

OFFICE OF THE FLOYD COUNTY DISTRICT ATTORNEY  
ROME JUDICIAL CIRCUIT  
VICTIM/WITNESS ASSISTANCE PROGRAM

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Martha P. Jacobs  
Chief Assistant District Attorney

Leigh E. Patterson  
District Attorney

Scott Weaver  
Chief Investigator

**REQUEST FOR ACTION**

DEFENDANTS NAME \_\_\_\_\_

DATE OF ARREST \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

Dear Sir or Madam:

Please be advised that I \_\_\_\_\_ as the complainant in the case of  
State vs. \_\_\_\_\_, am requesting that the District Attorney's Office  
take the following action in this case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do this of my own free will without coercion or threat. I request that you take this action  
& I understand that my request may be denied at the discretion of the District Attorney.

Today's Date \_\_\_\_\_

Your Signature \_\_\_\_\_

Your Physical Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

I acknowledge the above request. Upon evaluation of the case the request is \_\_\_\_\_ Denied / \_\_\_\_\_ Granted.  
*Payment of any court costs will be required for dismissal.*

\_\_\_\_\_ Date: \_\_\_\_\_

**Assistant District Attorney**