| Date  |  |           |
|---|--|-----------|
|   |  |           |
| Peter J. Lucido<br>Macomb County Pros<br>4th Floor<br>1 South Main<br>Mount Clemens, MI 4 |  |           |
|   | riation Request  |           |
| Dear Prosecutor Luci  | 0:   |           |
|   | promise and negotiate under MRE 408. This is a policy County Prosecutor's Office for a plea regarding: | deviation |
| Case title  | People v   |           |
| Case number   |  |           |
| Court   |  |           |
| Judge   |  |           |
| Next court event ar date (if any)   |  |           |
| Offense Location (city, township or village   | e)   |           |
| Offense Date(s)   |  |           |
| Officer in Charge   |  |           |
|   |  | anor      |

| Defense attorney name     |               |
|---------------------------|---------------|
| Defense attorney P#       |               |
| Defense attorney phone    |               |
| Defense attorney email    |               |
| Defense law firm name     |               |
| Defense attorney address  |               |
|                           |               |
| Brief Summary of the fact | s of the case |
|                           |               |
|                           |               |
|                           |               |
|                           |               |
|                           |               |
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|                           |               |
|                           |               |

## Pending charges:

| Count # | PACC Code | Felony<br>or Misd      | Pending Count's Title |
|---------|-----------|------------------------|-----------------------|
| 1       |           | Felony                 |                       |
| 2       |           | Misd<br>Felony<br>Misd |                       |
| 3       |           | Felony<br>Misd         |                       |
| 4       |           | Felony<br>Misd         |                       |
| 5       |           | Felony<br>Misd         |                       |
| 6       |           | Felony<br>Misd         |                       |
| 7       |           | Felony<br>Misd         |                       |

| Sentencing guidelines, if convicted on pending charges |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Specific deviation result requested (required)

| Count<br># | PACC Code | Felony<br>or Misd | Deviation Count's Title |
|------------|-----------|-------------------|-------------------------|
| 1          |           | Felony            |                         |
| •          |           | Misd              |                         |
| 2          |           | Felony            |                         |
| ۷          |           | Misd              |                         |
| 3          |           | Felony            |                         |
| <b>5</b>   |           | Misd              |                         |
| 4          |           | Felony            |                         |
| 7          |           | Misd              |                         |
| 5          |           | Felony            |                         |
|            |           | Misd              |                         |
| 6          |           | Felony            |                         |
|            |           | Misd              |                         |
| 7          |           | Felony            |                         |
|            |           | Misd              |                         |

| Sentencing guidelines, if convicted on requested deviation |                        |                                  |           |
|--|------------------------|----------------------------------|-----------|
|  |                        |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
| Defendant's efforts at                                     | t rehabilitation durir | ng pendency of case, if any      |           |
|  |                        | t, evaluation/counseling, substa | nce abuse |
|  | = =                    | ndance or other counseling, etc  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
| <b>-</b>   |                        |                                  |           |
| Defendant's status on                                      |                        | Donale                           |           |
| On bond  | Probation              | Parole                           |           |
| Other  |                        | <del></del>                      |           |
|  |                        |                                  |           |
| Summary of relevant  | criminal history       |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
|  |                        |                                  |           |
| Treatment Court, if atte                                   | _                      |                                  |           |
| None   | Drug Court             | Mental Health Cour               | τ         |
| Veterans Court   | Other                  |                                  |           |

| Brief summary of reason for requesting deviation |  |  |  |  |
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| Sincerely,         |  |  |  |
|--------------------|--|--|--|
|                    |  |  |  |
|                    |  |  |  |
| Attorney Signature |  |  |  |
| Attorney Name      |  |  |  |
| P Number           |  |  |  |
| Law Firm Name      |  |  |  |
| Mailing Address    |  |  |  |
|                    |  |  |  |
| Phone              |  |  |  |
| Email              |  |  |  |
|                    |  |  |  |
| List Attachments   |  |  |  |
|                    |  |  |  |
|                    |  |  |  |
|                    |  |  |  |
|                    |  |  |  |

I acknowledge this request will become part of the Prosecutor's Office file and might be

subject to court disclosure, as permitted by law.