

>>>**FELONY MINUTES**<<<<  
**FORM 101**

**FOR ASSISTANT STATE'S ATTORNEY USE ONLY**

COURT:

DATE COMPLETED:

I.R. NUMBERS

DEFENDANTS

AGE

DATE OF ARREST

CHARGE(S)

DATE:

TIME:

LOCATION:

II.

The facts briefly stated are as follows:

Narcotics Related: YES \_\_\_\_ No \_\_\_\_

Prosecuting Witness / Involvement:

NAME /INVOLVEMENT

ADDRESS

PHONE

CODE

BOND \$

Date:

APPROVED BY ASA:

RD#: