

REQUEST FOR EXAMINATION OF A POLICE DECISION / REVIEW OF A PROSECUTION DECISION

Date

To (the instance where the decision was made, for example, the Swedish Police Authority, Local Public Prosecution Office in X-city)

APPLICANT (the person requesting examination/review)

| | |
|--|------------------------------|
| Surname, First name | National registration number |
| Address | |
| E-mail address | |
| Include the name and address of any legal representative – <i>Power of attorney must be enclosed</i> | |

WHICH DECISION DO YOU WISH TO HAVE EXAMINED/REVIEWED?

It is important that a full case/reference number is specified. Otherwise your request cannot be examined.

| | |
|---|--|
| The authority where the decision was made | |
| <input type="checkbox"/> The Police | <input type="checkbox"/> The Swedish Prosecution Authority |
| Case/reference number | Date of the decision |

WHAT CHANGE ARE YOU REQUESTING?

Examination/review of decisions are handled in writing. A request for examination/review must be clear and complete upon submission, otherwise the case will not be examined normally. It is not usually possible to complete the request at a later date.

Here you specify the desired changes to the decision, for example, that the preliminary investigation be resumed or the prosecution be brought forward. (If there is no space left on the form, extra pages may be used. If extra pages have been used, specify "continued, see Appendix").

WHY DO YOU WANT TO CHANGE THE DECISION?

Here you explain why you are unsatisfied with the decision. You should also clearly specify if you are providing information that has not previously been provided. (If there is no space left on the form, extra pages may be used. If extra pages have been used, specify "continued, see Appendix").

DO YOU WISH TO SUBMIT ANY NEW DOCUMENTS?

If you wish to submit new documents, they must be enclosed with this form. Documents that the Police/Prosecution Authority already possess should not be submitted.

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Signature (the person requesting examination/review)

.....
Date