

# VILLAGE OF BROWNSVILLE

## POLICE DEPARTMENT

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Case Number: \_\_\_\_\_

### Non-Consent Form

**Victim Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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**As the victim, do you consent to your information being released to:**

Yes or No – Governmental Entities (other law enforcement, public health, etc.)

Yes or No – Domestic Violence Crisis Advocates (Protective Advocate Validate Educate – PAVE)

Yes or No – Open Records Requests

Yes or No – I have received a copy of the Crime Victim Information Form.

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**Battery:** I, \_\_\_\_\_, state that I received bodily harm, () punched, () hit, () kicked, () broken bone(s), () strangled, () other \_\_\_\_\_, on \_\_\_\_\_, 20 \_\_\_\_\_, that I did not consent to the battery which caused said harm, and I desire to go forward with prosecution.

**Arson/Theft/Criminal Damage/Operating Vehicle Without Owner's Consent:** I, \_\_\_\_\_, state that I am the owner of or in control of \_\_\_\_\_, and that I did not consent to have anyone take and carry away/damage/operate said property on \_\_\_\_\_, 20 \_\_\_\_\_, and I desire to go forward with prosecution. Amount of restitution requested: \$ \_\_\_\_\_.

**Identity Theft:** I, \_\_\_\_\_, state that I did not consent for anyone to use person identifying information or documents belonging to, is assigned to, or otherwise associated with me, or any person under my legal guardianship.

1. To obtain credit, money, goods, services, employment, or any other thing of value or benefit.
2. To avoid civil or criminal process or penalties.
3. To harm my or any person under my legal guardianship's reputation, property, person, or estate.

**Burglary:** I, \_\_\_\_\_, state that I am in lawful possession of \_\_\_\_\_, located in the Village of Brownsville, Dodge County, State of Wisconsin, and that I did not consent to have anyone enter said building on \_\_\_\_\_, 20 \_\_\_\_\_, and I desire to go forward with prosecution. Amount of restitution requested: \$ \_\_\_\_\_.

**Sexual Assault/False Imprisonment:** I, \_\_\_\_\_, state that I did not consent to () sexual intercourse, () sexual contact, () confinement/restraint by \_\_\_\_\_, on \_\_\_\_\_, 20 \_\_\_\_\_, located in the Village of Brownsville, Dodge County, State of Wisconsin, and I desire to go forward with prosecution.

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_