

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

Case Number: _____

Vs.

TELEPHONE NO.:
ATTORNEY FOR (Name):

FAX NO.: _____

DESCRIPTION OF DEFENDANT/WITNESS

Name _____ Address _____

Race _____ Sex _____ Hair _____ Eyes _____ Height _____ Weight _____ Compl _____ Age _____ DOB _____

Make of car _____ Year _____ Body type _____ Color _____ Lic.# _____ DL# _____

Occupation _____ Employer _____ Address _____

Hours Worked _____ Friends and/or Hangouts _____

Union Membership or Lodge _____

Has Subject Ever Been Arrested? _____ Where and Dates _____

Has Subject Been Served With Civil Process? _____ When and by Whom _____

Additional Information _____