

LEO REQUEST FOR PROSECUTOR ASSISTANCE SPOTSYLVANIA COMMONWEALTH'S ATTORNEY'S OFFICE

Defendant's Name: _____ Case #: _____

Your Name:	Phone #:
Squad:	Email:

Offense date:
Report Number:
Charge(s):

Court Date:		Time:	
Circuit Court:	General District:	Juvenile & Domestic Relations:	

Reason for requesting assistance:

Witnesses needed?	Yes		No	
Witness Name(s):	Phone #:			

Body Worn Camera active:	Yes		No		# of BWCs:
AVICS Camera active:	Yes		No		# of AVICS:
Master Incident Report attached:	Yes		No		
Report Attachments (Pics/video)	Yes		No		
BWC/AVICS Disk	Yes		No		
Subpoena Request Form	Yes		No		
Defendant's Criminal History	* The CA's office will provide if participating.				

** The Commonwealth's Attorney's Office reserves the right to not participate and/or to decline prosecution of any misdemeanor case. No Request for Assistance shall be considered unless:*

- a. Copies of all warrants/summons for any charges stemming from the incident are attached.
- b. A completed Master Incident Report along with pertinent attachments is attached.
- c. A copy of any BWC or AVICS footage on CD is attached.
- d. A completed Subpoena Request Form is attached.
- e. This request for assistance and completed case report are received within 10 days of the arrest and in no case less than 14 days from the listed court date.