



# 79<sup>TH</sup> DISTRICT ATTORNEY'S OFFICE



## Felony Intake Checklist

<b>Defendant</b>	First Name: _____ Last Name: _____  <input type="checkbox"/> In Jail <input type="checkbox"/> Bonded Out <input type="checkbox"/> Not Arrested	Local SID#: _____ SS#: _____ TxDL#: _____ FBI#: _____ DPS#: _____ DOB: _____ Gender: _____	Address: _____ City: _____ State: _____ Zip: _____ HmPh#: _____ WkPh#: _____ CellPh#: _____ Email: _____
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<b>Agency - Offense</b>	Filing Agency: _____ Offense Report #: _____ Offense Date: _____ TRN#: _____ TRS#: _____ Offense1: _____ Offense Degree: _____ Offense2: _____ Offense Degree: _____ Offense3: _____ Offense Degree: _____	Off. First Name: _____ Last Name: _____ Badge/ID#: _____ Gender: _____ Address: _____ City: _____ State: _____ Zip: _____ WkPh#: _____ CellPh#: _____ Email: _____	<input type="checkbox"/> <b>"Agency File Index" list - (mandatory)</b> <ul style="list-style-type: none"> <li>all docs, seized items, hand-written notes, things, etc. in agency's possession</li> </ul> <input type="checkbox"/> <b>Witness list</b> <ul style="list-style-type: none"> <li>all involved persons (w/ contact info.)</li> </ul>
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<b>AGENCY TO PROVIDE THE FOLLOWING DOCUMENTATION.</b> NOTE: These items are the minimum items required for every file.	<input type="checkbox"/> <b>Offense Report(s)</b> <ul style="list-style-type: none"> <li>Supplemental Reports of all involved officers</li> </ul> <input type="checkbox"/> <b>Arrest/Booking Sheet</b> <ul style="list-style-type: none"> <li>w/ TRN form (CR-43) and Fingerprint card</li> </ul> <input type="checkbox"/> <b>TCIC/NCIC Full History</b>  <input type="checkbox"/> <b>Complaint/Affidavit</b>  <input type="checkbox"/> <b>Search /Arrest Warrants with affidavits attached</b> <ul style="list-style-type: none"> <li>Including <b>Consent Forms</b> if applicable</li> </ul>	<input type="checkbox"/> <b>Suspect's Confession w/ Miranda Warnings</b> <ul style="list-style-type: none"> <li>Total # of DVD/CD disks _____</li> </ul> <input type="checkbox"/> <b>Witness Statements</b> <ul style="list-style-type: none"> <li>Total # of DVD/CD disks _____</li> </ul> <input type="checkbox"/> <b>911 call(s) - tapes/disks with CAD report attached</b> <ul style="list-style-type: none"> <li>Total # of DVD/CD disks _____</li> </ul> <input type="checkbox"/> <b>All Photos, Video, etc. on DVD/CD disks</b> <ul style="list-style-type: none"> <li>Total # of DVD/CD disks _____</li> </ul> <input type="checkbox"/> <b>DPS Lab Report and file-stamped submission form</b> <ul style="list-style-type: none"> <li>Type: Drug   DNA   Blood   Other _____</li> </ul>
	<b>WHEN APPLICABLE, PROVIDE THE FOLLOWING:</b>	
	<input type="checkbox"/> <b>Medical Record(s)</b> <ul style="list-style-type: none"> <li>w/ record custodian's affidavit attached</li> </ul> <input type="checkbox"/> <b>Fingerprints w/ comparison report</b> <input type="checkbox"/> <b>Estimates/Receipts for damages/injuries</b> <input type="checkbox"/> <b>Suspect's Prior Convictions (certified copies)</b> <input type="checkbox"/> <b>"Pseudonym For Sexual Assault Survivors" form</b> <ul style="list-style-type: none"> <li>Original to be completed at onset of investigation</li> </ul> <input type="checkbox"/> <b>Other:</b> _____	<input type="checkbox"/> <b>Evidentiary Warrant requested/attached</b> <ul style="list-style-type: none"> <li>DNA comparison</li> <li>Other _____</li> </ul> <input type="checkbox"/> <b>Protective Order(s) (certified copies)</b> <input type="checkbox"/> <b>Known Gang Member of: _____</b> <ul style="list-style-type: none"> <li>GangScope Report Attached</li> </ul> <input type="checkbox"/> <b>Ch. 59 Asset Forfeiture case filed (If yes, please mark)</b> <input type="checkbox"/> <b>Firearm Trace/GSR results</b>  <input type="checkbox"/> <b>Other:</b> _____

<b>DA OFFICE USE ONLY</b>	Notes: _____	ACCEPTED      REJECTED
		Reviewed by: _____
		Date Reviewed: _____