



DISTRICT & COUNTY ATTORNEY INTAKE FORM HUNT COUNTY, TEXAS

ONE DEFENDANT & ONE AGENCY CASE NUMBER PER FORM

DISTRICT ATTORNEY _____

COUNTY ATTORNEY _____

Defendant:			
Race:	Sex:	DOB:	DL#:

Agency:	
Agency Case #:	
Investigator:	
Reporting Officer	
Offense Date:	
Arrest Date:	

WARRANT REQUESTED: ___ YES ___ NO
--

CHARGE 1:

Offense:			
Code:	Statute: §	Degree:	FELONY ___ SJ ___ 3 RD ___ 2 ND ___ 1 ST ___ CAPITAL MISDEMEANOR ___ A ___ B
Victim Name:		Restitution: ___ YES ___ NO	Amount: \$
<i>THIS SECTION SHALL BE COMPLETED BY THE PROSECUTOR'S OFFICE:</i>			
CONTROL #:		Charge Decision: ___ ACCEPT ___ REJECT - Reason # _____	

CHARGE 2:

Offense:			
Code:	Statute: §	Degree:	FELONY ___ SJ ___ 3 RD ___ 2 ND ___ 1 ST ___ CAPITAL MISDEMEANOR ___ A ___ B
Victim Name:		Restitution: ___ YES ___ NO	Amount: \$
<i>THIS SECTION SHALL BE COMPLETED BY THE PROSECUTOR'S OFFICE:</i>			
CONTROL #:		Charge Decision: ___ ACCEPT ___ REJECT - Reason # _____	

CHARGE 3:

Offense:			
Code:	Statute: §	Degree:	FELONY ___ SJ ___ 3 RD ___ 2 ND ___ 1 ST ___ CAPITAL MISDEMEANOR ___ A ___ B
Victim Name:		Restitution: ___ YES ___ NO	Amount: \$
<i>THIS SECTION SHALL BE COMPLETED BY THE PROSECUTOR'S OFFICE:</i>			
CONTROL #:		Charge Decision: ___ ACCEPT ___ REJECT - Reason # _____	

CHARGE 4:

Offense:			
Code:	Statute: §	Degree:	FELONY ___ SJ ___ 3 RD ___ 2 ND ___ 1 ST ___ CAPITAL MISDEMEANOR ___ A ___ B
Victim Name:		Restitution: ___ YES ___ NO	Amount: \$
<i>THIS SECTION SHALL BE COMPLETED BY THE PROSECUTOR'S OFFICE:</i>			
CONTROL #:		Charge Decision: ___ ACCEPT ___ REJECT - Reason # _____	

CHARGE 5:

Offense:			
Code:	Statute: §	Degree:	FELONY ___ SJ ___ 3 RD ___ 2 ND ___ 1 ST ___ CAPITAL MISDEMEANOR ___ A ___ B
Victim Name:		Restitution: ___ YES ___ NO	Amount: \$
<i>THIS SECTION SHALL BE COMPLETED BY THE PROSECUTOR'S OFFICE:</i>			
CONTROL #:		Charge Decision: ___ ACCEPT ___ REJECT - Reason # _____	

Defendant:
Agency Case #:

ATTORNEY: _____



DISTRICT & COUNTY ATTORNEY INTAKE FORM HUNT COUNTY, TEXAS

CO-DEFENDANT(S): _____ YES _____ NO

CO-DEFENDANT NAME(S): _____

GENERAL CASE SUBMISSION:

- | | |
|---|--|
| ☐ Offense Report | ☐ Victim's affidavit(s) |
| ☐ Supplemental Report(s) <i>from ALL responding officers</i> | ☐ Victim's video interview |
| ☐ IN CAR VIDEO <i>from all units</i> | ☐ Witness affidavit(s) |
| ☐ BODY CAM <i>from ALL responding officers</i> | ☐ Witness video interview |
| ☐ PHOTOS <i>printed & on CD</i> | ☐ Evidence Log(s) |
| ☐ 911 call(s) | ☐ Voluntary Written Statement(s) from suspect |
| ☐ Rap sheet, full CCH and DL Record | ☐ Voluntary Video Statement(s) from suspect |

CASE SPECIFIC SUBMISSION:

