STATE OF INDIANA)
)ss:
COUNTY OF DEARBORN)

STATE OF INDIANA)
)
v.)
)
_____)
_____)
_____)

DOB:_____)
OLN:_____)

IN THE DEARBORN SUPERIOR COURT ___

GENERAL TERM, 20____

INFORMATION FOR:
POSSESSION OF A SYRINGE
I.C. 16-42-19-18
LEVEL 6 FELONY

CAUSE NO. _____

The undersigned affiant does hereby swear or affirm under penalties for perjury that:

On or about the_____day of_____, 20____, in Dearborn County, State of Indiana, _____ did knowingly possess a hypodermic syringe or needle or an instrument adapted for the use of a controlled substance or legend drug by injection in a human being, with the intent to violate IC 16-42-19, and/or commit an offense described in IC 35-48-4.

All of which is contrary to the form of the statute in such cases made and provided, to-wit: I.C. 16-42-19-18, and against the peace and dignity of the State of Indiana.

_____
_____
_____

Approved by:
LYNN M. DEDDENS
Prosecuting Attorney,
Seventh Judicial Circuit

Date: _____ By:_____
Deputy Prosecuting Attorney

State's Witnesses:

_____ _____
_____ _____
_____ _____

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