



OFFICE OF THE ATTORNEY GENERAL STATE OF ALABAMA

Recusal / Request for Assistance

Please complete and submit this form. This form must be signed by the District Attorney

To: Office of the Attorney General, State of Alabama
From: _____ Contact #: _____
Circuit: _____ County: _____
Date: _____ Date Case or Matter Received by DA's Office: _____

Case Information

Defendant: _____
Victim(s) Contact: _____ Phone: _____
Investigating Agency: _____
Investigating Officer: _____ Phone: _____
Offense Date: _____ Indictment Date: _____
Charge: _____ DC or CC #: _____
Current Status of the Case: _____ Known Court Dates: _____
Has your office been involved in any part of the investigation, if so how?

Defense Attorney: _____ Phone: _____

List below any agreement made and, or any discovery provided to defense attorney:

Facts or Details known:

Reason for Recusal (If conflict, please state the conflict and all steps taken to avoid recusal):

District Attorney

Date