

STATEMENT FOR NELSON COUNTY ATTORNEY'S OFFICE

PLEASE PRINT NEATLY and BE AS COMPLETE AND DETAILED AS POSSIBLE

TODAY'S DATE & TIME: _____

PAGE _____ OF _____

I, _____, make the following free and voluntary sworn statement to the Nelson 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 this form does not constitute a charge unless I am contacted by the Nelson County Attorney's Office to sign a criminal complaint.

I. Please provide YOUR Name, Address, and telephone number: _____

II. Date(s) and location of incident: _____

III. Please provide the following information on the PERSON you are filing the complaint against:

Name: _____	Date of Birth: _____	SS # _____ :
Address: _____	Gender _____	Race: _____
_____	Tattoo(s) _____	_____
Phone No: _____	Description: _____	_____

IV: What lead up to the incident: _____

V. Describe exactly what occurred (more space available on back): _____

VI. Were the police called? Yes No If yes, provide agency and name of investigating officer: _____

VII. Witnesses: Did anyone witness the incident? Yes No If yes, please provide the names, addresses, telephone numbers and a brief description of what they know: _____

VIII. Are there any photos, text messages, voice recordings or video recordings of the incident? Yes No If so, you must preserve this evidence and provide it to the County Attorney immediately at info@nckyattorney.com or text to (502) 348-0509

IX. Do you currently have criminal charges pending against you? Yes No If so, do the charges relate to the events complained of in this complaint? Yes No If yes, who filed the complaint against you? _____

X. Describe all injuries and/or damages (including costs, bills and/or repairs): _____

XI: Provide any other information you think is relevant about the incident: _____

XII: Please state what you would like to happen in this case: _____

I have read the above statement which consists of this and _____ other pages, signed or initialed each page, and hereby swear or affirm that it is true and correct to be best of my knowledge and belief. NOTICE: False statements are punishable by KRS 523.020 by one to five years of imprisonment.

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public

Affiant

My Commission Expires

For county Attorney's use only:

