS

To request a criminal charge (or charges) you are **REQUIRED** to do all of the following prior to the City Prosecutor's Office considering your case:

1. You are **REQUIRED** to make a report to the Sandusky Police Department.
2. You are **REQUIRED** to complete the reverse side of this form in its entirety. This form is used to gather as much information regarding your complaint as possible. Insufficient, incomplete, or false information will result in a refusal to authorize the filing of a criminal charge.

IT MUST BE REMEMBERED THAT A CRIMINAL CHARGE WILL ONLY BE AUTHORIZED WHEN IT IS DETERMINED THAT PROBABLE CAUSE HAS BEEN ESTABLISHED, THAT A VIOLATION OF THE STATE OR LOCAL CRIMINAL CODE MAY HAVE TAKEN PLACE AND THAT PROOF OF THAT ALLEGED VIOLATION, BEYOND A REASONABLE DOUBT, IS POSSIBLE IN A COURT OF LAW.

3. In some situations a follow-up investigation may be required before any decision is made. In the event that further investigation is needed, the Prosecutor's Office will contact the appropriate officer. You may be contacted and asked additional questions about your complaint.

4. Please provide as much detail as you can when completing this form. Knowingly making a false statement may subject you to criminal and civil penalties. The ultimate decision on whether to authorize a criminal charge rests with the Prosecutor and depends on the information you provide and the available evidence.

Take the COMPLETED form to the Sandusky Police Department. The Police Department will forward this form together with the police report to the Office of the City Prosecutor.

The Office of the City Prosecutor will contact you by mail to inform you as to whether a criminal charge will be authorized to be filed by you. If a criminal charge is authorized, please call the Prosecutor's Office at (419) 627-5853 to schedule an appointment for you to sign the complaint.

YOUR INFORMATION

			<hr/> Date	
<hr/> Full Name			<hr/> Date of Birth	<hr/> Social Security Number
<hr/> Address			<hr/> Race	<hr/> Sex
<hr/> City	<hr/> State	<hr/> Zip	<hr/> Home Telephone Number	<hr/> Cell Phone Number
<hr/> Your Employer			<hr/> Work Telephone Number	<hr/> E-Mail Address

COMPLAINT AGAINST

Full Name			Date of Birth	Social Security Number
Address			Race	Sex
City	State	Zip	Home Telephone Number	Cell Phone Number
Your Employer			Work Telephone Number	E-Mail Address

THE INCIDENT

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Address	City	County
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How do you know the person you are filing against? _____

Did the Police take a Report? _____ Report Number: _____

Was anyone (including yourself) arrested out of this incident? Yes No

STATEMENT OF FACTS

Please write a brief description of what happened at the time of this incident.

I hereby knowingly and voluntarily waive any and all rights and privileges as to the confidentiality of the information provided and realize that it may become necessary for the Prosecutor to disclose the information to others.

The above answers are true and correct to the best of my known belief:

Signature: _____ Date: _____

NOTE: UNDER THE OHIO RULES OF CRIMINAL PROCEDURES THIS STATEMENT MAY BE PRODUCED IN COURT IF YOU TESTIFY AS A WITNESS.
