**STATE OF MISSOURI } Osage County Sheriff’s Office**

 **} SS.**

**COUNTY OF OSAGE } Case Number**

**I, , on** **, knowing that false statements are punishable by law, state that the facts contained herein are true.**

**I am a Deputy employed by the Osage County Sheriff’s Office.**

**I have probable cause to believe that on or about** **, at** **hours:**

|  |
| --- |
| **FULL NAME:**  |
| **DOB:**  | **SSN:** | **RACE:**  | **SEX:**  |
| **HEIGHT:**  | **WEIGHT:**  | **HAIR:**  | **EYES:**  |
| **Who resides at:**  |

**Committed one or more criminal offense(s)**

|  |  |
| --- | --- |
|  | **OCN:**  |
| **RSMo:      Charge Code:**  | **OCN:**  |
| **RSMo:      Charge Code:**  | **OCN:** |
| **RSMo:      Charge Code:** | **OCN:** |

**3. The facts supporting this belief are as follows:**

|  |
| --- |
|   |

**(Complete the following if a warrant for a Misdemeanor offense(s), is being requested)**

**4. I believe that the Defendant will not appear in court in response to a criminal summons and/or that the Defendant poses a danger to a Flannigan, the community, or another person for the following reasons:**

|  |
| --- |
|   |

**The above suspect was arrested on:**

|  |  |
| --- | --- |
| **Date:**  | **Time:**  |

**NOTICE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE BY LAW.**

|  |  |
| --- | --- |
|  |  |

**Printed name of Deputy Signature of Arresting Officer**