

# WAIVER OF PROSECUTION

Revised 06/07/05

## VICTIM / COMPLAINANT INFORMATION

NAME: Last, First, Middle Initial		Social Security Number:		Date of Birth:		Age:
CURRENT STREET ADDRESS: Not Post Office Box				MAILING ADDRESS: If Different Than Street Address		
CITY, STATE, AND ZIP CODE:						
SEX:	RACE:	HEIGHT:	WEIGHT:	HAIR:	EYES:	HOME TELEPHONE NUMBER:
PLACE OF EMPLOYMENT:					WORK TELEPHONE NUMBER:	
CURRENT STREET ADDRESS: Not Post Office Box				MAILING ADDRESS: If Different Than Street Address		
CITY, STATE, AND ZIP CODE:						

## OFFENSE / CRIME INFORMATION

OFFENSE COMMITTED:		DATE OF OFFENSE:		TIME OF OFFENSE:		
LOCATION OF THE OFFENSE:						
DATE REPORTED TO SHERIFF'S DEPARTMENT:		CASE NUMBER:		NAME OF DEPUTY TAKING REPORT:		

## OFFENDER / SUSPECT INFORMATION (Complete as much information as possible)

NAME: Last, First, Middle Initial		Social Security Number:		Date of Birth:		Age:
CURRENT STREET ADDRESS: Not Post Office Box				MAILING ADDRESS: If Different Than Street Address		
CITY, STATE, AND ZIP CODE:						
SEX:	RACE:	HEIGHT:	WEIGHT:	HAIR:	EYES:	HOME TELEPHONE NUMBER:

## BRIEF EXPLANATION / REASON FOR REQUESTING CHARGES BE DROPPED


## REQUEST TO WITHDRAW COMPLAINT

**I CERTIFY THAT I AM THE VICTIM / COMPLAINANT IN THE ABOVE MATTER AND THAT I REQUEST MY INITIAL COMPLAINT BE WITHDRAWN, AS I NO LONGER WISH TO FILE CRIMINAL CHARGES AGAINST THE ABOVE OFFENDER / SUSPECT.**

SIGNATURE OF COMPLAINANT:					DATE:	
SIGNATURE OF INVESTIGATING DEPUTY:					DATE:	