

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 nelsoncountyattorney@outlook.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. Affiant

Notary Public My Commission Expires Notary ID:

For county Attorney’s use only:

CONTINUATION PAGE

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