OFFICE OF THE DISTRICT ATTORNEY OF LUZERNE COUNTY
Court House, Wilkes-Barre, PA 18711

WITNESS WORKSHEET

DEFENDANT'S NAME Last	First	Middle	COURT CASE NO.	CHARGE

POLICE WITNESSES — AGENCY/DEPARTMENT/UNIT

LIST ALL VICTIMS/WITNESSES BELOW:

HOME PHONE / BUS. PHONE

HOME PHONE / BUS. PHONE

HOME PHONE / BUS. PHONE

HOME PHONE / BUS. PHONE

Are there Any other charges pending?
☐ YES ☐ NO

If so, where? _____

Was Preliminary Hearing Transcripted?
☐ YES ☐ NO ☐ WAIVED

Does Prosecutor or Victim object to A.R.D.?
☐ YES ☐ NO

PROBLEMS

Rule 1100	☐ NONE	☐ YES
Search Warrant	☐ NONE	☐ YES
Evidence	☐ NONE	☐ YES
Probable Cause	☐ NONE	☐ YES
Other	☐ NONE	☐ YES

(IF YES, EXPLAIN)

POSSIBLE DEFENSE

EXPLAIN ANY DEFENSE (incl. self-defense, alibi, insanity etc.)

I RECOMMEND CHARGES BE: ☐ APPROVED ☐ NOT APPROVED ☐ PARTIAL APP.

(EXPLAIN DISAPPROVALS)

Assistant District Attorney

Date _____