

POLICE DEPARTMENT SYNOPSIS SHEET

Complaint Type

☐ Notice to Appear ☐ Court for Conditions/Detention ☐ Summons ☐ Warrant ☐ Seal the Case

Police Agency

Code

DCN No.

Badge #

Prepared by

Email

Authorizing ASA

Place of Offense

Date of offense

to

Time of Offense

Police Report No.

Place of Arrest

Date of Arrest

Defendant Information

Defendant:

Last Name

First Name

M.I.

Title

Street Address 1

City

State

ZIP

DOB

Sex

Height ft. in.

Weight

Hair

Eyes

Ethnicity

Race

Scars, Marks, Tattoos

Driver's License Number

Driver's License State

Phone Type

Phone Number

Ext.

Email

Was a motor vehicle involved?

☐ Yes ☒ No

The following ORIGINAL traffic citations will accompany this criminal complaint (Please list the citation numbers):

For Misdemeanor or Traffic Offenses ONLY: Will these charges be filed as Local offenses? ☐ Yes

Charge(s) Added

Authorized Charges	Case Type	Chapter & Section	Class

Click here for: ☐ None ☐ Attempt ☐ Conspiracy ☐ Drug Conspiracy ☐ Methamphetamine Conspiracy ☐ Solicitation

Victim	Race	Sex	DOB
			MM/DD/YYYY

Synopsis Facts

Witness or Victim	Name and Address	Phone Number

Investigating Officer(s)		
Name	Address	Badge #

Verification

I, the undersigned police officer/witness, on oath state that I have examined the above synopsis of this case, of which I have personal knowledge and or obtained information from other police officers or police reports, and the contents are true and correct.

SUBSCRIBED AND SWORN TO before me this

(Date)

Police Officer/Witness

NOTARY PUBLIC/JUDGE

People of Illinois

**A Municipal Corporation, Plaintiff,
VS.**

DEFENDANT'S NAME (LAST)	(FIRST)	(M.I.)	(Ti)
DEFENDANT'S ADDRESS			
DEFENDANT'S PHONE		DEFENDANT'S DOB	
DEFENDANT'S EMAIL			

DEFENDANT'S PHYSICAL DESCRIPTION BELOW

RACE	SEX	HEIGHT	WEIGHT	EYES	HAIR
PHYSICAL MARKS OR SCARS					
DEF DRIVER'S LIC NO.			DEF DRIVER'S LIC ISSUED STATE		

COMPLAINANT'S NAME
COMPLAINANT'S ADDRESS
COMPLAINANT'S PHONE

☒ ILCS	☐ LOCAL ORDINANCE	
DATE OF OFFENSE		
NEXT COURT DATE	HOUR	JUDGE
COURT LOCATION AND ADDRESS		
ROOM NUMBER		
POLICE AGENCY		POLICE REPORT NO.
AUTHORIZING ASA	PREPARED BY	

Case No. _____

DCN No. _____

**IN THE CIRCUIT COURT FOR THE
SIXTEENTH JUDICIAL CIRCUIT
KANE COUNTY, ILLINOIS**

**NEW CASE
INFORMATION SHEET**

Was a motor vehicle involved?

☐ Yes ☐ No

The following ORIGINAL traffic citations will accompany this criminal complaint (Please list the citation numbers):

ALLEGED OFFENSE(S) BELOW		
ALLEGED OFFENSE	CITATION	CLASS