INFORMATION WRITE-UP

Stefanie Salavantis
District Attorney

LUZERNE COUNTY DISTRICT ATTORNEY

IN THE INTEREST OF: _____

Juvenile Name & Address: Co Actors:	Affiant Name: Department & Address:	Officer Number: Officer Fax: Officer Cell:

Other Charges Pending
Yes/No
If so, where: ____

Does Prosecutor Object to:
-Youth Aid Panel _____
- Informal Adjust _____
- Consent Decree _____

Does Victim Object to:
-Youth Aid Panel _____
- Informal Adjust _____
- Consent Decree _____

Labs Utilized: Yes/No
Labs Returned: Yes/No
Utilized for: _____

Witness/Victim List

Names and Address here will be used to generate subpoenas, please be thorough and complete.

Police Witnesses

Names & Addresses	Best	Contact #

Victim/Witnesses

Names & Addresses	Best	Contact #

RESTITUTION SHEET

Victim: _____

Item	Amount
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
Total Restitution	$_____

Internal Use Only

Victim Impact Statement

Sent _____ ___/___/____

Rec'd _____ ___/___/____

RESTITUTION SHEET

Victim: _____

Item	Amount
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
Total Restitution	$_____

Internal Use Only

Victim Impact Statement

Sent _____ ___/___/____

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RESTITUTION SHEET

Victim: _____

Item	Amount
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_____	$_____
_____	$_____
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Total Restitution	$_____

Internal Use Only

Victim Impact Statement

Sent _____ ___/___/____

Rec'd _____ ___/___/____