

# STATEMENT FOR THE WASHINGTON COUNTY ATTORNEY

*Office use only:*

Date County Attorney Office received \_\_\_\_\_

Attorney to review: WCR/TEA/EGC

Date Attorney reviewed: \_\_\_\_\_

Date Attorney returned to JES \_\_\_\_\_

**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

\_\_\_\_\_  
Vehicle: Make & Model

\_\_\_\_\_  
Color

\_\_\_\_\_  
Year

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Height

\_\_\_\_\_  
Weight

\_\_\_\_\_  
Eye Color

\_\_\_\_\_  
Hair Color

\_\_\_\_\_  
Distinguishing Features

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

Explain how you know this person:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have children with this person? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name(s), date of birth and address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. INFORMATION ABOUT THE INCIDENT YOU WISH TO REPORT:**

1. Date, time & location of incident. \_\_\_\_\_
2. What events led up to this incident? \_\_\_\_\_
3. Where were you when the incident occurred? \_\_\_\_\_
4. How far were you from the perpetrator of the crime? \_\_\_\_\_
5. When you became aware of the crime, did you call law enforcement? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Name of the agency/officer who responded to your call. \_\_\_\_\_
7. If you did not report the crime to police, please explain why: \_\_\_\_\_  
\_\_\_\_\_
8. Name of social worker, if social services is investigating: \_\_\_\_\_
9. If your attorney, social services or law enforcement advised you concerning this incident, briefly describe that advice and who so advised you: \_\_\_\_\_  
\_\_\_\_\_



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: