

**COUNTY OF YELLOW MEDICINE
EIGHTH JUDICIAL DISTRICT
STATE OF MINNESOTA**

APPLICATION FOR JUDICIAL DETERMINATION OF PROBABLE CAUSE TO DETAIN
(Mn. Rules of Crim Procead 4.03 (48 Hour/Riverside Rule))

Name of Arrestee: _____

Date of Birth: _____ Detention Location: _____

Arresting Agency: _____ Control No.: _____

Date of Arrest: _____ Time of Arrest: _____

Offense(s): _____

Facts constituting probable cause to believe a crime was committed and arrestee committed it: See Exhibit A.

Was a prior application for probable cause to detain this person submitted to the court? Yes / No

If yes, explain: _____

_____ I have contacted the prosecuting attorney, _____
who orally approved this application for judicial determination of probable cause to detain.

_____ I have attempted to contact the prosecuting attorney to approve this application an have been unable to
do so for the following reason(s) _____

The applicant, being duly sworn, swears the facts set forth in Exhibit A. are true and correct to the best of the applicant's knowledge and belief and constitute probable cause to believe that the above named arrestee committed the offense(s) described herein.

Applicant's signature: _____

Agency: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Judge, Judicial Officer, Clerk, or Notary Public

APPROVAL OF PROSECUTING ATTORNEY

_____ being duly authorized to prosecute the offense(s) specified in the attached application, hereby approves this application for judicial determination of probable cause to detain.

Name/Signature

Office: _____

Date/Time: _____