|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SOLICITUD DE AUDIENCIA PRELIMINAR** | | | |  |  | **USO EXCLUSIVO DEL CENTRO DE SERVICIOS** | | | | |
| INMEDIATA |  | PROGRAMADA |  |  |  | DÍA | MES | AÑO |  | HORA |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Departamento: | N. de Santander | Municipio: | Cúcuta | Fecha: | D | M | A | Hora: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Código Único de la Investigación (CUI):** | | | | | | | | | | | | | | |  | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Número Interno: | | | | | | | | | | | |  |  |  |  | - |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Audiencia Preliminar que se solicita:** | |  | | | | |
| Petición de la Audiencia | | | Reservada | | | |
| SI | | NO | |
| 1. |  | |  | |  | |
| 2. |  | |  | |  | |
| 3. |  | |  | |  | |
| 4. |  | |  | |  | |
| 5. |  | |  | |  | |
| 6. |  | |  | |  | |
|  | | | | | | |
| Delito | | | Código | | | |
| 1. |  | |  |  |  |  |
| 2. |  | |  |  |  |  |
| 3. |  | |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Datos para citación:** | | | | | | | | | | | |  | | | | | |
| **DATOS DEL INVESTIGADO, INDICIADO, IMPUTADO O ACUSADO** | | | | | | | | | | | | | **No.:** | |  | | |
| Tipo de Documento: | | | | CC. |  | Pas. |  | C.E. |  | Otro |  | No.: | | | | | |
| Expedido en: | | | Departamento: | | | | | | | Municipio: | | | | | | | |
| Nombres: | | | | | | | | Apellidos: | | | | | | | | | |
| Apodo: | | | | | | | | Estado Civil: | | | | | | | | | |
| Preso: | SI | NO | Lugar: | | | | | | | | | Fecha: | | D | | M | A |
| Lugar de notificación del indiciado o investigado | | | | | | | | | | | | | | | | | |
| Dirección: | | | | | | | | Barrio: | | | | | | | | | |
| Departamento: | | | | | | | | Municipio: | | | | | | | | | |
| Teléfono: | | | | | | Correo electrónico: | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DE LA DEFENSA** | | | | | | | | | | | | | | | |
| Tiene asignado defensor: | | SI | NO | | Público: | | | DP | | OF | | Privado: | |  | T.P. No.: |
| Tipo de Documento: | | | | CC. | |  | | Pas. |  | | C.E. |  | Otro |  | No.: |
| Expedido en: | Departamento: | | | | | | | | | | | | Municipio: | | |
| Nombres: | | | | | | | | | | | Apellidos: | | | | |
| Lugar de notificación | | | | | | | | | | | | | | | |
| Dirección: | | | | | | | | | | | Barrio: | | | | |
| Departamento: | | | | | | | | | | | Municipio: | | | | |
| Teléfono: | | | | | | | Correo electrónico: | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DE LA VÍCTIMA** | | | | | | | | | | |
| Tipo de Documento: | | CC. |  | Pas. |  | C.E. |  | Otro |  | No.: |
| Expedido en: | Departamento: | | | | | | | Municipio: | | |
| Nombres: | | | | | | Apellidos: | | | | |
| Dirección: | | | | | | Barrio: | | | | |
| Departamento: | | | | | | Municipio: | | | | |
| Teléfono: | | | | Correo electrónico: | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OTROS CITADOS** | | | | | | | | | | |
| Calidad en que se cita: | | Perito |  | Investigador |  | Testigo |  | Otro |  | ¿Cuál? |
| Tipo de Documento: | | CC. |  | Pas. |  | C.E. |  | Otro |  | No.: |
| Expedido en: | Departamento: | | | | | | | Municipio: | | |
| Nombres: | | | | | | Apellidos: | | | | |
| Dirección: | | | | | | Teléfono: | | | | |
| Correo electrónico: | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| Ministerio Público: | | Teléfono: |
| Dirección: | Correo electrónico: | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Datos relacionados con el Fiscal que conoce del caso: | | | | | | | | | | | | | |
| Categoría: | Delegad. Tribunal |  | Circuito |  | Municipal |  | Unidad: |  | | Nro. Fiscal: |  |  |  |
| Dirección: | | | | | | | | | Teléfono: | | | | |
| Correo electrónico: | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Sujeto procesal o interviniente que solicita la audiencia:** | | | | | | | | | | |  |
| Tipo de Documento: | | CC. | |  | Pas. |  | C.E. |  | Otro |  | No.: |
| Expedido en: | Departamento: | | | | | | | | Municipio: | | |
| Nombres y Apellidos: | | | | | | | | | | Código: | |
| Dirección: | | | | | | | | | | Oficina: | |
| Departamento: | | | | | | | Municipio: | | | | |
| Teléfono: | | | | | | | | | | | |
| Correo electrónico: | | | | | | | | | | | |
|  | | | **ACEPTO SER NOTIFICADO Y/O CITADO VÍA CORREO ELECTRÓNICO** | | | | | | | | |
| Firma del Peticionario, | | |  | | | | | | | | |
|  | | | C.C. | | | | | | | | |

