

| | | |
|--|--|---|
| State of Alabama Unified Judicial System Form CR-57 (front) Rev.8/98 | <h1 style="margin: 0;">DEPOSITION</h1> | Warrant/Summons Number <hr/> Case Number |
|--|--|---|

IN THE _____ COURT OF _____, ALABAMA
(Circuit, District, or Municipal) *(Name of Municipality or County)*

STATE OF ALABAMA
 MUNICIPALITY OF _____ v. _____
Defendant

INSTRUCTIONS: COMPLETE THE FOLLOWING INFORMATION ON THE ACCUSED

| | | | | | | | |
|--------------------------------------|-------------------------|------|---------------|------------|-----------------------------|-----|--|
| Name of Accused <i>(or Alias)</i> | | | | | Telephone Number | | |
| Social Security Number | Driver's License Number | | Date of Birth | Age | Race | Sex | |
| Height | Weight | Hair | Eyes | Complexion | | | |
| Address of Accused <i>(or Alias)</i> | | | City | State | Zip Code | | |
| Name of Employer | | | | | Employer's Telephone Number | | |
| Address of Employer | | | City | State | Zip Code | | |

INSTRUCTIONS: COMPLETE THE FOLLOWING INFORMATION ON THE OFFENSE

Offense: _____

Date and Time of Offense: _____

Place of Occurrence: _____

Person Attacked or Property Damaged: _____

How Attacked: _____

Was accused under the influence of alcohol or a controlled substance? Yes No

Any law enforcement agency contacted? Yes No

If yes, which one? _____

Did Accused Possess or Use a Weapon? Yes No Types: _____

Did you go to the hospital? Yes No

Damage Done or Injuries Received: _____

Value of Property: _____

Details of Offense: _____

Check if additional pages are necessary.

