

Superior Court of the District of Columbia
CRIMINAL DIVISION

AFFIDAVIT IN SUPPORT OF AN ARREST WARRANT

USW NO.:

DEFENDANT'S NAME:				NICKNAME:		ALIASES:		CCN:	PDID:
SEX:	RACE:	DOB:	HGT:	WGT:	EYES:	HAIR:	COMPL:	SCARS, MARKS, TATOOS	
DEFENDANT'S HOME ADDRESS:						TELEPHONE NUMBER:			
DEFENDANT'S BUSINESS ADDRESS:						TELEPHONE NUMBER:			
COMPLAINANT'S NAME:						TELEPHONE NUMBER:			
LOCATION OF OFFENSE:						DATE OF OFFENSE:		TIME OF OFFENSE:	

CAUTION AND MEDICAL CONDITIONS (CMC)
Select a valid CMC code below for wanted person when using the caution indicator.

- | | |
|---|--|
| <p><input type="checkbox"/> 00 = Armed and Dangerous</p> <p><input type="checkbox"/> 05 = Violent Tendencies</p> <p><input type="checkbox"/> 10 = Martial Arts Expert</p> <p><input type="checkbox"/> 15 = Explosive Expertise</p> <p><input type="checkbox"/> 20 = Known to abuse drugs</p> <p><input type="checkbox"/> 25 = Escape Risk</p> <p><input type="checkbox"/> 30 = Sexually Violent Predator</p> <p><input type="checkbox"/> 50 = Heart Condition</p> | <p><input type="checkbox"/> 55 = Alcoholic</p> <p><input type="checkbox"/> 60 = Allergies</p> <p><input type="checkbox"/> 65 = Epilepsy</p> <p><input type="checkbox"/> 70 = Suicidal</p> <p><input type="checkbox"/> 80 = Medication Required</p> <p><input type="checkbox"/> 85 = Hemophiliac</p> <p><input type="checkbox"/> 90 = Diabetic</p> <p><input type="checkbox"/> 01 = Other</p> |
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GIVE BRIEF DESCRIPTION OF WHAT HAPPENED:

AFFIANT'S SIGNATURE:

X _____

TO: WARRANT CLERK

PLEASE ISSUE A WARRANT FOR:

Charge With: _____

ASSISTANT UNITED STATES ATTORNEY

SUBSCRIBED AND SWORN BEFORE ME THIS _____

_____ DAY OF _____ 20_____

(JUDGE) DEPUTY CLERK) SUPERIOR COURT OF THE
DISTRICT OF COLUMBIA