|  |
| --- |
| **INSTRUCCIONES:** |
| 1. Diligencie el Código Único de Investigación (CUI) y el Número Interno N.I. en forma completa, asegurándose que corresponda al proceso del cual solicita la audiencia. |
| 1. Indique el(los) Delito(s) por el cual se adelanta la investigación. |
| 1. Debe definir el tipo de audiencia que va a solicitar de forma clara y concreta. |
| 1. Es obligatorio llenar la información de las partes e intervinientes dentro del proceso que van a asistir a la audiencia en forma completa. Si el procesado está detenido debe indicar la cédula de ciudadanía y el establecimiento carcelario donde se encuentra detenido. |
| 1. Recuerde anotar las direcciones completas (sur, bloque, apartamento, ciudad, calle, avenida, nomenclatura, etc) y los correos electrónicos. |
| 1. Indicar el número de Fiscalía que va a asistir a la audiencia y especificar si el Local, Seccional o Especializada, con su dirección completa y correo electrónico. |
| 1. En el evento de presentarse más partes o intervinientes, incluya en el formato ANEXO correspondiente los datos completos allí solicitados. |
| 1. Los datos de la carpeta administrativa (C.U.I. y N.I.) y el Numeral 4, se **DEBEN** diligenciar completamente. Dejar algún espacio en blanco **puede ocasionar la devolución de la solicitud**. |
| 1. Toda solicitud debe ser diligenciada en letra clara y legible. No se admiten tachones o enmendaduras al momento de la radicación. |
| 1. Si el solicitante NO consigna algún dato en la presente solicitud, se entiende que la desconoce, en especial, los datos para citar a las víctimas. Si son omitidos, el Centro de Servicios no elaborará la citación respectiva y la parte acarreará las consecuencias que de ello se deriven. |

