

# STATEMENT FOR THE WASHINGTON COUNTY ATTORNEY

<i>Office use only:</i> Date County Attorney Office received _____  Attorney to review: WCR/SHM  Date Attorney reviewed: _____  Date Attorney returned to JES _____
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Today's date and time: \_\_\_\_\_

I hereby make the following free and voluntary sworn statement to the Washington County Attorney for use in any official proceedings including, but not limited to, the criminal justice system of the Commonwealth of Kentucky. I understand that IF sufficient evidence is provided to justify a criminal charge against the subject, I will then have the opportunity to sign a formal criminal complaint and will become a witness in the criminal proceedings against the defendant, and will be expected to testify on behalf of the Commonwealth of Kentucky. The charges cannot be dropped. **I further understand that false statements are punishable by KRS 523.020 and can result in one to five years imprisonment.**

\_\_\_\_\_  
Signature

## I. INFORMATION ABOUT YOU:

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Complete Address including Zip Code

\_\_\_\_\_  
Home Phone Number & Cell Phone

\_\_\_\_\_  
Date of Birth/Social Security Number

\_\_\_\_\_  
Name & Phone No. - Your Attorney

\_\_\_\_\_  
Name of Employer & Work Phone Number

## II. INFORMATION ABOUT THE PERSON AGAINST WHOM YOU ARE FILING COMPLAINT

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Complete Address including Zip Code

\_\_\_\_\_  
Home Phone Number & Cell Phone

\_\_\_\_\_  
Name of Employer and Work Phone Number

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
License Plate Number





11. List the names, addresses and phone numbers of all witnesses and a brief description of what each person witnessed. If there was no investigation by law enforcement, you are required to obtain written statements from each witness.

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12. If there were no witnesses, please explain what evidence you have that is sufficient to prove your case:

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13. Do you currently have criminal charges pending against you?\_\_\_\_\_

14. If so, do the charges relate to the events described in this complaint?\_\_\_\_\_

15. If yes, please list the name of the person who filed the complaint against you and/or the crime for which you have been charged:\_\_\_\_\_

16. Have you ever filed a complaint against this person before?\_\_\_\_\_

17. Describe any injuries and/or damages (attach estimates of damage, medical records and bills, photographs, and/or receipts for any repairs).\_\_\_\_\_

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18. If you have been or will be reimbursed for any of these expenses by insurance or from any other source, please explain:\_\_\_\_\_

19. Why do you think this person did this to you?\_\_\_\_\_

20. In your opinion, what action from the Washington County Attorney's Office would help in resolving this problem?\_\_\_\_\_

**OFFICE USE ONLY:**

Sufficient Information for Criminal Charges Yes\_\_\_ No\_\_\_

Summons\_\_\_\_\_ Warrant \_\_\_\_\_

Send letter to Respondent Yes\_\_\_ No \_\_\_\_\_ Date Letter Sent:\_\_\_\_\_

Charges:\_\_\_\_\_

Send Letter Not to Prosecute Yes\_\_\_ No \_\_\_\_\_ Date Letter Sent:\_\_\_\_\_

Comments: