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| Entidad | Radicado Interno | | | | | | | | | | | | | | | | Dpto | | | | Municipio | | | | Entidad | | | | Unidad Receptora | | | | | | | | Año | | | | | | | Consecutivo | | | | | | | |
|  | | | | **CITACIÓN – FPJ - 35**  Este formato será utilizado por Policía Judicial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Departamento | | | | | | | ANTIOQUIA | | | | | | | | Municipio | | | | | ITAGUI | | | | | | | | | | Fecha | | | | 2023 | | | | 12 | | | | 14 | | | Hora 08:44 | | | | | | 111111111111 | |  | |  |  |
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| Señor (a) | | | | | | | | | | JOSE EYINSON MELGAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dirección | | | | | | | | | | CRA. 49 C #106-21 INT. 303 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Correo electrónico | | | | | | | | | | melgar1994ma@gmail.com | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ciudad | | | | | | | | | | MEDELLIN - ANTIOQUIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Se solicita comparecer el próximo **VIERNES 22 DE DICIEMBRE DE 2023 A LAS 2:00 PM**, en las instalaciones de la FISCALIA 176 LOCAL DE ITAGUI ANT., ubicadas en la KRA 52 No. 51 – 40 PISO 2, CAMI ITAGUI, TEL: 5903108 EXT. 41033 Y 41034 con el fin de efectuar **DILIGENCIA DE CONCILIACIÒN,** dentro del proceso de la referencia. Favor estar cumplidamente en la cita ese día y hora y NO FALTAR. La inasistencia acarreara con sanciones legales. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Debe asistir con abogado | | | | | | | | | | | | | | | SI | | | | | X | | | | NO | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Su comparecencia está enmarcada en la Constitución y la ley procesal penal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **OBSERVACIONES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **PERSONA QUE REALIZA LA CITACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombres y Apellidos | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Entidad | | | | | | | | | | | Grupo | | | | | | | | | | | | | | | | |
| OLGA CECILIA JARAMILLO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | FISCALIA 176 | | | | | | | | | | | UNIDAD LOCAL | | | | | | | | | | | | | | | | |
| Correo Electrónico | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Firma | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| olgac.jaramillo@fiscalia.gov.co | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **PERSONA QUE RECIBE LA CITACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombres y Apellidos | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Identificación | | | | | | | | | | | | Huella índice derecho | | | | | | | | | |
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| Dirección | | | | | | | | | | | | | | | | | | | | | | Teléfono | | | | | | | Firma | | | | | | | | | | | | | | | | | |
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| Fecha que recibe la citación | | | | | | | | | | | | | | | | | | | | | | Hora que recibe la citación | | | | | | | | | | | | | | | | | | | | | | | | |
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El servidor de policía judicial, está obligado en todo tiempo a garantizar la reserva de la información, esto conforme a las disposiciones establecidas en la Constitución y la Ley.