

OFFICE OF THE DISTRICT ATTORNEY

Franklin County Courthouse
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Jeffrey W. Barksdale
District Attorney
34th Judicial Circuit
State of Alabama

Fallyn Pharr
Assistant District Attorney

FELONY INTAKE FORM

AGENCY: _____ CASE # _____

OFFICER IN CHARGE: _____ Email _____ Phone # _____

DEFENDANT INFORMATION: *(A Felony Intake form is required for each defendant)*

NAME: _____ RACE: _____ SEX: _____ DOB: _____

SSN: _____ ADDRESS: _____

DATE OF OFFENSE: _____

LOCATION OF OFFENSE: _____

CHARGES:

1. _____ *Fel/Misd. Arrested Y / N*
2. _____ *Fel/Misd. Arrested Y / N*
3. _____ *Fel/Misd. Arrested Y / N*
4. _____ *Fel/Misd. Arrested Y / N*

CO-DEFENDANT(S): _____

VICTIM(S) INFORMATION : *(date of birth is required for juveniles)*

NAME: _____ PHONE: _____

ADDRESS: _____

EMPLOYER: _____ WORK PHONE: _____

WITNESSES: *(name, address, phone)*

EVIDENCE: *(list specific evidence. Examples: methamphetamine, a pipe, etc)*

