BRIDGEPORT POLICE DEPARTMENT DETECTIVE BUREAU

INSTRUCTION SHEET FOR FILING OF WARRANT APPLICATION

In order for the Bridgeport Police to expedite the handling of your case, the following instructions should be followed. You will be given an appointment time and date. By doing this, we hope to eliminate your having to wait for an available Detective to handle your case. Further, by your completing the attached forms, at your convenience, less time need be spent by you in the preparation of your affidavit in the Detective Bureau.

INFORMATION AND AFFIDAVIT MUST BE LEGIBLE, EITHER TYPED OR PRINTED

- 1. Fill out information sheet with all information known.
- 2. Fill out the attached affidavit form, explaining exactly what occurred.
 - a) The facts of this incident determine if enough probable cause exists for the issuing of a warrant of arrest when reviewed by the Prosecutor and Judge of the Courts.
 - b) DO NOT SIGN THIS AFFIDAVIT. Signing will be done in front of the Officer who will notarize the affidavit when you return for your appointment.
 - c) It is advisable to begin your affidavit with: On the date of the incident, At time of incident, or While at location of incident, followed by the facts, explicitly naming the suspect, if known.
 - d) Include in your affidavit all injuries received, how inflicted, or how much damage done, cost of repairing damage, etc.
 - e) When you return for your appointment, bring with you any physical evidence you may have. This would include any estimates of damage, inventories of loss, medical records, torn or bloody clothing, weapons used, photo of suspect, etc.
- 3. Have your witness complete the affidavit form, following these same instructions and have witness accompany you back for your appointment so that his/her affidavit may also be notarized.

Be advised that any statement(s) made herein which you do not believe to be true, and which statement is intended to mislead a public servant in his/her official function, is a crime under Connecticut General Statute 53a-157.

After your affidavit has been accepted by the assigned Detective, he/she has to prepare an arrest warrant which is then forwarded to the courts. A Prosecutor reviews this warrant and if probable cause is found, he/she forwards it to the Judge. If the Judge finds probable cause, a warrant is issued. This is time consuming; however, the courts try to handle these warrants as expediently as they can. When the warrant is returned signed, the assigned Detective will attempt to contact you to make you aware of this.

We will attempt to have a Detective readily available at your appointment time to avoid any wait by you, so if you cannot make your appointment, please call 203-581-5201 and make us aware of this. If you do not call, or do not show up for your appointment, we will assume that you want no further police action and we will close your case.

BRIDGEPORT POLICE DEPARTMENT DETECTIVE DIVISION

CASE #	STATEMENT OF
FILE#	DATE
NAME:	DATE OF BIRTH:
ADDRESS:	CITY/TOWN:
TELEPHONE:	
statement(s) made herein	tatement without fear, threat or promise of reward. I have been advised that any n which I do not believe to be true, and which statement is intended to mislead a public function, is a crime under C.G.S. 53a-157.
	·
	e to this statement and the attached information sheet, I acknowledge that I have read it to me and it is true to the best of my knowledge and belief.
Witnessed:	Signed:
Witnessed:	Date:
contained therein.	e signer of the foregoing statement and made oath before me to the truth of matters
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BRIDGEPORT POLICE DEPARTMENT DETECTIVE DIVISION

CONTINUED STATEMENT (F (NAME):
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By affixing my signature to th	s statement and the attached information sheet, I acknowledge that I have read in the indicate that I have read in the best of my knowledge and belief.
Witnessed:	Signed:
Witnessed:	Date:
contained therein.	r of the foregoing statement and made oath before me to the truth of matter
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BRIDGEPORT POLICE DEPARTMENT DETECTIVE DIVISION INFORMATION SHEET FOR WARRANT PROCESS

NAME:	D.O.B.	
ADDRESS:		
WORK:		
SOCIAL SECURITY #		
2. VICTIM/WITNESS		
NAME:		
ADDRESS:	TEL. #	
WORK:	TEL. #	
SOCIAL SECURITY #		
3. VICTIM/WITNESS NAME:	D.O.B.	
ADDRESS:	TEL.#	
WORK:		
SOCIAL SECURITY #	CAN TESTIFY TO	
4. SUSPECT/ACCUSED NAME:	AKA/ALIAS	
ADDRESS:		
DATE OF BIRTH:/AUTOS:		
WORK:		
HOW LONG KNOWN		
AREA FREQUENTED	MISC. INFO.	
5. SUSPECT/ACCUSED NAME:	AKA/ALIAS	
ADDRESS:		
DATE OF BIRTH:/AUTOS:		***************************************
WORK:		1000 0000000000000000000000000000000000
HOW LONG KNOWN		
AREA FREQUENTED		
(ABOVE INFORMATION PERTAINS TO FILE	#CASE#	
PAGE OF PAGES SIGNED		Date: