

**NO CONSENT FORM**

Complaint # \_\_\_\_\_

**BURGLARY**

I, \_\_\_\_\_, state that I am in lawful possession of \_\_\_\_\_ located at \_\_\_\_\_, County of \_\_\_\_\_, State of Wisconsin, and that I did not consent to have anyone enter said \_\_\_\_\_ on \_\_\_\_\_. Amount of restitution \$ \_\_\_\_\_ consisting of \_\_\_\_\_. \_\_\_\_\_ and I desire to go forward with prosecution.

Signed: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**ARSON / THEFT / CRIMINAL DAMAGE/ OWOC**

I, \_\_\_\_\_, state that I am the owner of \_\_\_\_\_ and that I did not consent to have anyone take & carry away / damage / operate said property on \_\_\_\_\_. Amount of restitution \$ \_\_\_\_\_ consisting of \_\_\_\_\_. \_\_\_\_\_ and I desire to go forward with prosecution.

Signed: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**BATTERY**

I, \_\_\_\_\_, state that I received bodily injury in the form of \_\_\_\_\_ and that I did not consent to the battery which caused said injury, and I desire to go forward with prosecution.

Signed: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**SEXUAL ASSAULT / FALSE IMPRISONMENT**

I, \_\_\_\_\_, state that I did not consent to  sexual intercourse  sexual contact  confinement / restraint by \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_, County of \_\_\_\_\_, State of Wisconsin, and I desire to go forward with prosecution.

Signed: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Are you a victim? Yes  No

As a victim, do you consent to your information to be released to:

- Governmental entities (other law enforcement, public health, etc.)
- PAVE
- Open records requests