



COUNTY of GALVESTON
Criminal District Attorney
JACK ROADY

Kevin Petroff
First Assistant

Johnny J. Freeze
Chief Investigator

Zonia Wiltturner-Smith
Chief Executive Officer

Date:

Dear:

This letter is to confirm your reported allegation to the Galveston County District Attorney's Office. For your information and to assist you in organizing your complaint, I am enclosing a checklist. I await the receipt of additional information and documentation from you in order to further evaluate this matter.

This office is not primarily an investigative agency. Because our staff is limited, we ordinarily only provide assistance and advice to local law enforcement agencies. In a limited number of cases we become more involved in the investigation, but we must rely on the complaining party to provide the initial preparation and documentation.

Your complaint will be on "hold" status in this office for 30 days. If you do not deliver the requested data to this office within the time period your complaint will be **dismissed**.

If you have any questions please contact me at 409-766-2355.

Sincerely,

Kevin Petroff
First Assistant District Attorney
Criminal District Attorney's Office

Enclosure

Felony Section
Off: 409-766-2355

Family Law Section
409-766-2364

Grand Jury Section
409-766-2379

Felony Victim's Asst.
409-770-5124

Houston Line
281-316-8300

www.co.galveston.tx.us

600 59TH Street, Suite 1001 • Galveston, Texas 77551

CHECKLIST FOR SUBMITTING A COMPLAINT TO DISTRICT ATTORNEY'S OFFICE
FOR REVIEW FOR CRIMINAL PROSECUTION

The information requested below is needed to accurately assess your case for possible violations of the criminal laws of the State of Texas. Keep in mind that civil and criminal actions are completely independent Criminal charges WILL NOT be presented to gain advantage in a civil matter.

Please provide accurate, complete, and legible information, preferably typewritten. When you deliver documents to our office, always include a reference to our case number. DO NOT send your original and/or only copy of any documents to this office; send photocopies and keep the originals in your file.

Please provide the following information, organized in the order listed:

1. Complete name of the party or agency complained of, along with any available identifying information (social security number, driver license number, date of birth, physical description, last known address and telephone number, etc.).
2. Complaining party's complete name, address and telephone number, as well as social security number, and date of birth. If the complainant is a agency, provide its complete name in addition to the above information on the individual owner(s).
3. If different from the complaining party, include complete name, address, and telephone number of the person making the report.
4. Type of offense (theft, forgery, tampering, election violation, etc.).
5. Date(s) of the offense(s) or beginning and ending dates if a lengthy period.
6. Location where the offense(s) took place.
7. Brief summary statement of offense(s) in six lines or less.
8. Recite the details of the offense(s) in the order in which they occurred. Answer the questions: who? what? where? when? how? why? Be brief (preferably four pages or less) but complete. Include names and dates as well as references to documents provided.
9. List (index) of documents submitted.
10. Copies (not originals) of relevant documents corroborating the allegations, such as reports, or bank records or transcripts. When copying checks, remember to copy the backs.
11. Copies (not originals or negatives) of photographs, if any.
12. List of witnesses, including current addresses and telephone numbers.
13. Copies of witnesses' statements, if any.
14. Name any other agency to which you reported this matter, along with the name and telephone number of the person you dealt with and what action was taken.

15. Have you complained to the suspect person(s) or agency? If so, who did you contact and what was their response. Was there any recording of that meeting?
16. Is there a civil lawsuit pending? If so, furnish the cause number and court where the case is pending and the attorney's names.
17. Complete and return the notarized certification form attached.
18. To assure that your report reaches the proper file, remember to include references to our case number.

The notarization if any can be completed at our office when you turn in the information. As you can see, requesting criminal prosecution is a serious and time-consuming matter which will require your full cooperation and a large measure of patience. Get organized and then be prepared to assist us by explaining your complaint further if requested to do so. Understand at the outset that, if a full investigation is undertaken by this office, it is likely to be a slow, tedious process. If an indictment is then obtained, you can expect many additional months of waiting before the case is resolved by plea or trial. These comments are not meant to discourage you, but to prepare you for what's ahead. We will need your patient cooperation.

As soon as your report has been reviewed, we will notify you as to what action may be taken on your case.

Kevin Petroff, Assistant District Attorney
Galveston County District Attorney's Office
(409) 766-2355

STATE OF TEXAS

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AFFIDAVIT

COUNTY OF GALVESTON

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ATTENTION:

RE: _____

CASE #:

I CERTIFY THAT THE INFORMATION WHICH I FURNISH THE GALVESTON COUNTY DISTRICT ATTORNEY'S OFFICE IN THIS COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND IS FURNISHED FOR THE SOLE PURPOSE OF INSTITUTING CRIMINAL PROSECUTION IN THE EVENT INVESTIGATION INDICATES CRIMINAL ACTIVITY. I AM NOT REQUESTING CRIMINAL PROSECUTION FOR THE PURPOSE OF GAINING AN ADVANTAGE EITHER CIVILLY OR POLITICALLY.

I AUTHORIZE THE DISTRICT ATTORNEY'S OFFICE TO USE THE INFORMATION WHICH I PROVIDE IN ANY MANNER DEEMED NECESSARY AND PROPER.

Signature of Complaining Party

Complaining Parties Printed Name

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, A.D.,
20__.

Notary Public in and for the State of Texas

My commission expires: _____