

ORANGE COUNTY DISTRICT ATTORNEY

HARBOR JUSTICE CENTER - ONLY

REQUEST FOR LETTER REFLECTING CASE STATUS

1. ARRESTEE/SUSPECT IDENTIFYING INFORMATION

NAME:

LAST NAME

FIRST NAME

MIDDLE NAME

DOB:

DRIVER'S LICENSE NO.:

ISSUING STATE:

ADDRESS:

STREET

CITY

STATE

ZIP

2. INCIDENT IDENTIFYING INFORMATION

ARRESTING AGENCY:

DATE OF ARREST:

AGENCY CASE NO.:

CHARGES:

3. YOUR INFORMATION

IF YOU ARE THE ARRESTEE IN NO. 1 ABOVE, CHECK HERE AND MOVE TO QUESTION 4 BELOW

IF YOU ARE REQUESTING THIS INFORMATION ON BEHALF OF ANOTHER PERSON, PLEASE COMPLETE THIS SECTION.

YOUR NAME:

TELEPHONE:

LAST NAME

FIRST NAME

AGENCY/ORGANIZATION (IF APPLICABLE):

ADDRESS:

STREET

CITY

STATE

ZIP

4. WHO IS THE LETTER TO BE SENT TO?

IF THE LETTER IS TO BE SENT TO THE ARRESTEE INDICATED IN NO. 1 ABOVE, CHECK HERE

IF THE LETTER IS TO BE SENT TO THE REQUESTOR INDICATED IN NO. 3 ABOVE, CHECK HERE

IF THE LETTER IS TO BE SENT TO A DIFFERENT RECIPIENT, PLEASE COMPLETE THIS SECTION.

NAME:

FAX:

LAST NAME

FIRST NAME

AGENCY/ORGANIZATION (IF APPLICABLE):

ADDRESS:

STREET

CITY

STATE

ZIP

SIGNATURE:

DATE:

FOR INTERNAL USE

IDENTIFICATION PROVIDED: _____

TYPE

NUMBER

DA CASE NO.: _____