**ANEXO 1:** PROCESADOS ADICIONALES

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DEL INVESTIGADO, INDICIADO, IMPUTADO O ACUSADO** | | | | | | | | | | | | | **No.:** | |  | | |
| Tipo de Documento: | | | | CC. |  | Pas. |  | C.E. |  | Otro |  | No.: | | | | | |
| Expedido en: | | | Departamento: | | | | | | | Municipio: | | | | | | | |
| Nombres: | | | | | | | | Apellidos: | | | | | | | | | |
| Apodo: | | | | | | | | Estado Civil: | | | | | | | | | |
| Preso: | SI | NO | Lugar: | | | | | | | | | Fecha: | | D | | M | A |
| Lugar de notificación del indiciado o investigado | | | | | | | | | | | | | | | | | |
| Dirección: | | | | | | | | Barrio: | | | | | | | | | |
| Departamento: | | | | | | | | Municipio: | | | | | | | | | |
| Teléfono: | | | | | | Correo electrónico: | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DE LA DEFENSA** | | | | | | | | | | | | | | | |
| Tiene asignado defensor: | | SI | NO | | Público: | | | DP | | OF | | Privado: | |  | T.P. No.: |
| Tipo de Documento: | | | | CC. | |  | | Pas. |  | | C.E. |  | Otro |  | No.: |
| Expedido en: | Departamento: | | | | | | | | | | | | Municipio: | | |
| Nombres: | | | | | | | | | | | Apellidos: | | | | |
| Lugar de notificación | | | | | | | | | | | | | | | |
| Dirección: | | | | | | | | | | | Barrio: | | | | |
| Departamento: | | | | | | | | | | | Municipio: | | | | |
| Teléfono: | | | | | | | Correo electrónico: | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DEL INVESTIGADO, INDICIADO, IMPUTADO O ACUSADO** | | | | | | | | | | | | | **No.:** | |  | | |
| Tipo de Documento: | | | | CC. |  | Pas. |  | C.E. |  | Otro |  | No.: | | | | | |
| Expedido en: | | | Departamento: | | | | | | | Municipio: | | | | | | | |
| Nombres: | | | | | | | | Apellidos: | | | | | | | | | |
| Apodo: | | | | | | | | Estado Civil: | | | | | | | | | |
| Preso: | SI | NO | Lugar: | | | | | | | | | Fecha: | | D | | M | A |
| Lugar de notificación del indiciado o investigado | | | | | | | | | | | | | | | | | |
| Dirección: | | | | | | | | Barrio: | | | | | | | | | |
| Departamento: | | | | | | | | Municipio: | | | | | | | | | |
| Teléfono: | | | | | | Correo electrónico: | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DE LA DEFENSA** | | | | | | | | | | | | | | | |
| Tiene asignado defensor: | | SI | NO | | Público: | | | DP | | OF | | Privado: | |  | T.P. No.: |
| Tipo de Documento: | | | | CC. | |  | | Pas. |  | | C.E. |  | Otro |  | No.: |
| Expedido en: | Departamento: | | | | | | | | | | | | Municipio: | | |
| Nombres: | | | | | | | | | | | Apellidos: | | | | |
| Lugar de notificación | | | | | | | | | | | | | | | |
| Dirección: | | | | | | | | | | | Barrio: | | | | |
| Departamento: | | | | | | | | | | | Municipio: | | | | |
| Teléfono: | | | | | | | Correo electrónico: | | | | | | | | |

