



STATE OF CONNECTICUT
DIVISION OF CRIMINAL JUSTICE
OFFICE OF THE STATE'S ATTORNEY

Request for Review and Advice
46b-38b(2)(c)

State's Attorney _____
Address _____

Date of Request: _____

From: _____

Date of Incident: _____

Arresting Officer Other

Department: _____ Badge: _____ CN: _____

Dominant Aggressor: _____

Non-Dominant Aggressor Review and Advice:

Sworn report attached

Dom. Agg. warrant application attached

Prosecutorial Review/Advice:

Do not resubmit/Decline prosecution _____

Prepare a warrant for the non-dominant aggressor and submit it to my attention by _____.

Resubmit with the following additional information and this form by _____.

Call me to schedule an appointment to review this request.

Reviewing Prosecutor: _____ (Print)

_____ (Sign) _____ (Date)

RESUBMISSION OF REQUEST FOR REVIEW AND ADVICE

Officer: _____ Date Submitted: _____

Prosecutor: _____ Date of Review: _____

Decline Prosecution

Submit a warrant to my attention by _____ with this form.

Other: _____

Prosecutor: _____ Date: _____