

_____ County

▶ File Nos.

Name Of Indigent Defendant

**PRE-TRIAL CASE INFORMATION
POTENTIALLY CAPITAL CASES AT THE TRIAL LEVEL**

See IDS Policy, "Mandatory Consultations and Notifications in Potentially Capital Cases at the Trial Level"

INSTRUCTIONS: *Within 10 business days of being appointed to a potentially capital case at the trial level, counsel must complete both pages of this form and submit it to the Office of the Capital Defender, by facsimile to 919-354-7221 or by email to CapitalForms@nccourts.org. The Office of the Capital Defender shall maintain the original form in its files. If your case involves co-defendants, please do NOT include confidential information on this form.*

I. ATTORNEY INFORMATION

Counsel Completing this Form:

Co-Counsel (if applicable):

Name: _____
Office Phone: _____
Cell Phone: _____
Facsimile: _____
Email: _____

Name: _____
Office Phone: _____
Cell Phone: _____
Facsimile: _____
Email: _____

II. CASE INFORMATION

Date Of Incident

Date Of Birth Of Defendant

Gender Of Defendant

Race Of Defendant

Case Type (check all that apply):

- Drug-Related
- Domestic-Love Relationship
- Domestic-Family Member
- Domestic-Parent
- Child Death
- Felony Murder-Robbery
- Felony Murder-Burglary
- Felony Murder-Sex Offense
- Felony Murder-Other Felony
- Drive-by Shooting
- Law Enforcement Officer
- Prison
- Revenge (excluding drug disputes)
- Self Defense
- Other: _____

Homicide Method (check all that apply):

- Gun
- Stabbing
- Blunt Force
- Strangulation
- Arson
- Poison
- Automobile
- Hypothermia
- Starvation
- Drowning
- Other: _____

Assessment Of Case Facts (check one):

- Aggravated
- Average
- Less Aggravated

Assessment Of County Attitude (check one):

- Death Prone
- Not Death Prone

Case Prediction (check one):

- Capital
- Possibly/Marginally Capital
- Probably Non-Capital

Brief Factual Summary:

Potential Aggravating Circumstance(s):

Particular Issue(s) Of Interest:

Has the prosecutor given any indication of whether this case will proceed capitally? (check one): Yes No

If yes, please describe:

III. CO-DEFENDANT INFORMATION

Please Provide All Known Information (attach additional sheet if necessary):

Number of Co-Defendants: _____

Co-Defendant 1:

Name: _____
Age: _____
Gender: _____
Race: _____
Attorney Name(s): _____

Co-Defendant 2:

Name: _____
Age: _____
Gender: _____
Race: _____
Attorney Name(s): _____

Co-Defendant 3:

Name: _____
Age: _____
Gender: _____
Race: _____
Attorney Name(s): _____

Co-Defendant 4:

Name: _____
Age: _____
Gender: _____
Race: _____
Attorney Name(s): _____

Co-Defendant 5:

Name: _____
Age: _____
Gender: _____
Race: _____
Attorney Name(s): _____

Co-Defendant 6:

Name: _____
Age: _____
Gender: _____
Race: _____
Attorney Name(s): _____

IV. VICTIM INFORMATION

Please Provide All Known Information (attach additional sheet if necessary):

Number of Homicide Victims: _____

Homicide Victim 1:

Age: _____
Gender: _____
Race: _____
Relationship To Defendant (*check one*):
 Stranger Family Acquaintance

Homicide Victim 2:

Age: _____
Gender: _____
Race: _____
Relationship To Defendant (*check one*):
 Stranger Family Acquaintance

Homicide Victim 3:

Age: _____
Gender: _____
Race: _____
Relationship To Defendant (*check one*):
 Stranger Family Acquaintance

Homicide Victim 4:

Age: _____
Gender: _____
Race: _____
Relationship To Defendant (*check one*):
 Stranger Family Acquaintance

Date

Name Of Attorney

Signature Of Attorney