



COUNTY OF \_\_\_\_\_

BOYS STATE OF KANSAS

**PROBABLE CAUSE STATEMENT**

DATE:

(NAME OF DISTRICT ATTORNEY)

I, \_\_\_\_\_, know that false statements on this form are punishable, by the laws of the Boys State of Kansas, state that the facts contained herein are true.

(NAME OF DISTRICT ATTORNEY)

I, \_\_\_\_\_, have probable cause to believe that,

(NAME OF CRIMINAL DEFENDANT)

\_\_\_\_\_, committed one or more criminal offenses.

CRIME(S) COMMITTED:

ADDRESS OF CRIMINAL OFFENDER (COUNTY, CITY):

THE DATE THE CRIMES OCCURRED WAS ON OR ABOUT \_\_\_\_\_

THE CRIMES WERE COMMITTED IN THE COUNTY OF \_\_\_\_\_

**DESCRIPTION OF INCIDENT: PLEASE WRITE THE PERTINENT DETAILS OF THE INCIDENT BELOW**

SIGNATURE OF DISTRICT ATTORNEY:

PRINT NAME:

JUDGE SIGNATURE: