REQUEST TO DROP CHARGES

Requestor's Name:			
Address:			
Phone No.:			
E-mail:			
Name of Defendant:			
Case No.:			
Defendant's Charges:			
Investigating Agency:			
Statement: (Indicate why you want and	l/or why you think the char	rges should be dropped.)	
	[Attach additional pages if	necessary]	
Signed:	Date:	Pages Included:	

BY SIGNING YOU ACKNOWLEDGE THAT IT IS SOLELY THE DECISION OF THE PROSECUTING ATTORNEY AS TO WHETHER THE CHARGES WILL BE DROPPED OR IF THE CASE WILL PROCEED. BE ADVISED THAT IF YOU RECEIVE A SUBPOENA IN THIS MATTER, YOU ARE REQUIRED BY LAW TO APPEAR IN COURT AND TESTIFY TRUTHFULLY UNDER PENALTY OF PERJURY. IF YOU FAIL TO APPEAR, A WARRANT MAY BE ISSUED FOR YOUR ARREST.

Any questions regarding this form should be made directly to this office by calling (304) 675-5734. This form may only be submitted by the requestor by presenting in person at the Office of the Prosecuting Attorney of Mason County. Any mailed or e-mailed forms will not be considered.

Form updated: 03/07/2024