**ANEXO 2:** VÍCTIMAS ADICIONALES

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DE LA VÍCTIMA** | | | | | | | | | | |
| Tipo de Documento: | | CC. |  | Pas. |  | C.E. |  | Otro |  | No.: |
| Expedido en: | Departamento: | | | | | | | Municipio: | | |
| Nombres: | | | | | | Apellidos: | | | | |
| Dirección: | | | | | | Barrio: | | | | |
| Departamento: | | | | | | Municipio: | | | | |
| Teléfono: | | | | Correo electrónico: | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DE REPRESENTANTE DE VÍCTIMA** | | | | | | | | | | | | | | | |
| Tiene abogado representante: | | SI | NO | | Público: | | | DP | | OF | | Privado: | |  | T.P. No.: |
| Tipo de Documento: | | | | CC. | |  | | Pas. |  | | C.E. |  | Otro |  | No.: |
| Expedido en: | Departamento: | | | | | | | | | | | | Municipio: | | |
| Nombres: | | | | | | | | | | | Apellidos: | | | | |
| Lugar de notificación | | | | | | | | | | | | | | | |
| Dirección: | | | | | | | | | | | Barrio: | | | | |
| Departamento: | | | | | | | | | | | Municipio: | | | | |
| Teléfono: | | | | | | | Correo electrónico: | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DE LA VÍCTIMA** | | | | | | | | | | |
| Tipo de Documento: | | CC. |  | Pas. |  | C.E. |  | Otro |  | No.: |
| Expedido en: | Departamento: | | | | | | | Municipio: | | |
| Nombres: | | | | | | Apellidos: | | | | |
| Dirección: | | | | | | Barrio: | | | | |
| Departamento: | | | | | | Municipio: | | | | |
| Teléfono: | | | | Correo electrónico: | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATOS DE REPRESENTANTE DE VÍCTIMA** | | | | | | | | | | | | | | | |
| Tiene abogado representante: | | SI | NO | | Público: | | | DP | | OF | | Privado: | |  | T.P. No.: |
| Tipo de Documento: | | | | CC. | |  | | Pas. |  | | C.E. |  | Otro |  | No.: |
| Expedido en: | Departamento: | | | | | | | | | | | | Municipio: | | |
| Nombres: | | | | | | | | | | | Apellidos: | | | | |
| Lugar de notificación | | | | | | | | | | | | | | | |
| Dirección: | | | | | | | | | | | Barrio: | | | | |
| Departamento: | | | | | | | | | | | Municipio: | | | | |
| Teléfono: | | | | | | | Correo electrónico: | | | | | | | | |

**ANEXO 3:** OTROS CITADOS ADICIONALES

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OTRO CITADO** | | | | | | | | | | |
| Calidad en que se cita: | | Perito |  | Investigador |  | Testigo |  | Otro |  | ¿Cuál? |
| Tipo de Documento: | | CC. |  | Pas. |  | C.E. |  | Otro |  | No.: |
| Expedido en: | Departamento: | | | | | | | Municipio: | | |
| Nombres: | | | | | | Apellidos: | | | | |
| Dirección: | | | | | | Teléfono: | | | | |
| Correo electrónico: | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OTRO CITADO** | | | | | | | | | | |
| Calidad en que se cita: | | Perito |  | Investigador |  | Testigo |  | Otro |  | ¿Cuál? |
| Tipo de Documento: | | CC. |  | Pas. |  | C.E. |  | Otro |  | No.: |
| Expedido en: | Departamento: | | | | | | | Municipio: | | |
| Nombres: | | | | | | Apellidos: | | | | |
| Dirección: | | | | | | Teléfono: | | | | |
| Correo electrónico: | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OTRO CITADO** | | | | | | | | | | |
| Calidad en que se cita: | | Perito |  | Investigador |  | Testigo |  | Otro |  | ¿Cuál? |
| Tipo de Documento: | | CC. |  | Pas. |  | C.E. |  | Otro |  | No.: |
| Expedido en: | Departamento: | | | | | | | Municipio: | | |
| Nombres: | | | | | | Apellidos: | | | | |
| Dirección: | | | | | | Teléfono: | | | | |
| Correo electrónico: | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OTRO CITADO** | | | | | | | | | | |
| Calidad en que se cita: | | Perito |  | Investigador |  | Testigo |  | Otro |  | ¿Cuál? |
| Tipo de Documento: | | CC. |  | Pas. |  | C.E. |  | Otro |  | No.: |
| Expedido en: | Departamento: | | | | | | | Municipio: | | |
| Nombres: | | | | | | Apellidos: | | | | |
| Dirección: | | | | | | Teléfono: | | | | |
| Correo electrónico: | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OTRO CITADO** | | | | | | | | | | |
| Calidad en que se cita: | | Perito |  | Investigador |  | Testigo |  | Otro |  | ¿Cuál? |
| Tipo de Documento: | | CC. |  | Pas. |  | C.E. |  | Otro |  | No.: |
| Expedido en: | Departamento: | | | | | | | Municipio: | | |
| Nombres: | | | | | | Apellidos: | | | | |
| Dirección: | | | | | | Teléfono: | | | | |
| Correo electrónico: | | | | | | | | | | |