

**REQUEST FOR PROSECUTOR ASSISTANCE IN A MISDEMEANOR CASE
SPOTSYLVANIA COMMONWEALTH'S ATTORNEY'S OFFICE**

Defendant's Name: _____ Case #: _____

Your Name:	Phone #:
Address:	Email:

Offense date:
Charge(s):

Did you contact law enforcement?	Yes	No
When:		
Report Number:		

Court Date:		Time:	
<i>Please Mark the appropriate Court:</i>			
Circuit Court:	General District	Juvenile & Domestic Relations	

Reason for requesting assistance:

Brief Description of the incident:

Witnesses needed?	Yes	No	Did you request a subpoena?	Yes	No
Witness Name:	Address			Phone #	

*** The Commonwealth's Attorney's Office reserves the right to not participate and/or to decline prosecution of any misdemeanor case. The burden of proof in all criminal cases is beyond a reasonable doubt. It is our office's policy not to prosecute any case in which there is not a reasonable chance of conviction.**