- | | | |
|---|---|--|
| ☐ Intoxilizer Room Video | ☐ Copy of Criminal Trespass Notice | ☐ MVD Registration(s) |
| ☐ Medical Record(s) | ☐ Search Warrant & Return | ☐ Pawn Shop copies |
| ☐ Accident/Crash Report | ☐ Search Warrant Photos(s) | ☐ Property Hearing(s) |
| ☐ AMR Report/Records | ☐ Search Warrant Video(s) | ☐ Property Release(s) |
| ☐ Photo Line Up(s) | ☐ Arraignment Sheets | ☐ Property Seizure(s) |
| ☐ Crime Scene Diagram | ☐ Chain of Evidence | ☐ Professional Estimate of Loss |
| ☐ Surveillance videos | ☐ SANE Exam | ☐ Receipt(s) of Loss |
| ☐ Copy of Protective Order | ☐ CAC Video(s) | ☐ Magistrate Warrant Issued |
| | | ☐ Warrant Number |

LAB REPORTS:

- | | | |
|-----------------|--|-------------------------|
| Autopsy Report: | ☐ Yes ☐ No | Lab Report #: |
| Forensic Bio: | ☐ Yes ☐ No | Lab Report #: |
| Trace Analysis: | ☐ Yes ☐ No | Lab Report #: |
| Firearms: | ☐ Yes ☐ No | Lab Report #: |
| Latent Print: | ☐ Yes ☐ No | Lab Report #: |
| DNA: | ☐ Yes ☐ No | Lab Report #: |
| Toxicology: | ☐ Yes ☐ No | Lab Report #: |
| Controlled Sub: | ☐ Yes ☐ No | Lab Report #: |
| Alcohol: | ☐ Yes ☐ No | Lab Report #: |
| Breath Test: | ☐ Yes ☐ No | Intoxilizer Results : , |

ADDITIONAL NOTES:

Defendant:
Agency Case #:

Revised 02-2019

ATTORNEY: _____

Appointed: Y / N DATE: _____



**DISTRICT & COUNTY ATTORNEY INTAKE FORM
HUNT COUNTY, TEXAS**

Texas Code of Criminal Procedure 39.14 Compliance Statement

I, _____ (*printed name*), certify that the material provided with the filing of this case constitutes all offense reports, any designated documents, papers, written or recorded statements of the defendant or a witness, including witness statements of law enforcement officers, or any designated books, accounts, letters, photographs, or objects or other tangible things that constitute or contain evidence material to any matter involved in the action and that are in the possession, custody, or control of this agency and any other law enforcement agency involved in this case. I further understand that any further information obtained at a later date will be turned over to the State promptly. **Recorded jail phone calls may exist but are not included unless noted**

Law Enforcement official filing case

I, _____ (*printed name*), certify that any exculpatory, impeachment, or mitigating document, item, or information in the possession, custody, or control of this agency that tends to negate the guilt of the defendant or would tend to reduce the punishment for the offense charged has been provided.

Law Enforcement official (certified peace officer or civilian) for agency



DISTRICT & COUNTY ATTORNEY INTAKE FORM HUNT COUNTY, TEXAS

THIS SECTION FOR USE BY THE PROSECUTOR'S OFFICE:

REJECTION REASONS:

- | | |
|---|--|
| 1. INSUFFICIENT EVIDENCE TO OBTAIN CONVICTION | 8. DEFENDANT HAS PLEAD TO ANOTHER CASE AS PART OF A PLEA |
| 2. DOES NOT MEET ELEMENTS OF OFFENSE CHARGED | 9. DEFENDANT IS COOPERATING WITH LAW ENFORCEMENT |
| 3. NO LEGAL BASIS FOR STOP OR CONTACT | 10. UNABLE TO OBTAIN REQUESTED ADDITIONAL PAPERWORK |
| 4. VICTIM REFUSES TO COOPERATE / OR NON-PROS | 11. INCOMPLETE INVESTIGATION |
| 5. MUTUAL COMBAT | 12. IN THE INTEREST OF JUSTICE |
| 6. SHOULD BE FILED AS A CLASS C | 13. CASE FORWARD TO COUNTY ATTORNEY FOR MISD PROSECUTION |
| 7. OTHER: _____ | 14. CASE FORWARD TO DISTRICT ATTORNEY FOR FELONY PROSECUTION |
| | 15. 12.45 INTO FELONY CASE |

NOTES:

REVIEWED BY _____ **ON** ____/____/____
INVESTIGATOR:

REVIEWED BY _____ **ON** ____/____/____
ATTORNEY:

FILED BY: _____ **ON** ____/____/____

Defendant:
Agency Case #:

Revised 02-2019

ATTORNEY: _____
Appointed: Y / N DATE: _____