

PROSECUTOR'S CHECKLIST

Indictment _____

Date of Arrest: _____

Date Case Indicted: _____

Prosecutor(s): _____

Judge: _____

Victims: _____

Family Contacts: _____

State v. _____

Def. Counsel: _____

Offense Date: _____

Offense Location: _____ Type of Place: _____

| <u>Charge</u> | <u>Code Section</u> | <u>Maximum Sentence</u> |
|---------------|---------------------|-------------------------|
|---------------|---------------------|-------------------------|

- 1.
- 2.
- 3.
- 4.
- 5.

Read Charging Document:

Defendant's Name Date of Offense Grammar Code Section

Do the charges match the facts of the case? _____

Need to Re-Charge Case? _____

Special Circumstances

_____ Speedy Trial Demand

_____ Status/Condition of Witnesses

_____ Detainer

_____ High Profile

_____ Specially Set

_____ Jail, Bond, Age of Case

Date Case Must Be Tried if Speedy Trial Demand: _____

Discovery Requested by Defense:

Date of Request: _____

Date Initial Discovery Provided: _____

Date(s) Supplemental Discovery Provided (with details of type of discovery):

Plea Offers:

Date: _____ Offer: _____

Date: _____ Offer: _____

Notes Regarding Offers:

Requests for Continuance:

Date: _____ Party Requesting: Defense State Court Continuance

Reason for Continuance: _____

Date: _____ Party Requesting: Defense State Court Continuance

Reason for Continuance: _____

Date: _____ Party Requesting: Defense State Court Continuance

Reason for Continuance: _____

Facts and Circumstance – Review Case File

Summary of Facts:

DEFENDANT: _____

Arrest Date: _____

Arrest Location: _____

Motive: _____

How was the defendant identified?

Criminal History Summary: **Def. #1** _____

- 1.
- 2.
- 3.
- 4.
- 5.

Is defendant a recidivist? Yes No Mandatory Sentencing? _____

404(b) / 413 / 414 Evidence

**Note: List all witnesses and obtain complete copy of police reports or internal DA file.

| | Act | Date | Victim | Status |
|----|-----|------|--------|--------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Prior Difficulties Between Parties:

| | Act | Date | Status |
|----|-----|------|--------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Direct Evidence

| | | |
|--|--|----------------------------------|
| Complete Investigative File | Yes <input type="checkbox"/> No <input type="checkbox"/> | In File <input type="checkbox"/> |
| Defendant caught in the act | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Eyewitnesses | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Names: _____ | | |
| Outcry Witnesses | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Names: _____ | | |
| Defendant Confession or Admission to Police | Yes <input type="checkbox"/> No <input type="checkbox"/> | In File <input type="checkbox"/> |
| Officer: _____ | | |
| Defendant Confession or Admission to 3 rd Party | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Names: _____ | | |
| Co-defendant Testimony: | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Names: _____ | | |
| Video / Video Surveillance | Yes <input type="checkbox"/> No <input type="checkbox"/> | In File <input type="checkbox"/> |
| Custodian: _____ | | |
| 911 Call Recording | Yes <input type="checkbox"/> No <input type="checkbox"/> | In File <input type="checkbox"/> |
| Identification Procedure | Yes <input type="checkbox"/> No <input type="checkbox"/> | In File <input type="checkbox"/> |
| Child Protection Records | Yes <input type="checkbox"/> No <input type="checkbox"/> | In File <input type="checkbox"/> |
| School Records | Yes <input type="checkbox"/> No <input type="checkbox"/> | In File <input type="checkbox"/> |
| Forensic Interview | Yes <input type="checkbox"/> No <input type="checkbox"/> | In File <input type="checkbox"/> |
| Email / Social Media Records | Yes <input type="checkbox"/> No <input type="checkbox"/> | In File <input type="checkbox"/> |
| Phone Records | Yes <input type="checkbox"/> No <input type="checkbox"/> | In File <input type="checkbox"/> |
| Computers / Electronics | Yes <input type="checkbox"/> No <input type="checkbox"/> | In File <input type="checkbox"/> |
| Physical Evidence Found at Scene: | | |

Forensic Interview Viewed by Prosecutor? Yes No

Need for Expert Witness for Statements of Children / Forensic Interviewing? Yes No

Scientific Evidence:

Date Requested / Physical

Location

| | | |
|----------------------|--|-------|
| Fingerprints | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Handwriting | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| DNA | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Blood, Sperm, Saliva | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Clothing / Fibers | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Crime Lab Reports | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Autopsy Reports | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Medical Records | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Reports by Experts | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Drugs | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Weapons / Ballistics | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Photos: | | |
| • Injuries | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| • Crime Scene | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Other: | | _____ |

Has all scientific evidence been sent to the crime lab for testing? Yes No

Established Necessary Chain of Custody? Yes No

All Crime Lab Reports Disclosed to Defense? Yes No

Corroboration:

- Abuse Related Corroboration:

- Non-Abuse Related Corroboration:

- Additional Possible Corroboration:

Witnesses

| Order # | Witness Name | Testimony |
|---------|--------------|-----------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

Additional Potential Witnesses? *Think outside the box*

Expert Witnesses Needed? *Even if to explain the lack of certain evidence*

Probable Defense Theory:

Alibi _____

Consent _____

Identity _____

Bad Police _____

Nullification _____

Self Defense _____

Insanity _____

Justification _____

Mere Presence _____

Reasonable Doubt _____

Other _____

Strengths of Case:

- 1.
- 2.
- 3.
- 4.
- 5.

Weaknesses of Case:

- 1.
- 2.
- 3.
- 4.
- 5.

Trial Checklist:

- 1.) READ INDICTMENT – *Do all charges fit the facts of the case, including any newly discovered information*
- 2.) READ FILE – MAKE A “TO DO LIST”
- 3.) CHECK FOR SIMILAR TRANSACTIONS: 404(b) / 413 / 414 Evidence
- 4.) FILED NECESSARY SIMILAR TRANSACTION/PRIOR DIFFICULTY NOTICES
- 5.) WITNESS LIST – Cops, Lay, Experts, Similar / Good addresses and phone numbers
- 6.) CONTACT & INTERVIEW ALL WITNESSES/GET DETECTIVES FILE/ID TECH REPORTS
- 7.) SUBPOENA WITNESSES – *Personal Service on Difficult Witnesses*
- 8.) GET PHYSICAL EVIDENCE
- 9.) GET SCIENTIFIC EVIDENCE REPORTS – *Crime lab reports, medicals, ME Report, DNA*
- 10.) DISCOVERY (INCLUDE ALIBI NOTICE) – *Make sure it is sent and supplemented*
- 11.) RESEARCH – *Anticipate Legal Issues*
- 12.) DEFENSE – *Anticipate Motions, Defenses / Talk to the Defense Witnesses/Run GCICs on Defense Witness & Get Certified Copies of Convictions for Impeachment*
- 13.) MOTIONS IN LIMINIE
- 14.) VOIR DIRE
- 15.) JURY CHARGES
- 16.) THEME / THEORY / MOTIVE / WHAT HAPPENED
- 17.) PREPARE & PRACTICE OPENING & CLOSING
- 18.) PREPARE WITNESS QUESTIONS / OUTLINE
- 19.) PREPARE ORDER OF WITNESSES
- 20.) FILE RECIDIVIST NOTICE - *Get Certified Copies of Convictions & Plea Transcripts*
- 21.) TRIAL NOTEBOOK
- 22.) VISUAL AIDS/PROPS